

Report on an unannounced inspection of

HMP Kirkham

by HM Chief Inspector of Prisons

28 October - 8 November 2013

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at:
http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

Crown copyright 2014

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or email: psi@nationalarchives.gsi.gov.uk

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or:
hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: <http://www.justice.gov.uk/about/hmi-prisons>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	31
Section 3. Purposeful activity	45
Section 4. Resettlement	51
Section 5. Summary of recommendations and housekeeping points	59
Section 6. Appendices	67
Appendix I: Inspection team	67
Appendix II: Progress on recommendations from the last report	69
Appendix III: Prison population profile	81
Appendix IV: Summary of prisoner questionnaires and interviews	85

Introduction

Kirkham is a large category D open prison near Preston in Lancashire. The prison holds up to 630 adult men, virtually all serving fairly long sentences. Nearly a quarter are either life sentence prisoners or subject to indeterminate sentences for public protection. Previously we have described Kirkham as an impressive institution with a balanced approach to risk management and an appropriate focus on resettlement. This inspection found that the prison still reflects that description and that progress had been sustained.

Kirkham was a safe place. The prison had a mature population profile with about 70% of prisoners over the age of 30. That said, many in the past had been capable of serious offending, and the prison still had to manage appreciable risk. On the whole, this was done with proportionality and confidence. There were few incidents of violence or self-harm, and systems to promote safety were good. Temporary release failures were comparatively few and the number of absconds had not increased since our last inspection. Prisoners were only returned to closed conditions as a last resort and there was useful work done to follow up those who had. The prison delivered some good drug intervention work, although use of illicit drugs was higher than we usually see in open prisons. The number of prisoners subject to segregation had increased significantly and the facility was bleak. Managerial supervision also required improvement but stays in segregation were short.

The general environment was well maintained and the mainly billet-style accommodation was clean. Access to some services, such as the laundry, could have been improved. Relationships between staff and prisoners were respectful but over a quarter of prisoners indicated to us that they felt victimised by staff. The reasons for this were unclear and needed more investigation by managers. Contributory factors seem to have been the disproportionate influence of a few staff with a poor attitude, and an erroneous belief on the part of prisoners that they could be returned to closed conditions for minor infringements or if they made a complaint.

Equality and diversity were reasonably well promoted and outcomes for minority groups appeared equitable. However, strategic management was underdeveloped and management information that could have helped to assure managers of good outcomes was limited. There was evidence that discrimination was challenged when it was identified and there was some good support for older prisoners and those with disabilities and care needs. Work in support of adult safeguarding was beginning to develop, although not yet in conjunction with local authority services.

Prisoners were not locked up and had excellent access to facilities and services. The prison had a very good regime with purposeful activity available to all. Provision in work, vocational training and education was well planned and had a focus on employability. Teaching and assessment were good and achievements by learners reasonable. More could have been done to promote self-employment and support higher level qualifications, and achievement in functional skills needed to improve. The quality of, and access to, the library and the gym were good.

Resettlement outcomes in the prison were reasonably good despite a quite disjointed approach and some inconsistent supervisory structures. There was a focus on risk management and prisoners suggested to us that they believed their offending behaviour needs were being addressed. Indeterminate sentence prisoners generally felt that they were able to make progress. Our own assessment was that there remained some gaps in fully addressing offending behaviour and formal offender management, although useful, was still not absolutely central to guiding the resettlement process. Release on temporary licence was used extensively and successfully to prepare prisoners for a safer eventual release, although there were shortcomings and gaps in the assessment process that needed to be tightened up. Services to support resettlement were generally achieving good outcomes.

Kirkham is a very effective and impressive prison. Across the range of our healthy prison tests we found outcomes to be reasonably good or better, and the prison was successfully addressing some complex needs. Although some structures required attention, staff and managers exhibited a confidence, competence and sense of purpose that was equipping prisoners well through their transition from imprisonment to resettlement.

Nick Hardwick
HM Chief Inspector of Prisons

March 2014

Fact page

Task of the establishment

HMP Kirkham is a category D open prison holding adult male convicted prisoners.

Prison status

Public

Region

Northwest

Number held

622

Certified normal accommodation

630

Operational capacity

630

Date of last full inspection

November/December 2009

Brief history

HMP Kirkham occupies the site of a former Royal Air Force technical training centre. The facility was taken over by the Home Office in the early 1960s and has been in use as a prison since 1962. Prisoner accommodation was built over the period 1990 to 1999, but other parts of the prison date back to the 1940s.

Short description of residential units

There were 24 billets (small residential units), providing living accommodation, 13 were 20- and 22-person units and two were 40-bed units with integral sanitation. There was also a 77-bed admissions unit, which had been developed as a reception and first night centre.

Name of governor/director

Graham Beck

Escort contractor

GeoAmey

Health service provider

Lancashire Care NHS Foundation Trust

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Maria Desmond

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1** *Prisoners were transported in cellular vans, which was disproportionate. Reception processes were generally effective. Some first night procedures needed tightening up, but induction was good and the support centre and information and prisoner advice centre (IPAC) provided a very good service. Most prisoners felt safe and those at risk of self-harm were well cared for. There were no formal links with the local safeguarding adults board, but a basic safeguarding policy had been developed. Security was proportionate and well managed. Many prisoners were concerned about the new incentives and earned privileges (IEP) policy. The number of adjudications was low and there was little use of force. Governance of segregation was underdeveloped. There was little evidence of substantial drug problems, supply reduction work was good and substance use services were excellent. **Outcomes for prisoners were good against this healthy prison test.***
- S2** *At the last inspection in 2009 we found that outcomes for prisoners in Kirkham were good against this healthy prison test. We made 27 recommendations in the area of safety. At this follow-up inspection we found that 14 of the recommendations had been achieved, four had been partially achieved and nine had not been achieved.*
- S3** Prisoners were fairly positive about the way escort staff treated them and most personal escort records were completed to a reasonable standard. Escort vans were clean but prisoners were transferred in cellular vans, which was disproportionate for prisoners going to an open prison.
- S4** Reception staff were welcoming and understanding. Property was not processed quickly, which explained some long waits in reception. Prisoners were no longer routinely strip-searched and their immediate needs were met. Peer supporters provided new arrivals with helpful information and reassurance. The prison had an appropriate risk assessment on arrival. During our night visit, staff were not sufficiently briefed on new arrivals. The prisoner-led induction course was comprehensive and relevant. The support centre was particularly helpful during prisoners' early days in custody and, together with the IPAC, provided prisoners with good overall support.
- S5** There were few fights and assaults and most prisoners reported feeling safe. However, in our survey, one in four said they had been victimised by staff, more than at similar prisons and than at our last inspection. The reasons for this were unclear, but many prisoners attributed it to a small number of staff with a poor attitude. The well-attended safer custody meetings analysed a wide range of data and identified trends. Systems to challenge violence and antisocial behaviour were good.
- S6** Self-harm was rare. The quality of support and monitoring documentation for prisoners at risk of suicide or self-harm was very good: care plans were constructive, reviews well attended and observational entries meaningful. Listeners were well supported by staff and the Samaritans, but some prisoners found it difficult to identify them.
- S7** The prison received a good flow of security information from staff; the information was analysed well. Target searching was carried out promptly. The security committee was well attended and focused on the main issues. The absconding rate had not risen since the last inspection. Prisoners who returned to closed conditions were interviewed by offender supervisors to determine their reasons for absconding, and an action plan was in place to

address the reasons. Prisoners were only returned to closed conditions as a last resort. The random mandatory drug testing positive rate averaged 5.3% against a target of 8%. The prison had an appropriate focus on compliance testing, but suspicion tests were not adequately monitored and a number of requests for testing had not been met in the past six months. Otherwise the prison had a proactive supply reduction strategy and good information-sharing between departments.

- S8 Prisoners and staff were unsure about how a new IEP policy would be applied at Kirkham and prisoners in our groups were extremely anxious about how it would affect them. Some elements of the policy were inappropriate, such as differential pay levels. Prisoners were issued with warnings for poor behaviour and the review boards we observed were fair and well conducted.
- S9 The number of adjudications was low and charges were appropriate and for serious transgressions. We found some records that showed prisoners clearly stating they were bullied, but there was no record of follow-up action. Use of force remained low and records showed that force was used as a last resort. Quality assurance was adequate and all incidents were fully reviewed at security meetings.
- S10 The number of prisoners held in the segregation unit had increased substantially, but they were held there for appropriate reasons and usually for just a few hours. Governance of the unit was weak. Prisoners were not always segregated under the requirements of Prison Service Order 1700. Relationships between staff and prisoners appeared reasonable, but history sheets were poorly completed and not all prisoners had received a safety screening. The unit itself was grim.
- S11 Prisoners were exceptionally positive about the support they received from substance misuse services. The quality of psychosocial support was impressive and the designated recovery accommodation offered a positive sense of community. Links between the health care department and clinical substance misuse services were improving but were not sufficiently integrated.

Respect

S12 *Most billets (small residential units) were clean and in reasonable condition. There were weaknesses in the application system. Staff-prisoner relationships were generally good, but a number of prisoners reported concerns about the behaviour of a small group of staff. Personal officer work had deteriorated and prisoners were not consulted. Strategic management of diversity was under-developed, although outcomes for most prisoners were good. The chaplaincy provided a good service. Complaints were generally well managed. There was no dedicated legal support. Health services had improved and were good. Food and shop provision was adequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S13 *At the last inspection in 2009 we found that outcomes for prisoners in Kirkham were reasonably good against this healthy prison test. We made 78 recommendations in the area of respect.² At this follow-up inspection we found that 39 of the recommendations had been achieved, 12 had been partially achieved, 18 had not been achieved and nine were no longer relevant.*

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S14 The external environment was attractive and residential units were clean, although some shower and toilet areas needed attention. Association areas were poorly equipped. The single cells on the induction unit were too small to accommodate two prisoners and none had lockable cupboards. The 'first come first served' approach to the laundry meant that some prisoners waited a long time to wash their clothes. Application forms were freely available, but prisoners complained about the speed and fairness of the system. We found a number of unanswered applications, going back several months. Prisoners were not consulted. The prisoner orderlies in the IPAC continued to provide prisoners with practical support and assistance.
- S15 We observed mainly respectful interactions between prisoners and staff, and our survey was also largely positive. However, prisoners consistently named a small number of staff who were intimidating; there was evidence that some of them were being robustly managed. The new personal officer scheme was less effective than the approach that had previously existed.
- S16 There was a comprehensive equalities policy and an adequate action plan, but strategic oversight was limited. The equalities officer was well regarded but too often redeployed to carry out his duties effectively. In our survey, black and minority ethnic, Muslim and prisoners with disabilities were less positive than others across a range of areas, especially victimisation, although they reported that most staff treated them with respect. It was difficult for the prison to explore such issues given that no systematic monitoring and analysing of race equality treatment data had been produced in the previous four months, and prisoner forums did not take place regularly. However, overall diversity outcomes for most prisoners were good.
- S17 Incidents involving discrimination were generally thoroughly investigated and there was evidence of effective action to challenge discrimination. The prison had a confidential system for identifying minority needs. Most of the few foreign national prisoners were routinely returned to closed conditions at the end of their sentence. Staff supported older prisoners and those with severe disabilities well, but prisoners with less obvious disabilities did not receive the same attention. Support for veterans was excellent. Support services were in place for gay and bisexual prisoners.
- S18 Faith provision was good; pastoral care was particularly good. The chaplaincy service was overstretched and there was a high demand for the Muslim chaplain in particular. The chaplaincy had developed some good faith-based approaches to resettlement, but this work had been curtailed since the departure of the chaplain specialising in resettlement.
- S19 While many prisoners had little confidence in the fairness of the complaints process, most complaint responses we reviewed were fair and respectful, although some showed insufficient investigation. Complaints were not adequately quality assured or analysed to establish trends.
- S20 As at our last inspection, there was no dedicated legal support to assist prisoners with legal problems. In our survey, prisoners were positive about access to legal text books and communication with their solicitor. However, no Access to Justice laptops were available to help them pursue legal cases.

- S21 In our survey, most prisoners were positive about the overall quality of health care but critical of access to and the quality of nurses and doctors. Despite staff shortages, we found that the improvements identified at our last inspection had been sustained. Waiting times for the GP, nurse clinics and dental services were short. Work-based telephone triage was not confidential. The staff interactions we observed were very good. Clinical governance arrangements were very effective. Medicine management was good, but the continued lack of input from a pharmacist created clinical risks. The integrated mental health service provided very good support.
- S22 Only a quarter of prisoners said the food was good or very good compared with 40% in similar prisons. Changes in portion sizes were unpopular. Not all meals advertised on the menu were available at the start of a service. The food we sampled was adequate and problems with halal food had been addressed satisfactorily. The shop provided an adequate service, but not enough had been done to address minority groups' concerns about the range of goods available.

Purposeful activity

- S23** *Prisoners had access to free movement around the prison. Strategic planning for activities was good. A range of employment-related programmes was available, but not enough were provided at level 3. Overall teaching, learning and assessment were good. Success rates were high except in some aspects of functional skills. Prisoners' standard of work was good. Physical education (PE) provision was also good. **Outcomes for prisoners were good against this healthy prison test.***
- S24 *At the last inspection in 2009 we found that outcomes for prisoners in Kirkham were good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, one had been partially achieved, three had not been achieved and three were no longer relevant.*

- S25 Prisoners were not locked in their cells; they were unlocked from billets for up to 13 hours a day. The range of out-of-cell activities was good.
- S26 Strategic planning for vocational training, work and employment provision was progressing well. Education provision was well planned. Quality assurance systems were adequate, but data analysis was not always used well to monitor effectiveness.
- S27 There were good employment-related programmes, although not enough related to self-employment. There was little access to appropriate level 3 qualifications to support prisoners employed in the community. Overall teaching, learning and assessment were good. Initial and diagnostic assessment was adequate overall and particularly thorough in information technology (IT). The outcomes of learning support assessments were not used consistently to improve provision.
- S28 Achievement rates in vocational training and many education programmes were high, but in functional skills mathematics at levels 1 and 2 they were low. The standard of work in education and vocational training and workshops was good.

- S29 Prisoners had good access to a library, including in the evenings and at weekends. The library was generally well stocked, but there were insufficient easy read materials.
- S30 Prisoners had good access to the gym and a wide range of programmes, facilities and specialist programmes, including level 3 courses, supported by external providers. The gym's programme to support members of the public who had suffered strokes was impressive.

Resettlement

S31 *Strategic oversight of resettlement was disjointed, but outcomes were generally good. A draft needs analysis suggested that prisoners had offending behaviour needs that were not being met. Release on temporary licence (ROTL) was used appropriately, but there were some shortcomings in assessment processes. Offender management and planning was good and prisoners were positive about the support they received from offender supervisors. However, too many prisoners did not have an up-to-date offender assessment system (OASys) document, and offender management was not yet central to resettlement provision. Public protection arrangements were sound. There was a proportionate approach to re-categorisation decisions. Indeterminate sentenced prisoners were positive about resettlement support. There was some good resettlement pathway provision and visits arrangements were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S32 *At the last inspection in 2009 we found that outcomes for prisoners in Kirkham were good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved, seven had not been achieved and one was no longer relevant.*

- S33 While the delivery of services was generally good, strategic links between key departments were underdeveloped. The reducing reoffending strategy did not focus enough on offending behaviour. Reducing reoffending meetings were poorly attended and minutes suggested discussions of pertinent issues were limited.
- S34 The prison held a large number of serious offenders whose offending behaviour needed to be addressed. The risks appeared to be generally well managed and our survey suggested that most prisoners felt their offending behaviour was being addressed. However, a draft needs analysis suggested that prisoners' needs were not being met. The offender management unit (OMU) was not yet sufficiently central to the whole resettlement process.
- S35 A large number of prisoners were working outside the prison, and ROTL was used well to support and maintain family links. The prison delivered a pre-ROTL workshop to help prevent ROTL failures (when a prisoner on ROTL fails to return to the prison); the number of failures was not excessive given the high use of ROTL. However, there were shortcomings in ROTL processes: for example, only one person was on the board and some risk assessments did not consider all security information. Assessments for higher risk prisoners (Tiers 3 and 4) were more robust. While outside probation staff contributed to ROTL decisions for prisoners at the lower level of risk (multi-agency public protection arrangements level 1), they did not do so for the small number of higher risk prisoners at levels 2 or 3.

- S36 The OMU had an appropriate focus on risk; high risk cases were managed by probation staff in a dedicated team. However, prison and probation service officer offender supervisors only had basic risk management training and the former did not receive case supervision. OASys documents were not always reviewed when a prisoner arrived and around 75 were outstanding. This meant that the prison could not target provision confidently on the basis of an adequate risk and needs assessment. All prisoners had an offender supervisor. Case note entries were accessible to all staff and demonstrated some good work. Prisoners were generally positive about contact with offender supervisors. For most prisoners, personal officers were not similarly involved. Offender managers worked well with sentence planning boards. However, not all sentence plan objectives were sufficiently detailed or outcome focused. Sentence planning did not sufficiently inform education or training.
- S37 Public protection was well managed but it could take too long to establish monitoring procedures for some. Risk management meetings were very good: they were attended by relevant staff, and involved detailed discussions and well evidenced and balanced decision-making. One hundred and forty-two prisoners had been returned to closed conditions in the previous six months. Decisions to return prisoners to closed conditions were justifiable and proportionate.
- S38 Indeterminate sentence prisoners were generally positive about the resettlement support they received, and even those who were considerably over tariff felt they could progress. Weekly lifer clinics had been identified as a need but had not yet been developed.
- S39 Peer mentors, trained by homelessness charity Shelter, interviewed all new arrivals to identify their concerns about accommodation, finance and debt issues. Pre-release checks ensured that settled accommodation was in place for virtually all prisoners before their release. The Shelter adviser had been involved in release planning for more difficult cases. There were good links with local and national accommodation providers, but the prison did not carry out post-release monitoring to confirm that accommodation had been sustained.
- S40 Partnership working in employment, training and education was excellent. The proactive National Careers Service team worked well with prisoners but the national model did not meet the individual needs of many prisoners. Prisoners had good access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) and information technology, which enhanced their learning opportunities and enabled them to complete job applications.
- S41 Discharge planning for prisoners with complex physical or mental health needs started early to ensure continuity of care. Pre-release arrangements for primary health were effective. The substance misuse service was well integrated into the prison and actively contributed to risk management. Community links to ensure prisoners had continuing care and post-release support were excellent.
- S42 The Citizens Advice service provided a weekly service through the IPAC, and money management and budgeting courses were available through several providers. All men could apply to open a bank account.
- S43 The visits provision was well used and the Partners of Prisoners and Families Support Group provided welcome support and directed prisoners and their families to services. Prisoners could play with their children and move around the visits hall, but some rules, such the prohibition on wearing watches, were overly restrictive. Monthly family days were popular.

- S44 There were no accredited programmes, but some prisoners could undertake programmes on licence in the community. A number of prisoners had completed the victim awareness course.

Main concerns and recommendations

- S45 Concern: Black and minority ethnic, Muslim and prisoners with disabilities were less positive about the prison than others. Managers could not explore these issues because of: the absence of SMART data; irregular forums for prisoners with protected characteristics and a lack of consultation with these groups; an unfocused action plan; and poorly attended strategic meetings.

Recommendation: Prisoners with protected characteristics should have regular support forums, and managers should ensure that well attended strategic meetings scrutinise a focused equalities action plan and examine SMART monitoring data covering all protected groups.

- S46 Concern: OASys documents were not always reviewed when a prisoner arrived and around 75 were outstanding. This meant that provision could not be confidently targeted on the basis of adequate risk and need assessment.

Recommendation: All prisoners should have an up-to-date OASys assessment, which should be reviewed on arrival at Kirkham to ensure that risk management plans are current and appropriate.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- | |
|--|
| <p>I.1 <i>Prisoners were fairly positive about the way escort staff treated them. Few received written information about the prison before their arrival. Prisoners were inappropriately transferred in cellular vans. Most person escort records (PERs) were completed to a reasonable standard.</i></p> |
|--|
- I.2** In our survey, fewer prisoners (34%) than the comparator (46%) said that they spent more than two hours in an escort van. More prisoners than the comparator said they felt safe (87% compared with 83%) and that they were treated well by escort staff (80% versus 75%).
- I.3** Not all prisoners were adequately briefed on the prison before leaving their previous establishment. In our survey, only 9% of prisoners, less than the comparator of 15%, received written information about the prison. In our groups, some prisoners said they did not know which prison they were going to until they arrived.
- I.4** Many prisoners were transported in cellular vans, which was disproportionate for those going to an open prison. Escort vans were clean and equipped with first aid kits. PERs were completed to a reasonable standard, but risk factors were not always clearly recorded.

Recommendation

- I.5 Prisoners should not be routinely transferred to open conditions in cellular vehicles.**

Housekeeping points

- I.6** Prisoners should receive written information at sending establishments about HMP Kirkham.
- I.7** Risk factors should be clearly recorded on PERs.

Early days in custody

Expected outcomes:

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

- I.8** *Reception staff were welcoming. The reception process took too long in some cases. Prisoners were no longer strip-searched and their immediate needs were met. The reception area required redecorating. Peer supporters reassured and helped new arrivals. Prisoners felt safe on their first night, but night staff were not sufficiently briefed about new arrivals in their care. The prisoner-led induction course was good.*
- I.9** Reception staff were welcoming and understanding towards newly arrived prisoners. In our survey, 89% of prisoners, more than the comparator of 77%, said that reception staff treated them well. We observed positive interactions between staff and new arrivals.
- I.10** Prisoners waited in a comfortable room with soft chairs, books, magazines and a television. However, the reception was shabby and required redecorating. Some prisoners also spent too long in reception. In our survey, fewer prisoners (37%) than the comparator (70%) said that they were in reception for less than two hours. Property was not processed quickly and this explained some of the long waits.
- I.11** Prisoners were given a rub down search unlike at our last inspection when they were routinely strip-searched. In our survey 89% of prisoners said the search was conducted in a respectful way.
- I.12** Prisoners' immediate needs were met. Although they were not offered a phone call on arrival, additional credit was added to prisoners' telephone accounts and they could make phone calls from the admissions unit, where they were accommodated after reception. In our survey, more prisoners (70%) than the comparator (51%) said they were offered telephone credit. New arrivals were offered food and hot drinks. Prisoners we observed going through reception did not receive toiletries.
- I.13** Induction orderlies and Insiders (prisoners who introduce new arrivals to prison life) welcomed new prisoners in reception, providing them with useful information and reassurance and answering their questions. Prisoners received an excellent information booklet summarising the information they needed for life at Kirkham. New arrivals were appropriately risk assessed and received a health screening. High-risk prisoners were located in the main part of the prison and given a single cell. Low- and medium-risk prisoners were located in the admissions unit.
- I.14** In our survey, more prisoners (94%) than the comparator (90%) said that they felt safe on their first night. New arrivals remained in the admissions unit for the first few weeks, where they shared a cell but were not locked up. They could use telephones throughout the night and had access to emergency call bells. However, night staff did not focus on the new arrivals in their care sufficiently. For example, the most senior member of staff on night duty was not briefed by her day time counterpart on newly arrived prisoners.
- I.15** New arrivals received a two-day induction. The course was prisoner-led, comprehensive and relevant. We joined a tour of the prison for new arrivals led by prisoners. The regime was explained with enthusiasm. In our survey, 85% of those who attended the induction course, more than the comparator of 72%, said it covered everything they needed to know. Other sessions were led by staff. Induction was mostly delivered in the support centre, where prisoners and staff were particularly helpful. This and the information and prisoner advice centre assisted prisoners during their early days in custody.

Recommendations

- I.16** The reception area should be redecorated and maintained in good condition.
- I.17** Staff should monitor and support prisoners on their first night.

Housekeeping point

- I.18** All prisoners should receive a hygiene pack on reception. (Repeated recommendation I.14)

Bullying and violence reduction

Expected outcomes:

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

I.19 *Safer custody meetings were well attended and productive. There were few fights and assaults and prisoners said they felt safe. Systems to challenge antisocial behaviour were good. Investigations into violent incidents were reasonably good.*

- I.20** Fights and assaults were rare. In the six months before our inspection, there were six fights and only one assault. Six prisoners were formally monitored for bullying or antisocial behaviour, the same number as at our last inspection.
- I.21** Prisoners reported feeling safe. In our survey, fewer prisoners than the comparator said that they had ever felt unsafe or that they currently felt unsafe. However, more prisoners (12%) than at our last inspection (4%) said they had been victimised by other prisoners. Similarly, 26% of prisoners said they had been victimised by staff, more than the comparator of 18% and much more than at our last inspection (8%). Prisoners said the actions of a few particularly unfriendly staff members lay behind these results (see the section on staff-prisoner relations).
- I.22** Systems to challenge violence and antisocial behaviour were good. Tackling antisocial behaviour booklets (TABs), used for perpetrators and victims, were good and entries were reasonably detailed. Perpetrators were challenged and their behaviour monitored. Seven support TABs had been opened in the year up to the inspection, slightly more than for the whole of the previous year, when five had been opened. Seven TABs had been opened to challenge bullies in 2013, roughly the same as in 2012. Investigations into antisocial behaviour incidents were reasonably good.
- I.23** The safer custody team comprised the head of residential and safety, a custodial manager, a supervising officer and two officers. The safer custody policy was comprehensive and up to date and covered violence reduction and self-harm and suicide reduction. The monthly safer custody meetings were well attended and productive. A safer custody report documented a wide range of data, including trends over time, details of those at risk of self-harm, and prisoners subject to tackling antisocial behaviour documents. The report was analysed to identify trends. The work of the team was underpinned by a continuous improvement action plan.

- I.24** The safer custody team carried out a survey of prisoners in the admissions unit following reports that prisoners felt unsafe during their early days in custody. The results were discussed at the safer custody meetings. A second survey had been handed out to prisoners throughout the establishment and the results, which were reasonably positive, were analysed by the team.

Self-harm and suicide

Expected outcomes:

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

- I.25** *Self-harm was rare. The number of assessment care in custody and teamwork (ACCT) case management documents opened had increased since our last inspection. ACCT and additional support protocol (ASP) documentation was very good. Some staff required refresher training in ACCT procedures. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were well supported, but some prisoners could not easily identify who they were. Messages left on the safer custody voicemail did not always receive a reply.*

- I.26** Prisoners rarely harmed themselves and there were only six incidents in the six months before our inspection. One prisoner received support through ACCTs during our inspection. He told us that staff gave him good care and support.
- I.27** More prisoners were on ACCTs than in the past. In the first 10 months of the year, 28 ACCT case management documents had been opened, compared with 21 in the whole of 2012. Managers explained that the rise was as result of staff's increased awareness of ACCT case management procedures. Some ACCT documents were closed following the initial assessment interview where it was clear there were no further risks.
- I.28** Prisoners requiring extra help but who were not at risk of self-harm or suicide received support through the ASP and had ASP booklets, very similar to ACCT documents, completed for them. This process added a layer of support for prisoners who might, for example, have had emotional problems or family stresses that could have developed into self harming behaviour if left unaddressed
- I.29** The quality of ASP and ACCT documentation was very good. Care plans were constructive and contained meaningful action. For example, a prisoner suffering from relationship problems was given the task of writing a letter to his partner. Reviews were constructive and involved up to five members of staff and the prisoner. Prisoners' family or friends were not consulted on the planning of ACCT interventions. Observational entries were good and reflected the prisoner's mood. Not all staff had received up-to-date ACCT training.
- I.30** The 17 Listeners received good support from staff and the Samaritans. It was not always easy for prisoners to identify Listeners; photographs of Listeners on notice boards required updating and not all Listeners regularly wore t-shirts to identify them. The Listener room was in a reasonable condition and efforts had been made to make it a relaxed environment. It was equipped with beds so a prisoner in crisis could receive support throughout the night.

- I.31** Notices in the visits area outlined the appropriate switchboard and extension number to ring if a visitor had any concerns about a prisoner. We left a voicemail message asking that we be contacted but did not receive a reply.

Recommendations

- I.32** **Where appropriate, prisoners' family and friends should be consulted in planning ACCT interventions. (Repeated recommendation 3.28)**
- I.33** **All staff should receive regular refresher training in ACCT procedures. (Repeated recommendation 3.27)**

Housekeeping points

- I.34** The Listener scheme should be promoted throughout the prison and prisoners should be able to identify Listeners easily.
- I.35** Voicemail messages for the safer custody team should receive a prompt response.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.36** *A basic safeguarding policy had been developed, although there had been no formal contact with the local safeguarding adults board. We found that prisoners who required additional support received some good care.*

- I.37** A local safeguarding policy had been developed, but it did not describe how prisoners would be cared for or managed if they required additional support or outline any formal links with the local safeguarding adults board. We found some examples of some prisoners receiving good care through the ASP (see the section on self-harm and suicide).

Recommendation

- I.38** **The governor and the local director of adult social services and the local safeguarding adults board should develop robust and effective safeguarding processes.**

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.39 *Staff provided a good flow of information, which was well analysed. Information-sharing with other departments was good. Target searching was carried out promptly. The security committee was well attended and focused on pertinent issues. The number of prisoners absconding was similar to our last inspection and offender supervisors followed up those who returned to closed conditions to learn lessons. Prisoners were returned to closed conditions for appropriate reasons. Risk management meetings were held for prisoners with poor behaviour and support given.*

- I.40** Security arrangements were proportionate. The security department focused on the main issues arising from intelligence on drugs and the availability of mobile phones and related equipment. Information reports were received from all areas of the prison and analysed swiftly. Communication and information-sharing between security and other departments was good. Target searches were carried out promptly.
- I.41** The monthly security committee was well attended by staff from all departments. Detailed discussions looked at specific threats and risks. Relevant security objectives were set and follow-up action taken and recorded. The police intelligence officer provided the prison with substantial support.
- I.42** Sixteen prisoners had absconded between January 2013 and November 2013, similar to the number at our last inspection. All prisoners who were returned to closed conditions were interviewed by offender supervisors; they found that bullying and drugs were the main reasons for prisoners absconding. An action plan was in place to address these issues.
- I.43** One hundred and fifty-five prisoners had been returned to closed conditions in the six months prior to our inspection, similar to our last inspection. Some returned to Kirkham following the completion of an investigation into their behaviour. Risk management meetings considered prisoners regarded as an increased security risk or displaying poor behaviour to determine whether or not they needed to return to closed conditions or required a suspension in access to ROTL. Prisoners suspended from ROTL who worked outside the prison could continue with their jobs if the suspension was not associated with their work.
- I.44** Prisoners only returned to closed conditions as a last resort. Prisoners' perceptions that they could be returned to closed conditions for minor reasons such as making complaints were unfounded (see section on staff-prisoner relationships). For example, of the last 65 prisoners sent back to closed prisons prior to our inspection, only five had submitted formal complaints.
- I.45** The year-to-date random mandatory drug testing (MDT) positive rate averaged 5.3% against a target of 8%, but this was still relatively high for an open prison. In our survey, more prisoners said that drugs were easily available than at comparator prisons (38% compared with 33%) and than in 2009 (27%).

- I.46** The MDT programme was reasonably well resourced, but not all requested suspicion tests had been completed and there was no evidence that this was being monitored. While 14 suspicion tests were conducted in the past six months, we found that at least another six had been authorised but were not carried out.
- I.47** The prison also operated a compliance drug testing scheme, which in addition to opiates, subutex and cannabis also detected drugs such as synthetic cannabinoids and tramadol. Finds were mainly for synthetic cannabinoids, diverted medication and anabolic steroids, as well as injecting equipment. The prison's disposal facility for needles and syringes used by prisoners on steroids was insufficient and there had been no referrals to the substance misuse service.
- I.48** The prison conducted alcohol testing, and an appropriate practice manual had been introduced.
- I.49** A detailed supply reduction action plan had been developed; trends and measures were discussed at security meetings, which the head of drug strategy attended, and information-sharing between relevant departments was good.

Recommendations

- I.50** Target testing should be completed within the required timeframe.
- I.51** Prisoners should have the means to dispose of injecting equipment safely, and steroid users should be referred to the substance misuse team.

Incentives and earned privileges⁴

Expected outcomes:

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

I.52 *A new national IEP policy was implemented during our inspection. The local policy did not clearly explain how the scheme would work at Kirkham. Prisoners and staff were unsure of how it was to be applied and prisoners expressed anxiety about the scheme. Warnings were given appropriately and the review boards we observed were fair and well conducted.*

- I.53** A new national IEP policy was introduced across the Prison Service on 1 November 2013. The local policy developed for Kirkham did not fully explain how the scheme would be implemented at the prison. Both prisoners and staff were unsure about the new policy and felt that they had not been given sufficient information about it. Prisoners in our groups and those we spoke to individually were extremely anxious about how their status on the scheme would be affected as the criteria for the enhanced level had been changed. Prisoners moved to the new IEP scheme either when their status was reviewed or when their annual review was due.

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

- I.54** The IEP policy described what behaviour was expected at each level of the scheme and how prisoners could be demoted or promoted, following a review. Prisoners could apply for the enhanced level after a period of three months on the standard level. They could remain on the level of the scheme that they were on at their last establishment, but received a review after two weeks to ensure they were on the right level. There were clear differentials between the three levels. Prisoners received different rates of pay for the same job depending on their IEP status; those on the enhanced level received more, which was inappropriate.
- I.55** Our inspection covered the existing IEP scheme as processes for the new scheme had not been fully embedded. Staff issued prisoners with warning slips for poor behaviour and those we examined appeared appropriate. Prisoners were not always given copies of the warnings, although they were shown them at review boards.
- I.56** The review boards we attended were fair and prisoners either attended them or, if they were working outside the prison, could submit representations. All available information was considered. An independent person sat on the boards along with a manager. A prisoner representative also attended, which was inappropriate as confidential information was discussed. The governor assured us that they intended to carry out boards with more than one person present, despite the new scheme allowing just one person to carry out reviews.

Recommendations

- I.57** **The local IEP policy should clearly set out how the national scheme will be applied at Kirkham and this should be communicated to both prisoners and staff at the earliest opportunity.**
- I.58** **Prisoners' rate of pay for the same work should be the same regardless of their IEP status.**

Housekeeping points

- I.59** Prisoners should be given written copies of IEP warnings prior to review boards taking place.
- I.60** An independent prisoner representative should not attend IEP boards.

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.

- I.61** *The number of adjudications was low. Charges were appropriate. We found some records that failed to detail follow-up action when allegations relating to safety were raised. Quality assurance was adequate and all incidents were fully reviewed at security meetings. Use of force remained low and documentation showed that force was used as a last resort. Governance of prisoners located in the segregation unit did not adhere to Prison Service regulations. History sheets were poorly completed and not all prisoners had health screenings. The number of prisoners held in the unit had increased substantially since our last inspection and the majority were transferred to closed conditions. Most remained in the unit for just a few hours although some stayed overnight.*

Disciplinary procedures

- 1.62** There had been 180 adjudications in the six months prior to our inspection, which was lower than most comparator prisons. Prisoners were given every chance to improve their behaviour and adjudications were used appropriately for serious transgressions. Offences that were more serious were referred to the independent adjudicator who attended the prison regularly. We found no evidence of collective punishments.
- 1.63** We were unable to observe adjudications. We examined records for 30 adjudications from the past six months. Documentation showed that they were carried out to a reasonable standard and that prisoners had the opportunity to be involved in the process. Some records showed that the prison did not sufficiently enquire into the circumstances leading to the charge being laid; others revealed that safety issues raised by prisoners, including cases where prisoners clearly stated they were being bullied, were not followed up after the adjudication. Charges seemed mainly appropriate and quality checks were carried out by the deputy governor who raised any issues with adjudicating governors.
- 1.64** The prison had reinstated the quarterly adjudication meeting, where adjudications were monitored and analysed and the punishment tariff was reviewed. Adjudications were also discussed at the security meeting.

Recommendation

- 1.65 Issues raised by prisoners during adjudications relating to their safety should be followed up in full. (Repeated recommendation 7.16)**

Housekeeping point

- 1.66** Adjudicating governors should record a full account of the events leading up to the charge being laid.

The use of force

- 1.67** The number of incidents involving the use of force remained low. There had been nine incidents in the six months prior to our inspection. All documents were completed appropriately and showed that force was used as a last resort and after staff attempts to de-escalate the situation. Documents were checked by duty governors and control and restraint coordinators and all video recordings reviewed. The use of force was discussed quarterly at security meetings where individual incidents were reviewed. Planned use of force was recorded. The incidents we viewed were managed well and showed good de-escalation attempts.

Segregation

- 1.68** The segregation unit was used to hold prisoners awaiting transfer to closed conditions and was staffed as and when required. A small number of prisoners were held there while investigations were carried out into the incidents that had occurred and then returned to the main prison. The unit consisted of four cells. The environment was grim and cells were not adequately clean. Four prisoners were held in the unit during our inspection, three of whom remained there for a few hours and one who was held overnight. All of them told us

they understood why they were there. Staff-prisoner relationships appeared reasonable even though prisoners did not remain there for long.

- I.69** Substantially more people were now held in segregation; the unit had held 142 prisoners in the previous six months, compared with 20 in the six months prior to our last inspection. Prisoners were not segregated under the requirements of Prison Service Order 1700, even though the unit's policy stated that they were held there under that authorisation. Governance was therefore unclear and the procedural protections that could be offered by adherence to the Order were not guaranteed. History sheets that were completed did not record in sufficient detail the reasons why it was necessary to hold some prisoners in segregation prior to transfer. Some prisoners had not received a health screening to ensure it was appropriate to hold them in segregation. Not all prisoners were allowed to make a telephone call to their families before they were transferred to closed conditions. In these cases, we could not determine the reasons why prisoners were prevented from making a call. Most prisoners remained in the unit for a few hours while transport was arranged, although 17% stayed overnight and at least one had been held there for 48 hours. Use of the unit was discussed at the security meeting.

Recommendations

- I.70** **The segregation unit policy should be implemented in full and all prisoners held there should be subject to the requirements of Prison Service Order 1700.**
- I.71** **Documentation should be completed in full and include details of why the prisoner was held in the segregation unit and whether or not they were permitted to contact family or friends prior to their transfer to closed conditions subject to well evidenced security considerations.**

Housekeeping point

- I.72** The segregation cells should be kept clean and well maintained.

Substance misuse

Expected outcomes:

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

- I.73** *The demand for drug treatment was low, but while links between the health care department and clinical substance misuse services had improved, more integration was still required. The range and quality of psychosocial support was impressive and prisoners appreciated the focus on recovery and mutual aid. The substance misuse needs analysis was out of date and the committee did not meet regularly.*

- I.74** Nine prisoners were prescribed methadone, mostly on a reducing dose basis, and two were undertaking a lofexidine detoxification. Prescribing regimes were based on individual needs and were reviewed by the substance misuse GP and a substance misuse worker during weekly clinics. The mental health nurse provided input when patients had complex needs. Under a new protocol, prisoners receiving tradable medication received a joint review,

which the health care GP and the substance misuse team carried out, and alternative treatment regimes were introduced when appropriate.

- I.75** Joint working between substance misuse nurses and the primary health care team had improved, but information-sharing was still insufficient. The segregation unit was inappropriately used for controlled drug administration (methadone and subutex), but there were plans to move it to health care premises. Controlled drug administration took place in the segregation unit. There were appropriate plans to move controlled drug administration to health care premises.
- I.76** The head of drug strategy and the senior drug strategy officer managed substance misuse services well, but the substance misuse committee had only met once in the past four months. The substance misuse policy was comprehensive and up to date, and the document included an annual development plan, but a needs analysis had not been completed in over two years.
- I.77** Despite overstretched resources, the range and quality of psychosocial support was impressive and in our survey, 91% of respondents said they had received help with their drug problems against a comparator of only 69%. Services were easily accessible, including in the evenings and at weekends. All new arrivals received a substance misuse assessment with 322 prisoners receiving services. A risk management care plan for those using illegal drugs or trading medication was regularly reviewed with offender management, health and security staff.
- I.78** Since our last inspection, the prison had developed designated recovery units for 80 prisoners. Substance misuse officers staffed them, 10 peer supporters were located there and mutual aid groups met frequently. Regular drug testing took place.

Recommendations

- I.79** **Better information-sharing and coordination of substance misuse work should be developed to ensure safe and effective delivery of services. Substance misuse strategy committee meetings should be held regularly and attended by heads of departments and service providers.**
- I.80** **The substance misuse strategy policy should be informed by a comprehensive needs analysis.**

Good practice

- I.81** *Multi-agency risk management care plans demonstrated a good balance between supporting needs and focusing on safety and security concerns.*
- I.82** *Designated recovery units and frequent mutual aid groups provided prisoners with a supportive environment and sense of community.*

Section 2. Respect

Residential units

Expected outcomes:

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

2.1 *The external environment was attractive. Residential units were clean although some shower and toilet areas needed attention. Association areas were poorly equipped. The double cells in the induction unit were too small. None of the double cells had lockable cupboards. The 'first come first served' access to the laundry was inequitable. Prisoners were more negative in our survey than at the last inspection about applications and we found some that had not been answered for several months. Prisoner consultation had been discontinued.*

- 2.2** The external environment was well maintained and attractive. The billets (small residential units) were clean. One of the substance misuse units had been designated a non-smoking unit, which prisoners welcomed. All units had refrigerators. Association rooms had little furniture and no activity equipment. Facilities for prisoners to store wet coats and dirty footwear on their return from work were inadequate.
- 2.3** Single cells accommodating two prisoners in the induction unit were too small. None of any of the double cells had lockable cupboards. We found offensive material on display in a small number of cells. The ambulant unit (CI) where prisoners with disabilities and those needing extra support were housed was not sufficiently adapted to this population (see 2.32 in equality and diversity section).
- 2.4** Access to laundry facilities was good for those in the induction unit. Prisoners in other units had to use a central laundry on a 'first come first served' basis. Several prisoners complained about being unable to clean their clothes as only 70 out of the more than 600 prisoners could use the laundry each day.
- 2.5** Access to stored property was dealt with promptly through an application to reception. Access to telephones and showers was good, although some showers required refurbishment and those in CI (the ambulant unit) were not sufficiently private.
- 2.6** Prisoners could send as many letters as they could afford and mail was delivered promptly to the wings every day. Post left the prison within 24 hours on weekdays. The letters of prisoners for whom there were public protection concerns were dealt with appropriately, as was privileged correspondence from legal representatives. Prisoners could receive emails from their families via the Email A Prisoner scheme, which was well used.
- 2.7** In our survey, prisoners were negative about all aspects of applications. Only 58% compared with 69% in similar prisons said they were dealt with quickly. Applications were available in the prisoners' information and prisoner advice centre (IPAC), to which prisoners had free daily access. However, there was no tracking system for applications in the residential units and we found some going back several months that had not been answered.

- 2.8** Prisoner consultation had been discontinued earlier in 2013. An initial meeting had been held with a small number of prisoners to discuss reinstating prisoner representatives and consultation meetings, but nothing had been finalised. The IPAC continued to provide prisoners with an excellent level of support. It was open every day and experienced prisoner orderlies provided assistance with a range of issues ranging from form-filling to advice about the regime (see section on reintegration planning, paragraphs 4.34 and 4.35).

Recommendations

- 2.9 Association rooms should be appropriately equipped and furnished to promote social activity. (Repeated recommendation 2.18)**
- 2.10 All prisoners should be able to use the laundry without unreasonable delay.**
- 2.11 Prisoner applications should be tracked and answered within a reasonable time.**
- 2.12 Consultation meetings with prisoners should be reinstated and should involve a broad range of prisoners. (Repeated recommendation 2.23)**

Housekeeping points

- 2.13** Billets should have suitable facilities for wet coats and muddy boots. (Repeated recommendation 2.19)
- 2.14** Shower rooms should be adequately ventilated and partitioned and kept in good condition. (Repeated recommendation, 2.25)

Staff-prisoner relationships

Expected outcomes:

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

2.15 *Over a quarter of prisoners reported that they have been victimised by staff. We observed mainly respectful interactions between prisoners and staff during the inspection. The new personal officer scheme gave prisoners less access to their personal officers than was the case with the scheme that was previously in place.*

- 2.16** We observed mainly respectful interactions between staff and prisoners and in our survey 76% of prisoners, similar to the comparator, said they were treated with respect by most staff. However, in our survey, 26% of prisoners said that they had been victimised by staff compared with 18% in comparator prisons and 8% at our last inspection. In addition, 45% of prisoners with disabilities reported being victimised by staff. Some prisoners said that a small number of staff were intimidating and many said they consistently threatened to return prisoners to closed prisons (see section on complaints). Managers were aware of some of the staff identified by prisoners and were using performance management measures to deal with them.

- 2.17** We were disappointed to find that the excellent personal officer scheme that was in operation during our last inspection had been discontinued. Personal officers were now allocated by billet, each of which had at least one officer and a deputy. Prisoners reported that they had less contact with their personal officers than previously. Case notes on P-Nomis, the Prison Service IT system, rarely showed good levels of interaction between personal officers and prisoners, but contact between prisoners and offender supervisors was in some cases excellent (see section on offender management, recommendation 4.17).

Recommendation

- 2.18** **Managers should investigate and robustly address perceptions of victimisation by staff.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.19** *There was a comprehensive equalities policy and adequate action plan, but strategic oversight was limited. The equalities meeting was poorly attended and did not address some systemic problems such as the failure to undertake the systematic monitoring and analysing of race equality treatment (SMART). The equalities officer was too often redeployed to other duties. Despite this, outcomes were generally good, particularly for older prisoners and those with severe disabilities. There was evidence of effective action to challenge discrimination.*

Strategic management

- 2.20** There was a comprehensive equalities policy. Strategic oversight was limited and there was no planned approach to achieving policy goals. Consequently the action plan, although adequate, contained a series of generic and ad hoc actions (see main recommendation S45).
- 2.21** The action plan was monitored at a bimonthly equalities meeting, which was poorly attended. The meeting failed to address a number of systemic failings in equalities work. SMART monitoring data had not been collated since June 2013 – until then, it had focused on black and minority ethnic groups and did not include prisoners from other protected characteristics. In addition, prisoner diversity forums did not take place regularly and equality impact assessments were not up to date. These failings limited the ability of the prison to respond to concerns prisoners from protected groups raised in our survey about their treatment (see paragraph 2.29 and main recommendation S45).

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.22** The prison's equalities work was taken forward by an equalities officer who was well regarded by prisoners, but he was unable to carry out his work effectively as he was too often redeployed to other duties. The equalities officer was supported by a prison orderly and 10 prisoner equality representatives.
- 2.23** The prison addressed discriminatory behaviour through the incentives and earned privileges scheme and the adjudication process. There was no diversity awareness training programme for repeat or more serious offenders, although this was being looked into.
- 2.24** Ten discrimination incidents had been reported in the six months prior to our inspection. Incidents were thoroughly and promptly investigated and outcomes were fair. There was evidence of follow-up action to ensure discrimination was challenged effectively. The community organisation Arooj Northwest quality assured investigations but it was unclear from the minutes if its findings had been presented to the equalities meeting in the past six months.
- 2.25** There was a full calendar of diversity events, but many celebrations were limited to a notice to prisoners and staff and a display in the visits hall. Staff received equalities training through a standard e-learning package used across the civil service. The package was basic and did not reflect the complex equalities issues staff faced.

Recommendation

- 2.26** **Staff training needs should be determined in relation to each protected characteristic and a continuing training programme introduced.**

Housekeeping point

- 2.27** The equalities action plan should systematically set out how it will progress work for all protected groups within a broader strategic framework.

Protected characteristics

- 2.28** Protected groups were identified on arrival through a questionnaire completed in confidence. Levels of disclosure were good.
- 2.29** In our survey, black and minority ethnic, Muslim and prisoners with disabilities reported favourably when asked if staff treated them with respect. However, these groups were less positive than other prisoners across a range of issues, especially victimisation. There had been no black and minority ethnic prisoners' forum in the six months before our inspection (see paragraph 2.21). Prisoners who had been convicted of a racially aggravated offence were systematically identified on arrival and flagged on the prison database. They were all interviewed by the equalities officer and required to sign a non-discrimination compact.
- 2.30** The diversity policy contained a section addressing religious provision and discrimination, which was also covered in the prison's action plan and through the chaplaincy. There had been no staff training on religious diversity in the six months before our inspection (see recommendation 2.26). However, kitchen staff had received training on preparing and serving halal food in response to a number of problems in this area (see section on faith and religious activity).

- 2.31** Twelve foreign nationals were held during our inspection. They were referred to the foreign nationals coordinator, who had had relevant experience through work at another prison although he had not received any formal training for the role. There was no translated information about the prison. We were told it was very rare for a prisoner not to speak English. Foreign nationals received a free international phone call if they had not received a visit, but most only received a free call every 10 weeks. Prisoners subject to immigration controls were routinely returned to closed conditions at the end of their sentence, regardless of their risk of absconding.
- 2.32** Prisoners with severe disabilities, who were accommodated together on C billet, received good support and were assisted by a paid orderly. Multidisciplinary care plans were of a high quality. Prisoners on C billet who required a personal emergency evacuation plan had one. Although some adaptations had been made to the billet, more could have been done to meet all the needs of prisoners with disabilities, particularly where shower and bathing facilities were concerned. The needs of prisoners with less severe disabilities accommodated elsewhere were sometimes overlooked.
- 2.33** There was some good provision for older prisoners, including dedicated gym sessions. A forum for older prisoners and those with a disability had met twice in 2013. The prison was about to open a weekly over-55s activity centre. Veterans received very good support; they met regularly and a range of external organisations provided them with practical support.
- 2.34** The equalities policy covered support for gay and bisexual prisoners. They received support through two external organisations. The prison had organised specialist one-to-one support for a prisoner who had been considering gender reassignment.

Recommendations

- 2.35** **Foreign nationals who have demonstrated compliance with the open prison regime should be released at the end of their sentence unless detention is justified by an individual assessment of their risk of absconding when removal is imminent.**
- 2.36** **The day-to-day care needs of all prisoners with disabilities should be met.**

Housekeeping point

- 2.37** Foreign nationals should be given a free monthly international telephone call, regardless of whether or not they have received a visit.

Faith and religious activity

Expected outcomes:

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

- 2.38** *Faith provision for most prisoners was good and pastoral care was particularly good. The chaplaincy service was overstretched and had consequently reduced its resettlement work.*

- 2.39** Prisoners were more positive in our survey about faith provision compared with those in similar prisons.
- 2.40** The chaplaincy was led by a full-time Anglican managing chaplain and three part-time chaplains. A fourth part-time position was vacant: the chaplain who had held the position had also led the team's resettlement work. The service was supported by a number of visiting chaplains, who covered the wide range of religions practised by the prison population.
- 2.41** An analysis conducted by the chaplaincy, suggested there were sufficient resources to cover the demand for the service throughout the week, but only if the vacant post was filled. Resources were not spread evenly across the faiths served by the part-time chaplains; in particular, records suggested a disproportionate demand on the Muslim chaplain's time.
- 2.42** The chaplaincy had a strong resettlement ethos. It had developed some good faith-based approaches to the prison's resettlement work, which involved prisoners well, and links with faith groups in the areas to which they would be released. However, key initiatives had been put on hold following the departure of the chaplain leading on resettlement.
- 2.43** Although there were no formal religious classes, chaplains met with prisoners after formal worship for themed discussions. All religious events were marked and well advertised. Two events for Muslim prisoners were celebrated with a special meal, although other prisoners were not invited.

Recommendation

- 2.44** **Chaplaincy provision should be matched to the needs of prisoners, and chaplains should be able to implement planned resettlement initiatives.**

Complaints

Expected outcomes:

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

- 2.45** *Although prisoners were negative about the fairness of the complaints process, most responses were fair and respectful. Prisoners believed they would be penalised if they made a complaint. There was insufficient monitoring and quality assurance of complaint responses.*

- 2.46** Complaint forms were freely available. Only 29% of prisoners in our survey said that complaints were dealt with fairly compared with 44% in similar prisons. Despite some reassurance from managers, there was a widespread view among prisoners that they would be transferred if they made complaints. We found no evidence to justify these perceptions: of the last 65 prisoners that had been transferred, only five had submitted complaints and in these cases, the complaints were not related to the reasons for their transfer.
- 2.47** We saw relatively few complaints against staff. Complaints generally involved minor issues and nearly all received a prompt response.
- 2.48** There was a helpful guidance note to assist staff responding to complaints. Responses were generally fair and respectful, but some were not sufficiently investigated; for example,

witnesses who could have helped resolve factual disputes were not interviewed. Interviewing witnesses did not feature in the guidance note.

- 2.49** There was little effective analysis of complaints so that systemic issues could be identified and addressed. The system for quality checking responses had fallen into abeyance.

Recommendations

- 2.50** Prisoners should be reassured that they can complain without reprisals; complaints data showing the correlation between complaints and transfers should be routinely shared with them.
- 2.51** A sample of complaints responses should be routinely quality checked, and trends and patterns over time should be monitored, analysed and discussed by the senior management team. (Repeated recommendation 3.42)

Legal rights

Expected outcomes:

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

- 2.52** *There was no dedicated legal support. Prisoners had good access to legal text books but could not use Access to Justice laptops to pursue legal cases. Prisoners were positive about being able to communicate with their solicitors, but there were no consultation rooms in the visits hall.*

- 2.53** As at our last inspection, no dedicated support was available for prisoners with legal problems. While many prisoners were at the end of their sentences, some required legal representation for parole board hearings, confiscation orders or family law matters. Managers told us that if prisoners required legal advice or representation they would ask their personal officers for assistance. Prisoners told us that they would look at adverts in prison newspapers to find a lawyer. The prison did not take part in the Access to Justice scheme, which enables prisoners to use laptops to work on legal matters.
- 2.54** In our survey, more prisoners than the comparator said it was easy to communicate with their solicitors (69% compared with 63%) and that they could get legal text books (54% compared with 46%). The library stocked a good selection of legal text books and Prison Service Instructions.
- 2.55** Legal visits took place once a week, every Thursday morning, in the visits hall. Consultations took place in the general visiting area. The hall was large and prisoners could consult their legal representatives, but not in complete privacy; three small rooms in the hall were used for other purposes. It was not clear why at least one of these could not be used for legal consultations.

Recommendations

- 2.56** A member (or members) of staff with suitable training and expertise should be identified as the main contact for prisoners on legal matters. (Repeated recommendation 3.46)
- 2.57** Prisoners should be able to borrow laptops through the Access to Justice scheme.
- 2.58** A room should be available in the visits hall so that prisoners can meet their legal representatives in private.

Health services

Expected outcomes:

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

2.59 *Overall the health care provided had improved and was good. However, prisoners surveyed were much less satisfied with access to and the quality of some health services than the comparator. Clinical governance was robust. Waiting times for clinics were short. Chronic disease management was very good. Medicine management was reasonable, but we remained concerned that the lack of pharmacist input created clinical risks. Dental services were very good. The integrated mental health service provided prisoners with very good support.*

Governance arrangements

- 2.60** Lancashire Care NHS Foundation Trust (LCFT) ran the prison's health service. A robust structure of well attended linked meetings, including a partnership board, contributed to effective clinical governance. Working relationships with commissioners NHS England were good. A 2011 health needs assessment informed a health delivery plan, which was reviewed regularly; a new assessment was being commissioned.
- 2.61** Regular clinical audits and lessons learned from clinical incidents and complaints informed service development. The LCFT complaints and comments system was well advertised. Five complaints and five compliments had been received in 2013. Responses to complaints were courteous and clearly written and consistently addressed all the issues raised.
- 2.62** The dedicated health service user forum had only met twice in 2013 owing to staff shortages. A pre-release patient satisfaction survey was completed with all prisoners. Service user feedback informed service improvement.
- 2.63** Prisoners received good written information on arrival and could visit the health centre easily. The health department had clean satisfactory facilities and included an impressive waiting area, which was modelled on a community surgery. Health care orderlies cleaned the health department to a high standard.

- 2.64** A senior nurse manager, supported by two senior nurses, provided strong leadership. A lack of continuity caused by vacancies and sickness had adversely affected some service development, but this was being managed. Staff shortages were managed through regular relief staff. Qualified nurses attended from 8am to 7pm Monday to Friday and from 8am to 12 noon at weekends. There were five GP clinics a week.
- 2.65** Health staff were clearly identifiable and the interactions we observed were very good. All nurses had annual appraisals and were up to date with mandatory training; staff had excellent access to development opportunities. Daily and monthly staff meetings ensured there was effective communication within the LCFT team; however, integration with other health providers was limited, although it was being addressed. Staffing shortages had restricted recorded formal clinical supervision, although we saw evidence that staff with an identified need received supervision.
- 2.66** Records on SystemOne, the electronic clinical information system, were very good and care-planning was well developed. Archived records were securely stored. Staff knew of and used a comprehensive range of policies, including on communicable diseases, adult safeguarding and information-sharing.
- 2.67** Barrier protection was easily accessible. A prison health improvement group met regularly. There was an excellent range of health promotion literature in the health care waiting area, but it was less evident in the main prison. A new lead nurse for older prisoners had been identified and was re-establishing services. Prisoners had good access to occupational therapy services, mobility and health aids, smoking cessation programmes, immunisation, blood-virus testing and bowel cancer screening.
- 2.68** The emergency equipment in the health care department was appropriate, up to date and received regular recorded checks. A core group of custodial staff, including night staff, were trained in first aid and defibrillation, which ensured prompt emergency support out of hours. Custodial staff had easy access to automated external defibrillators and knew the medical emergency and defibrillator protocols, but all the defibrillators pads were out of date.

Recommendations

- 2.69** **There should be robust systems in place to ensure effective integration and timely information-sharing between different health providers.**
- 2.70** **All health staff should have regular access to documented clinical supervision from appropriately trained staff.**

Housekeeping point

- 2.71** All emergency equipment used by custodial staff should receive regular documented checks and be up to date.

Delivery of care (physical health)

- 2.72** Two nurses saw all prisoners in reception for a brief assessment, and appropriate follow-up referrals were made. Consent to share information was obtained to ensure continuity of care. Comprehensive secondary health screening, including immunisation and blood borne virus testing was completed the next day.

- 2.73** Prisoners in our survey were less satisfied with access to and the quality of some services than the comparator. Most prisoners we spoke to were very positive, but a substantial minority were dissatisfied because health services clashed with meal times, which meant they had to decide whether to have their meal or attend a clinic.
- 2.74** GP appointments were only available following a nurse assessment. Open access to nurse assessments was available at midday and in the early evening. Between 8am and 9am Monday to Friday a nurse provided prisoners in work with telephone assessments, allocating them prompt face-to-face appointments if needed; however, the call was not confidential as workshop staff were usually present. The nurse assessments we observed were very good. Waiting times for GP appointments were short.
- 2.75** There was a good range of primary care clinics, waiting times were good and the failure-to-attend rate was low. Community specialists attended when they were needed. Chronic conditions were managed very effectively by well trained nurses using an NHS performance management system. The gym provided excellent health sessions including weight management and cardiac rehabilitation.
- 2.76** Prison officers understood the out-of-hours policy and knew how to access services. Prisoners received prompt, appropriate referrals to external hospital appointments, but we were unable to assess the number of cancellations because they were not monitored.

Housekeeping points

- 2.77** Prisoners should not have to choose between meals and attending clinics.
- 2.78** Telephone nurse assessments for prisoners at work should be confidential.
- 2.79** The number of external hospital appointments cancelled and the reasons for a cancellation should be monitored.

Pharmacy

- 2.80** Prescriptions were printed from SystmOne; the original was sent securely to Lloyds Pharmacy and medication was supplied promptly. Patient information leaflets were not routinely provided for daily or weekly supplies. Prisoners had no access to pharmacist clinics. Although health staff provided reasonable governance, we remained concerned that the lack of specialist input created clinical risks.
- 2.81** Medicines were administered from two reasonable clinical rooms. All medicines including controlled drugs were stored correctly and accurate records were maintained. Cabinet keys were secure and only health care staff had access to them. Fridge temperatures were logged and controlled adequately. There were out-of-date reference books in some clinical rooms. Prescribing appeared to be appropriate.
- 2.82** A good range of over-the-counter medicines was kept and dispensed by nurses in line with a specific policy, following a documented medication risk assessment. All supplies were logged and recorded on SystmOne, which provided a comprehensive supply record.

- 2.83** Prescription forms were based on general practice prescriptions. Monthly and ad hoc medicines were supplied in a pharmacy bag with a copy of the prescription attached. This allowed prisoners to re-order medicines in the same way one would in the community, and ensured appropriate reviews occurred. Health staff reordered on a daily and weekly basis and supervised medicines.
- 2.84** Most medication was supplied in possession. However, some medication that could be misused was administered under supervision in a private setting. In-possession risk assessments for prescribed medicines were not routinely completed. Medication was dispensed twice a day on week days and once at weekends. The medication administration we observed was safe and respectful, but not private and the main administration time clashed with the midday meal (see housekeeping point 2.77).
- 2.85** GPs used a step-wise approach to manage pain. Errors and near misses were reported and drug alerts were managed effectively. A drug and therapeutics committee had been formed following the previous inspection, but it had not met regularly. Prescribing data was supplied to the contracts manager. No formulary was available in the pharmacy.

Recommendations

- 2.86** **Prisoners should be able to see a pharmacist. The pharmacist should provide counselling sessions, medication use reviews and clinical audit (in particular for opiates and other medicines liable to abuse). (Repeated recommendation 5.67)**
- 2.87** **In-possession risk assessments of each drug and patient should be documented.**

Housekeeping points

- 2.88** Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 2.89** All out-of-date reference books should be removed.
- 2.90** The drug and therapeutics committee should meet monthly.

Good practice

- 2.91** *The community style prescription and reordering process prepared prisoners for community pharmacy services.*

Dentistry

- 2.92** Four dental sessions were provided a week and waiting times were short. NHS-equivalent dental treatment was available and the records we sampled were good. Oral health promotion was delivered verbally and through leaflets. Prisoners accessed community emergency dental services if needed.
- 2.93** More prisoners surveyed (61%) were satisfied with the quality of the dental service than the comparator (50%); however, fewer were satisfied than at our last inspection (72%). The dental consultation observed was good. The results from a pre-discharge dental patient satisfaction survey were consistently positive.

- 2.94** The dental surgery met best practice guidelines. All dental equipment was appropriately maintained and dental waste was disposed of professionally. There was an appropriate range of current protocols and effective communication with health staff.

Delivery of care (mental health)

- 2.95** Working relationships between prison and mental health staff were good. All custodial staff had received mental health awareness training in the past three years.
- 2.96** A senior registered mental health nurse (RMN) provided both primary and secondary mental health services four days a week and worked at HMP Preston one day a week to experience wider team working. The dedicated mental health room provided a positive therapeutic environment. There was an open referral system, prisoners were seen promptly and a comprehensive range of self-help materials was available. The RMN saw all those subject to assessment, care in custody and teamwork (ACCT) case management and had an average caseload of 16.
- 2.97** There were two psychiatrist sessions every month. Prisoners with severe and enduring mental health problems were appropriately managed using standard community care-planning processes. All health staff had access to mental health care plans to ensure continuity of care when the RMN was absent.
- 2.98** All prisoners were screened for learning disabilities in the general secondary health screen. A registered learning disability nurse (RNLD) from primary care assessed all prisoners who triggered a referral and liaised with other departments when required. The RNLD had a caseload of four.
- 2.99** The introduction of a psychological wellbeing practitioner to provide psychologically informed therapy for mild to moderate mental health conditions was a very positive initiative. Relationship and bereavement counselling was available through the chaplaincy.
- 2.100** Three prisoners had been transferred to a closed prison in 2013 on mental health grounds. No-one had been transferred to NHS mental health facilities in 2013.

Catering

Expected outcomes:

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

2.101 *Although the food we sampled was adequate, prisoners did not comment favourably on it during our inspection. Problems with serving halal food had been addressed satisfactorily.*

2.102 Although the food we sampled was adequate, only 25% of prisoners said that it was good or very good compared with 40% in similar prisons. Changes in portion sizes had been unpopular. The menu was reasonably varied, although advertised meal options were not always served. Food was no longer pre-selected by prisoners and more popular meals could run out before the end of the service, which also limited choice. Prisoners working outside and leaving the prison early, or arriving back late, were able to eat the same food as other prisoners.

- 2.103** Special meals were prepared for a small number of religious and cultural celebrations and Muslim prisoners commented favourably on food served for Eid celebrations.
- 2.104** The kitchen areas were clean and food was appropriately stored. Some possible cross contamination involving halal food might have taken place in the past, but this risk had been addressed satisfactorily. There were separate utensils for preparing and serving halal food and we observed them being used.
- 2.105** All prisoners working in the kitchen were suitably qualified in food hygiene. The kitchen was no longer providing national vocational qualification (NVQ) training.

Recommendations

- 2.106** Prisoners should have sufficient and varied meal choices.
- 2.107** Prisoners working in the kitchen should be able to take NVQ qualifications.

Purchases

Expected outcomes:

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

2.108 *The shop provided an adequate service, but minority groups had concerns about the range of goods available.*

- 2.109** The prison shop was on site. Prisoners in our survey were positive about the range of goods on offer. However, black and minority ethnic, Muslim, disabled and older prisoners were all much less positive. Prisoners had been consulted earlier in the year but none specifically from these minority groups.
- 2.110** The weekly system for ordering and delivering shop goods was efficient, and catered for new prisoners arriving outside the normal purchase and delivery timetable. Prisoners who were transferred from other prisons could receive goods up to the value of £10 or telephone credit on arrival at the establishment. Prisoners could order newspapers and magazines.
- 2.111** In addition to the shop, products could, subject to approval, be ordered online from a number of suppliers, including Amazon.

Housekeeping point

- 2.112** Prisoners from minority groups should be consulted about the range of goods on offer in the shop.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

3.1 *Prisoners were not locked in their cells and billets (small residential units) were unlocked up to 13 hours a day. There was a good range of out of cell activities.*

3.2 Prisoners were not locked in their cells and could move around their billets throughout the night to use the showers, telephones and kitchenettes. Billets were unlocked at 7.10am during weekdays and at 7.40am at weekends and closed at 8.10pm every day. This meant prisoners were unlocked for up to 13 hours a day. They could participate in a good range of out of cell activities, including those in the sports hall, on the running track (see section on physical education and health living) and easily attend the library.

Learning and skills and work activities

Expected outcomes:

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

3.3 *Strategic planning to expand the provision was progressing well. Quality assurance systems were adequate. Partnership working was excellent. Data was not sufficiently analysed to monitor the strategy for foundation skills in English and mathematics. The prison did not have sufficient programmes related to self-employment or leading to level 3 to support employment opportunities. Teaching, learning and assessment were good. Initial and diagnostic assessment was adequate. Success rates were high generally, but low on functional skills mathematics at level 2. Standards of work were good. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was good.*

3.4 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Good</i>

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

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Management of learning and skills and work

- 3.5** The leadership and management of learning and skills in education were good. The prison's strategic planning for further vocational training, work and employment provision and extended accreditation opportunities had made good progress. In some instances the implementation of new provision was imminent. The Manchester College, the Offender Learning and Skills Service (OLASS) provider, had responded well to external pressures by realigning the learning provision while continuing to meet the needs of individual prisoners. However, the delivery of functional skills, mathematics and English required improvement. Partnership working between the prison, employers and the community was excellent. Communication between the prison and The Manchester College was good, but better joint working was required to make best use of resources and more effectively meet prisoners' needs.
- 3.6** Quality improvement processes were good. Quality assurance systems were appropriate in education, vocational training and the prison workshops, but the prison and the college had developed separate systems that created inconsistencies and difficulties when prisoners' performance was reviewed. The prison quality improvement group did not analyse data or subject areas in sufficient detail. Data analysis was not used sufficiently to monitor the effectiveness of the strategy for functional skills in mathematics and English. The prison self-assessment report was detailed, took account of other prison areas, including the OLASS self-assessment report, and there was an appropriate action plan, but it did not take sufficient account of prisoners' experiences. Data on the differences in rates of progress and achievement between different groups of learners was not analysed sufficiently. Managers in education used data to inform planning. The prison gathered data on retention and achievement, and analysis provided a picture of prisoners' progress and individual support needs.
- 3.7** The exchange of information between education and the vocational and prison workshops and sentence planning was not sufficient. Offender supervisors' requests for information from different areas of the prison were fulfilled, but systems did not ensure that the information received was both prompt and accurate.
- 3.8** Observations of teaching, learning and assessment were good; feedback was constructive and concise, and action was taken to improve teaching and identify good practice. A few examples in observation records did not focus sufficiently on learning and assessment. Staff were appropriately qualified. Management of the OLASS contract was good, as was the careers advice and guidance provision.

Recommendation

- 3.9** **Information exchange systems within the prison and joint working arrangements between the prison and The Manchester College should be sufficient to meet the prisoners' needs.**

Provision of activities

- 3.10** The range of provision in education met the needs of individual prisoners sufficiently and focused on functional skills from entry level 1 to level 2 in English and mathematics, information technology qualifications (ITQ) and a useful range of programmes related to improving prisoners' behaviour and reducing reoffending. The prison planned to expand its appropriate range of vocational training and work to support release on temporary licence (ROTL) and employment opportunities. Some employers offered relevant accredited

programmes. Vocational training programmes included qualifications in painting and decorating, brickwork, woodwork, recycling and horticulture. Qualifications were available at level 2 except in physical education (see section on physical education and healthy living).

- 3.11** The virtual campus (internet access for prisoners to community education, training and employment opportunities) and access to it were very good; prisoners could make use of it as well as of information technology (IT) and individual learning support on two evenings a week to continue their studies or pursue their own work. This service was used well. Preparation for interviews and CV writing were available through the virtual campus and a number of agencies including the education department, but there were few links between the agencies to ensure consistency and avoid duplication.
- 3.12** Education programmes did not offer sufficient programmes on self-employment and there were no appropriate level 3 programmes to support prisoners who wanted to develop their work skills during employment in the community.

Recommendations

- 3.13 Business enterprise and business start-up programmes should be available to prisoners.**
- 3.14 Level 3 programmes should be offered to support job promotions for prisoners in employment in the community.**

Housekeeping point

- 3.15** The prison should rationalise CV writing and interview skills provision to avoid duplication and ensure that prisoners understand what support is available.

Quality of provision

- 3.16** Teaching, learning and assessment were good overall. In better sessions, tutors focused on interactive learning, the pace was challenging and a wide range of activities were used flexibly to promote learning. Tutors managed long sessions well. IT was used effectively to provide a clear structure for the session and to review objectives.
- 3.17** Learners were expected to achieve level 1 in English and mathematics before starting in the prison and training workshops. They completed the functional skills programme within seven weeks, but this did not give them enough time to digest what they had learned or practice applying the principles to realistic environments. Learners were classroom-based for long periods of time, which was unpopular with some prisoners who said they preferred to learn in the work and training workshops or at charities' or employers' premises.
- 3.18** ITQ and computer aided design (CAD) programmes were particularly well-structured and highly effective in promoting independent learning and good progress. In the few less effective sessions, prisoners were not sufficiently engaged in active learning, the pace of learning was slow and there was an over-reliance on tutor-led delivery.

- 3.19** Induction into the education department was thorough and well managed. Good links with the progression board enabled the prison to review and focus on the learners' individual development needs. Initial and diagnostic assessments adequately identified prisoners' English and mathematics development needs. IT diagnostic assessments were thorough.
- 3.20** Tutors assessed learning appropriately throughout the sessions. In better sessions, tutors checked what prisoners had learned at the end of each topic, enabling them to reinforce key points. Learners completed personal logs at the end of sessions and tutor input ensured that the content was detailed.
- 3.21** The quality of individual learning plans (ILP) varied. ILPs' pre-set targets were not tailored to the individual. In some instances, sections for previous learning and current goals were not completed. In others, the goal was the full qualification; this was not always broken down into small steps, particularly in functional skills, mathematics and English. In ITQ, a useful skills tracker enabled prisoners to track their progress towards a unit. The quality of learners' work was mostly good and in a few instances very good. Too many learners' files contained official documentation rather than recording the impact and experience of learning.
- 3.22** Learning support required improvement. Key tutors used the hidden disability questionnaire appropriately to identify learners' support needs. The implementation of the outcomes of the learning support assessment was inconsistent. The recording of learning support was subjective and focused too much on the time allocated for support against a range of criteria that was too wide. The quality and nature of the support was not sufficiently recorded. The level of tutors' expertise on the range of prisoners' disabilities and their impact on learning required development.

Recommendations

- 3.23** **Some aspects of functional skills should be delivered within the work and vocational training workshops.**
- 3.24** **Prisoners on all education courses should be provided with clear and measurable individual short-term targets and the content of files should demonstrate progress. (Repeated recommendations 6.26 and 6.27)**
- 3.25** **Appropriate staff expertise and more qualitative and focused recording should be developed to improve the learning support assessment process.**

Education and vocational achievements

- 3.26** Success rates in functional skills English and mathematics were inconsistent. In the last full year, success rates for entry level 3 in both subjects and at level 1 in English were high. In the same period, success rates for English level 2 were adequate, but low for level 1 in mathematics. In year data for 2013–14 indicated high pass rates for English level 1, satisfactory for mathematics level 1 but low for level 2 in both subjects. Success rates were high on the employability programmes. Pass rates on vocational training programmes both in the prison and college workshops were good.

- 3.27** The standard of work in vocational training and general workshops was good and very good in CAD, forklift truck driving, painting and decorating and brickwork and woodwork enterprise. The standard of learners' work in education was mostly good and in a few instances very good. Learners made good progress.

Recommendation

- 3.28** **Outcomes for prisoners on functional skills in English and mathematics should be improved.**

Library

- 3.29** Access to the library was good and opening hours had been extended since the last inspection. Prisoners could now use the library in the evenings and at weekends. Induction was thorough, membership was high and there was a good range of resources, including appropriate legal reference books. Material for foreign nationals was available in 16 languages. The vocational training book stock was now good, but the stock of easy read books was limited. The environment was good for general use, study and research and there were six computers; however, prisoners had no internet access and could not connect to the virtual campus when they were in the library.
- 3.30** There was a well-established Toe by Toe mentoring scheme to help prisoners learn to read, which involved 16 mentors, flourishing Storybook Dad and DVD Dad schemes (in which prisoners record stories for their children), an active creative writing programme and a range of additional services. Library staff used data well to improve the service.

Recommendations

- 3.31** **The selection of easy read books should be increased.**
- 3.32** **Internet access or access to the virtual campus should be available in the library to further support employment and training opportunities.**

Physical education and healthy living

Expected outcomes:

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

- 3.33** *Physical education and recreational activities were well managed. Access to the gym and the range of programmes was good. There was a good range of specialist programmes, including one supporting members of the public who had suffered strokes and accredited employment-related training. Data were maintained well and used to develop the provision. Access to level 3 programmes was good.*

- 3.34** PE facilities, including the outside area, were good. The changing rooms and showers were clean and well maintained. Early morning gym sessions were available and the gym was also open at the weekend.
- 3.35** Physical education (PE) and recreational activities were well managed and access was good. Healthy living and the importance of exercise were well promoted. A good range of accredited programmes supported prisoners' employability, such as level 3 courses at a local college. Staff were enthusiastic and well qualified.
- 3.36** A timetable of vocational and specialist PE sessions was well planned and included weight management, sessions for the over-55s, remedial gym and physiotherapy for prisoners recovering from injuries. A programme designed to help members of the public who had suffered strokes was impressive. Sessions were available for prisoners who could not attend because they were working. A good range of sports activities were organised every week and games were organised with local community teams.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *Strategic management of resettlement was disjointed and the prison did not focus sufficiently on prisoners' offending behaviour needs; however, the delivery of services was generally good. The risks presented by the large number of serious offenders appeared to be well managed. A draft needs analysis showed evidence of unmet needs. Release on temporary licence (ROTL) was well used, but there were some shortcomings in ROTL processes. There was no input from multi-agency public protection arrangements (MAPPA) in decisions for MAPPA level 2 and 3 prisoners.*

4.2 Strategic management of resettlement was disjointed and links between offender management and reintegration required improvement. A detailed reducing reoffending strategy set out pathway work and designated pathway lead staff members and was accompanied by an action plan. However, it focused too much on reintegration needs at the expense of offending behaviour. The offender management unit (OMU) was not sufficiently central to the resettlement process. The quarterly reducing reoffending meetings were poorly attended, and minutes suggested that discussions of pertinent issues were limited. Despite this, the delivery of services was generally good, and the risks presented by the large number of serious offenders were well managed.

4.3 A helpful draft needs analysis, which was completed in August 2013, used some offender assessment system (OASys) data. Further analysis was required to take account of missing and out-of-date information. Initial results suggested some prisoners had substantial offending behaviour needs that were not being met; for example 70% (56 prisoners) of the 80 highest risk prisoners in the sample were identified as having a problems requiring intervention. Sixty-three per cent of prisoners, similar to the comparator, said they had done something in the prison to make them less likely to offend in the future.

4.4 ROTL was used well to support resettlement and prepare prisoners for safer eventual release; 787 prisoners had been granted 23,797 ROTL opportunities in the previous six months. Many prisoners worked outside the prison and ROTL also supported family ties well. Every month, approximately 700 prisoners went on town visits and 350 on home leave. Given the high use of ROTL, the failure to return rate (18 in the year to date) was not excessive. There were useful ROTL drop-in sessions at the OMU three times a week, which prisoners valued. Assessments for higher risk tier 3 and 4 prisoners were robust. However, there were some shortcomings in ROTL processes for other prisoners; for example, only one member of staff sat on each ROTL board, the boards were frequently interrupted by other pressing issues and some risk assessments had not taken account of security issues prior to the board. Community-based probation staff attended the prison to contribute to ROTL decisions for MAPPA level 1 prisoners (on the lowest risk level), but there was no MAPPA input into decisions for the few level 2 or 3 prisoners (whose risk levels were greater).

Recommendations

- 4.5** The OMU should drive resettlement work for all prisoners. Strategic management of resettlement should be effectively coordinated, with a clear focus on both offending behaviour and reintegration needs.
- 4.6** The prison should finalise its needs analysis, effectively identify the level of unmet need, and use this to inform service provision.
- 4.7** ROTL processes for all prisoners should be robust. Boards should be focused, multidisciplinary and take account of all pertinent information.

Housekeeping point

- 4.8** All relevant departments should attend the reducing reoffending meeting, which should include meaningful discussions of the action plan and other relevant issues.

Offender management and planning

Expected outcomes:

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

4.9 *The OMU had an appropriate focus on risk, but some offender supervisors had minimal risk training and no case supervision. Prisoners were positive about contact with offender supervisors, but personal officers were not engaged with resettlement work. There were too many outstanding OASys documents. Not all sentence plan objectives were sufficiently detailed or outcome focused and sentence planning did not sufficiently inform education or training. Public protection was well managed but it took too long to establish monitoring arrangements for some who required them. Risk management meetings were very good. There was a proportionate approach to re-categorisation decisions. Indeterminate sentence prisoners were positive about resettlement support.*

- 4.10** The OMU consisted of four teams, which included probation officers, probation services officers (PSO) and prison offender supervisors. It had an appropriate focus on risk. One team, comprised mainly of probation staff, was a designated high risk team. However, PSO and prison offender supervisors had only undertaken basic risk management training and the latter did not receive any case supervision.
- 4.11** In our survey, 97% of respondents said they had a named offender supervisor in the prison, against a comparator of 74%, and prisoners were generally positive about their contact with offender supervisors. Evidence on P-Nomis (the Prison Service IT system), which other relevant staff could access, showed that they undertook some very good work. There was little evidence that personal officers interacted with prisoners in a similar way.
- 4.12** All but nine prisoners were sentenced to more than 12 months and subject to offender management and an OASys. There were 75 outstanding OASys documents, which meant that provision could not be adequately targeted for all prisoners; 24 of them were the responsibility of the prison and 51 of external offender managers. In the year up to the inspection, 18 prisoners had arrived at the prison without a current OASys document. In

addition, OASys documents were not usually reviewed when a prisoner arrived, which was an omission.

- 4.13** Offender managers worked well with sentence planning boards, which involved prisoners. About three-quarters of prisoners said they had a sentence plan, similar to the national comparator, and 67% (as against a comparator of 72%) said they were involved in its development. Some prisoners could not recall a sentence planning meeting taking place, although their records showed that it had, suggesting that the formalities of sentence planning were not clear to them. More prisoners than in comparator prisons said they had received help from offender managers and offender supervisors to achieve their targets and fewer than the comparator said that they had nobody to help them.
- 4.14** In the individual case files we examined, OASys documents and risk of harm analyses were sound and risk management plans were appropriate and included actions both in custody and on release. However, some sentence plan objectives were not sufficiently detailed or outcome-focused. For example, some merely stated that the prisoner should 'remain enhanced'. Annual OASys reviews and parole reports were usually timely; 50 parole dossiers had been submitted in the previous six months. Seventy prisoners had been released on home detention curfew (HDC) in the previous six months and 12 were beyond their eligibility date.
- 4.15** All prisoners attended a helpful progression board three days after arrival; this involved a range of staff, including those from education and training. Offender supervisors also attended, although they did not lead the meeting, and sentence planning did not sufficiently inform education or training decisions. It was evident from OMU meeting minutes that there was, appropriately, a clear commitment to ensuring the OMU became central to the resettlement process, but this was yet to be embedded (see section on strategic management of resettlement, recommendation 4.5). It was also evident that targets set at the progression board did not consistently feature in sentence plans.

Recommendations

- 4.16** **PSO and prison offender supervisors should undertake a level of risk management training more appropriate to managing a higher risk population.**
- 4.17** **Personal officers should support prisoners in meeting their resettlement targets.**
- 4.18** **Sentence plans should contain details of objectives allocated through the progression board, and all objectives should be outcome-focused and have a specific timescale for their achievement.**

Housekeeping points

- 4.19** All offender supervisors should receive case supervision through a manager.
- 4.20** Staff should ensure that prisoners understand the formalities of sentence planning boards.

Public protection

- 4.21** Public protection was led by a senior probation officer and was generally well managed. Two hundred and fourteen prisoners were subject to public protection arrangements: one prisoner was on MAPPA level 3 (which covers prisoners on the highest risk level), 21 on

MAPPA level 2 (where the active involvement of one or more agency is required) and 168 prisoners were on MAPPA level 1 (which covers the lowest risk level). There were 10 harassment cases and 14 prolific and priority offenders. Probation staff either attended MAPPA boards or provided detailed reports, which were quality assured by a senior probation officer. All new arrivals were checked against the violent and sexual offenders register, and monitoring restrictions were explained to prisoners on a one-to-one basis. Offender supervisors were responsible for completing monitoring paperwork, which meant it took too long for restrictions to be put in place in some cases (we were told up to two weeks) as an offender supervisor would first have to be allocated.

- 4.22** Risk management meetings were very good. Monthly meetings considered high risk prisoners and reviewed existing monitoring arrangements; additional meetings were held in response to specific needs such as ROTL failures to return. The meetings involved detailed discussion, relevant staff attended them and minutes included evidence of balanced and proportionate decision making.

Recommendation

- 4.23** **Monitoring restrictions should be established as soon as possible after arrival for those prisoners requiring them.**

Categorisation

- 4.24** One hundred and forty-two prisoners had been returned to closed conditions in the previous six months. A risk management meeting was held before re-categorisation decisions. Those we looked at demonstrated a proportionate approach to decision making with support provided for some prisoners so that they could remain in open conditions (see sections on security and public protection).

Indeterminate sentence prisoners

- 4.25** Sixty-seven prisoners with life sentences and 79 with indeterminate sentences for public protection were held during our inspection. There were no longer any forums or events for these prisoners and the Next Steps independent living unit had been closed. An offender supervisor meeting in May 2013 identified that a weekly lifer clinic was required, but it had not been implemented. However, indeterminate sentenced prisoners we spoke to were positive about the resettlement support they received, including those who were considerably over tariff, as they still felt they were able to progress while at Kirkham. We saw an example of a very challenging and high risk prisoner who had arrived with substantial outstanding offending behaviour needs and had progressed very well with the support of the OMU.

Reintegration planning

Expected outcomes:

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

4.26 *There was a good focus on reintegration planning, but the provision was not well coordinated. There were no formal discharge planning boards but unmet needs were identified adequately. Most prisoners had settled accommodation and pre-discharge checks were in place, but there was no post-release monitoring to confirm that accommodation was sustained. Education and vocational programmes helped prisoners gain employment and training. Health care arrangements for prisoners before their release were effective and excellent for prisoners with substance use problems. Peer workers and established agencies provided prisoners who had financial problems with advice and assistance. Visits provision was adequate, family days were popular and a family services coordinator provided some valued support. There were no accredited offending behaviour programmes.*

4.27 The prison had a good focus on reintegration planning from arrival onwards. The very small number of prisoners serving less than 12-month sentences were included in the process. Despite the identification of a pathway lead staff member, no recent meetings had been held to ensure the provision was coordinated.

4.28 Needs were identified through the progression board and sentence planning process, and referrals made to a good range of pathway provision. In our survey, prisoners' awareness of the support available was reasonable across a number of pathways, with just over half aware of accommodation, employment and benefits support. There were some good examples of through the gate assistance. There were no formal discharge planning boards, but pathway services assessed prisoners' outstanding needs via an OASys assessment three months prior to discharge.

Accommodation

4.29 Most prisoners had settled accommodation. In our survey, 7% of prisoners, compared to 22% at our last inspection, said that they had a problem with housing on arrival. Shelter-trained peer mentors met new arrivals to identify their concerns about accommodation, finance and debt. They dealt with routine queries and referred complex cases, such as prisoners with repossession orders, to the Shelter adviser. Prisoners had good access to the Shelter office and those due for discharge were identified eight weeks in advance and routinely invited for an interview. These pre-release checks ensured that settled accommodation was in place for virtually all prisoners before their release. The Shelter adviser met with offender supervisors and there were good links with local and national accommodation providers, including supported accommodation projects run by charities such as Recycling Lives. There was no post-release monitoring to confirm that accommodation had been sustained.

Housekeeping point

4.30 Post-release monitoring should be in place to assess the efficacy of accommodation support.

Education, training and employment

- 4.31** Education and vocational training programmes helped prisoners gain employment and training. The very proactive National Careers Service (NCS) team worked well with prisoners and established excellent links across the prison, offering a flexible service to ensure that all prisoners received appropriate and timely advice and guidance. The team based its work on a national model, which was not ideal for meeting prisoners' individual needs. The virtual campus (internet access for prisoners to community education, training and employment opportunities) supported enhanced learning opportunities and job applications well.

Health care

- 4.32** Pre-release health care arrangements were effective. All prisoners on medication were discharged with at least seven days' supply and offered individual health promotion. Community care planning for patients with severe mental illness continued and release planning started early and included liaising with community teams. There was a recognised pathway for complex case reviews, which had a resettlement focus and involved staff from relevant prison departments. There was an end-of-life and palliative care pathway. A nurse with appropriate skills was the newly identified palliative care lead staff member.

Drugs and alcohol

- 4.33** The substance misuse team was well integrated into all aspects of the prison and actively contributed to risk management. Mutual aid groups met regularly and one of the Narcotics Anonymous meetings was now held in the visits hall because it attracted not only prisoners, but also as many as 20 participants from the community every week. Community links to facilitate continuing care and post-release support were excellent. A designated substance misuse outreach worker helped prisoners to bridge the gap between prison and the community. A recovery champion from a local drug treatment service ran a motivational course for those in the early stages of recovery and worked closely with supported housing providers to help prisoners find accommodation post release. Several prisoners from the recovery units were engaged in voluntary and paid work.

Finance, benefit and debt

- 4.34** Shelter-trained peer workers had a range of standard letters to help prisoners apply for housing benefit, lodge outstanding fines and address financial problems arising from imprisonment.
- 4.35** Citizens Advice provided a weekly service through the information and prisoner advice centre (IPAC). Money management and budgeting courses were available through several providers including The Manchester College and Shelter. A full-time Jobcentre Plus worker saw all prisoners six weeks before their release when they could open claims for benefits and arrange appointments. Kirkham was involved in a national pilot scheme to assist prisoners to open bank accounts. All men could now apply to open a bank account except those who had an undischarged bankruptcy order or other finance related offence. Seventy-four accounts had been opened in the past seven months

Children, families and contact with the outside world

- 4.36** Domestic visits were held on Saturdays and Sundays from 1.15pm to 3.30pm. The number of visitors was high at 1,621 during September 2013. Priority was given to prisoners on induction or a ROTL ban. Prisoners were responsible for booking visits themselves in the IPAC. Very few reported problems with the availability of visits. In our survey, 61% said they had been supported to maintain contact with family and friends against a comparator of 54%.
- 4.37** There was no separate visitors' centre, but there was a small brightly decorated waiting room with tables and chairs. A good range of advice and information notices and leaflets was available in the waiting area and the visits hall. Partners of Prisoners and Families Support Group provided a dedicated family services coordinator and a team of volunteers who ran the children's play area in the visits hall and delivered some useful and valued family liaison work. The visits hall had a capacity of 60 prisoners, was furnished with soft chairs and displayed children's artwork. The play area was well stocked for younger children, but less so for teenagers. Prisoners were permitted to leave their seats to play with their children or to go to the tea bar, which sold a good range of hot and cold snacks. Some rules were too restrictive for an open prison, such as the ban on prisoners wearing a watch during a visit.
- 4.38** Men who were at least six weeks away from their ROTL dates were prioritised for facilitated monthly family days, which were very popular; 75 had attended in the previous six months. In a family provision survey undertaken in November 2012, 100% of respondents said they were a success. Although the prison did not have a dedicated parenting programme, the high use of ROTL to maintain family links meant there was little obvious need for one. The Email A Prisoner scheme, allowing prisoners to receive email messages, was available to families. The prison was investigating virtual visiting, using video link technology, to facilitate additional visits.

Attitudes, thinking and behaviour

- 4.39** No accredited offending behaviour programmes were delivered. Many prisoners had undertaken relevant programmes prior to arriving at the prison and offender supervisors made good efforts to help prisoners complete programmes in the community.
- 4.40** The chaplaincy delivered a two-session introductory victim awareness course. In the previous 12 months, 28 prisoners had successfully completed it. There was a waiting list of 32 prisoners, with a further course planned for November 2013. Priority was given to those whose HDC or release dates were closest and lifers and prisoners on indeterminate sentences for public protection with an upcoming oral hearing (see section on strategic management of resettlement).

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new 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, and in the previous report where recommendations have been repeated.

Main recommendation To the governor and the NOMS

- 5.1** All prisoners should have an up-to-date OASys assessment, which should be reviewed on arrival at Kirkham to ensure that risk management plans are current and appropriate. (S46)

Main recommendation To the governor

- 5.2** Prisoners with protected characteristics should have regular support forums, and managers should ensure that well attended strategic meetings scrutinise a focused equalities action plan and examine SMART monitoring data covering all protected groups. (S45)

Recommendations To the governor

Courts, escort and transfers

- 5.3** Prisoners should not be routinely transferred to open conditions in cellular vehicles. (1.5)

Early days in custody

- 5.4** The reception area should be redecorated and maintained in good condition. (1.16)
- 5.5** Staff should monitor and support prisoners on their first night. (1.17)

Self-harm and suicide

- 5.6** Where appropriate, prisoners' family and friends should be consulted in planning ACCT interventions. (1.32, repeated recommendation 3.28)
- 5.7** All staff should receive regular refresher training in ACCT procedures. (1.33, repeated recommendation 3.27)

Safeguarding

- 5.8** The governor and the local director of adult social services and the local safeguarding adults board should develop robust and effective safeguarding processes. (1.38)

Security

- 5.9** Target testing should be completed within the required timeframe. (1.50)
- 5.10** Prisoners should have the means to dispose of injecting equipment safely, and steroid users should be referred to the substance misuse team. (1.51)

Incentives and earned privileges

- 5.11** The local IEP policy should clearly set out how the national scheme will be applied at Kirkham and this should be communicated to both prisoners and staff at the earliest opportunity. (1.57)
- 5.12** Prisoners' rate of pay for the same work should be the same regardless of their IEP status. (1.58)

Discipline

- 5.13** Issues raised by prisoners during adjudications relating to their safety should be followed up in full. (1.65, repeated recommendation 7.16)
- 5.14** The segregation unit policy should be implemented in full and all prisoners held there should be subject to the requirements of Prison Service Order 1700. (1.70)
- 5.15** Documentation should be completed in full and include details of why the prisoner was held in the segregation unit and whether or not they were permitted to contact family or friends prior to their transfer to closed conditions subject to well evidenced security considerations. (1.71)

Substance misuse

- 5.16** Better information-sharing and coordination of substance misuse work should be developed to ensure safe and effective delivery of services. Substance misuse strategy committee meetings should be held regularly and attended by heads of departments and service providers. (1.79)
- 5.17** The substance misuse strategy policy should be informed by a comprehensive needs analysis. (1.80)

Residential units

- 5.18** Association rooms should be appropriately equipped and furnished to promote social activity. (2.9, repeated recommendation 2.18)
- 5.19** All prisoners should be able to use the laundry without unreasonable delay. (2.10)
- 5.20** Prisoner applications should be tracked and answered within a reasonable time. (2.11)
- 5.21** Consultation meetings with prisoners should be reinstated and should involve a broad range of prisoners. (2.12, repeated recommendation 2.23)

Staff-prisoner relationships

- 5.22** Managers should investigate and robustly address perceptions of victimisation by staff. (2.18)

Equality and diversity

- 5.23** Staff training needs should be determined in relation to each protected characteristic and a continuing training programme introduced. (2.26)
- 5.24** Foreign nationals who have demonstrated compliance with the open prison regime should be released at the end of their sentence unless detention is justified by an individual assessment of their risk of absconding when removal is imminent. (2.35)
- 5.25** The day-to-day care needs of all prisoners with disabilities should be met. (2.36)

Faith and religious activity

- 5.26** Chaplaincy provision should be matched to the needs of prisoners, and chaplains should be able to implement planned resettlement initiatives. (2.44)

Complaints

- 5.27** Prisoners should be reassured that they can complain without reprisals; complaints data showing the correlation between complaints and transfers should be routinely shared with them. (2.50)
- 5.28** A sample of complaints responses should be routinely quality checked, and trends and patterns over time should be monitored, analysed and discussed by the senior management team. (2.51, repeated recommendation 3.42)

Legal rights

- 5.29** A member (or members) of staff with suitable training and expertise should be identified as the main contact for prisoners on legal matters. (2.56, repeated recommendation 3.46)
- 5.30** Prisoners should be able to borrow laptops through the Access to Justice scheme. (2.57)
- 5.31** A room should be available in the visits hall so that prisoners can meet their legal representatives in private. (2.58)

Health services

- 5.32** There should be robust systems in place to ensure effective integration and timely information-sharing between different health providers. (2.69)
- 5.33** All health staff should have regular access to documented clinical supervision from appropriately trained staff. (2.70)
- 5.34** Prisoners should be able to see a pharmacist. The pharmacist should provide counselling sessions, medication use reviews and clinical audit (in particular for opiates and other medicines liable to abuse). (2.86, repeated recommendation 5.67)

5.35 In-possession risk assessments of each drug and patient should be documented. (2.87)

Catering

5.36 Prisoners should have sufficient and varied meal choices. (2.106)

5.37 Prisoners working in the kitchen should be able to take NVQ qualifications. (2.107)

Learning and skills and work activities

5.38 Information exchange systems within the prison and joint working arrangements between the prison and The Manchester College should be sufficient to meet the prisoners' needs. (3.9)

5.39 Business enterprise and business start-up programmes should be available to prisoners. (3.13)

5.40 Level 3 programmes should be offered to support job promotions for prisoners in employment in the community. (3.14)

5.41 Some aspects of functional skills should be delivered within the work and vocational training workshops. (3.23)

5.42 Prisoners on all education courses should be provided with clear and measurable individual short-term targets and the content of files should demonstrate progress. (3.24, repeated recommendations 6.26 and 6.27)

5.43 Appropriate staff expertise and more qualitative and focused recording should be developed to improve the learning support assessment process. (3.25)

5.44 Outcomes for prisoners on functional skills in English and mathematics should be improved. (3.28)

5.45 The selection of easy read books should be increased. (3.31)

5.46 Internet access or access to the virtual campus should be available in the library to further support employment and training opportunities. (3.32)

Strategic management of resettlement

5.47 The OMU should drive resettlement work for all prisoners. Strategic management of resettlement should be effectively coordinated, with a clear focus on both offending behaviour and reintegration needs. (4.5)

5.48 The prison should finalise its needs analysis, effectively identify the level of unmet need, and use this to inform service provision. (4.6)

5.49 ROTL processes for all prisoners should be robust. Boards should be focused, multidisciplinary and take account of all pertinent information. (4.7)

Offender management and planning

- 5.50** PSO and prison offender supervisors should undertake a level of risk management training more appropriate to managing a higher risk population. (4.16)
- 5.51** Personal officers should support prisoners in meeting their resettlement targets. (4.17)
- 5.52** Sentence plans should contain details of objectives allocated through the progression board, and all objectives should be outcome-focused and have a specific timescale for their achievement. (4.18)
- 5.53** Monitoring restrictions should be established as soon as possible after arrival for those prisoners requiring them. (4.23)

Housekeeping points

Courts, escort and transfers

- 5.54** Prisoners should receive written information at sending establishments about HMP Kirkham. (1.6)
- 5.55** Risk factors should be clearly recorded on PERs. (1.7)

Early days in custody

- 5.56** All prisoners should receive a hygiene pack on reception. (1.18, repeated recommendation 1.14)

Self-harm and suicide

- 5.57** The Listener scheme should be promoted throughout the prison and prisoners should be able to identify Listeners easily. (1.34)
- 5.58** Voicemail messages for the safer custody team should receive a prompt response. (1.35)

Incentives and earned privileges

- 5.59** Prisoners should be given written copies of IEP warnings prior to review boards taking place. (1.59)
- 5.60** An independent prisoner representative should not attend IEP boards. (1.60)

Discipline

- 5.61** Adjudicating governors should record a full account of the events leading up to the charge being laid. (1.66)
- 5.62** The segregation cells should be kept clean and well maintained. (1.72)

Residential units

- 5.63** Billets should have suitable facilities for wet coats and muddy boots. (2.13, repeated recommendation 2.19)
- 5.64** Shower rooms should be adequately ventilated and partitioned and kept in good condition. (2.14, repeated recommendation, 2.25)

Equality and diversity

- 5.65** The equalities action plan should systematically set out how it will progress work for all protected groups within a broader strategic framework. (2.27)
- 5.66** Foreign nationals should be given a free monthly international telephone call, regardless of whether or not they have received a visit. (2.37)

Health services

- 5.67** All emergency equipment used by custodial staff should receive regular documented checks and be up to date. (2.71)
- 5.68** Prisoners should not have to choose between meals and attending clinics. (2.77)
- 5.69** Telephone nurse assessments for prisoners at work should be confidential. (2.78)
- 5.70** The number of external hospital appointments cancelled and the reasons for a cancellation should be monitored. (2.79)
- 5.71** Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (2.88)
- 5.72** All out-of-date reference books should be removed. (2.89)
- 5.73** The drug and therapeutics committee should meet monthly. (2.90)

Purchases

- 5.74** Prisoners from minority groups should be consulted about the range of goods on offer in the shop. (2.112)

Learning and skills and work activities

- 5.75** The prison should rationalise CV writing and interview skills provision to avoid duplication and ensure that prisoners understand what support is available. (3.15)

Strategic management of resettlement

- 5.76** All relevant departments should attend the reducing reoffending meeting, which should include meaningful discussions of the action plan and other relevant issues. (4.8)

Offender management and planning

- 5.77** All offender supervisors should receive case supervision through a manager. (4.19)
- 5.78** Staff should ensure that prisoners understand the formalities of sentence planning boards. (4.20)

Reintegration planning

- 5.79** Post-release monitoring should be in place to assess the efficacy of accommodation support. (4.30)

Examples of good practice

- 5.80** Multi-agency risk management care plans demonstrated a good balance between supporting needs and focusing on safety and security concerns. (1.81)
- 5.81** Designated recovery units and frequent mutual aid groups provided prisoners with a supportive environment and sense of community. (1.82)
- 5.82** The community style prescription and reordering process prepared prisoners for community pharmacy services. (2.91)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Karen Dillon	Inspector
Paul Fenning	Inspector
Deri Hughes-Roberts	Inspector
Hayley Cripps	Research officer
Ewan Kennedy	Research officer
Gemma Quayle	Research trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Majella Pearce	Health services inspector
Stan Brandwood	Pharmacist
Kathleen Byrne	Care Quality Commission
Jen Walters	Ofsted inspector
Margaret Hobson	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2009, reception procedures were thorough, but there was no formal first night process. There was little evidence of bullying and the prison had a positive culture that was intolerant of poor behaviour. Prisoners reported feeling safe and people at risk of self-harm and suicide were well cared for. Security was proportionate and well managed. There was little use of force, but governance of segregation was inadequate. Absconds had reduced substantially. Risks were thoroughly assessed before any prisoner was returned to closed conditions. There was little evidence of a serious drug problem. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Newly arrived prisoners should not be routinely strip-searched. (1.12)

Achieved

All newly arrived prisoners should be offered a free telephone call on the day of arrival, and this offer should be documented. (1.13)

Achieved

All prisoners should receive a hygiene pack on reception. (1.14)

Partially achieved (recommendation repeated as housekeeping point, 1.18)

Reception staff should ask newly arrived prisoners whether they have any problems with a range of specific issues, including contact with family, loss of property or money problems. (1.15)

Achieved

There should be a strategy and specific detailing of staff to monitor and support prisoners on their first night. (1.16)

Not achieved

All prisoners should be issued with an information booklet on completion of induction, summarising the information they need for life at Kirkham. (1.17)

Achieved

The prisoner safety meeting should monitor data relating to feelings of safety among prisoners, incidents of bullying, fights and assaults, and racist incidents. This should include the number of incidents, location and the action taken. (3.11)

Achieved

Any alleged incidents of bullying should be thoroughly investigated and a record of the investigation should be retained by the violence reduction coordinator, with any tackling antisocial behaviour paperwork. (3.12)

Achieved

Managers should ensure that tackling anti-social behaviour documents record the appropriate range of actions and contain all information required to make the process effective. (3.13)

Achieved

The incident log maintained by the safety team should record the location and ethnicity of prisoners, and the date of closure. (3.14)

Achieved

The safer custody strategy should be revised to address the vulnerability of prisoners with a history of problematic substance use. (3.25)

Not achieved

Copies of assessment, care in detention and teamwork (ACCT) documents should be retained following prisoners' discharge or transfer. (3.26)

Achieved

All staff should receive regular refresher training in ACCT procedures. (3.27)

Partially achieved (recommendation repeated, 1.33)

Where appropriate, prisoners' family and friends should be consulted in planning an ACCT intervention. (3.28)

Not achieved (recommendation repeated, 1.32)

There should be notices in the visits area informing visitors of the prison's safer custody policy and how to notify the prison of any concerns they have about a prisoner. (3.29)

Partially achieved

The safer custody committee should investigate and address the reasons for prisoner reports of difficulty in accessing the Listener service. (3.30)

Achieved

The care suite should be decorated and equipped to provide a welcoming and comfortable environment. (3.31)

Achieved

Target searches should be carried out within a reasonable time after the receipt of security information. (7.8)

Achieved

Issues raised by prisoners during adjudications relating to their safety should be followed up in full. (7.16)

Not achieved (recommendation repeated, 1.65)

The secure accommodation unit policy should be clarified and applied consistently. All prisoners held in the unit should be subject to the requirements of Prison Service Order 1700. (7.17)

Not achieved

Documentation for prisoners held in the secure accommodation unit should be completed in full and include details of why the prisoner was held in the unit and the final outcome. (7.18)

Not achieved

Prisoners waiting for transfer should be allowed to contact their family or friends to inform them of their transfer, subject to well-evidenced security considerations. (7.19)

Not achieved

The methadone administration waiting area should be refurbished or re-sited. (3.71)

Achieved

Joint work between the health care department, integrated drug treatment system (IDTS) workers and the counselling, assessment, referral, advice and throughcare (CARAT) service should be developed to improve care planning and care coordination. (3.72)

Partially achieved

The establishment should ensure that the mandatory drug testing programme is adequately resourced to undertake the required level of reception and target testing. (3.73)

Not achieved

A mechanism to manage target testing more effectively should be developed to ensure that it is undertaken within the required timeframe. (3.74)

Not achieved

The policy on alcohol use and the interpretation of breath test results should be consistently applied across the establishment. (3.75)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2009, the living accommodation was clean and in reasonable condition. Most staff treated prisoners with respect. The personal officer scheme and information and prisoner advice centre (IPAC) were exceptional. The incentives and earned privileges scheme was generally appropriate but there were some weaknesses in its application. Replies to complaints were thorough but poor prisoner perceptions about the consequences of complaining had not been systematically addressed. Diversity was generally well managed but black and minority ethnic prisoners reported more negatively than their white peers. Prisoners' religious beliefs were respected. The standard of catering was satisfactory. Healthcare provision was adequate, but poor communication with IDTS staff could have had serious implications for prisoners' welfare. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Clinical records should routinely be shared between the integrated drug treatment system and health services staff. (HP55)

Partially achieved

Prisoners with disabilities should have an individualised and multidisciplinary care plan into which they have input. (HP56)

Achieved

Recommendations

The first night units should be maintained at a high standard of decoration and cleanliness. (2.17)

Achieved

Association rooms on the billets should be equipped with curtains and furniture suitable for relaxation and social activity. (2.18)

Not achieved (recommendation repeated, 2.9)

Each billet should have suitable facilities for wet coats and muddy boots. (2.19)

Not achieved (recommendation repeated as housekeeping point, 2.13)

All billets should be equipped with refrigerators and with washing machines. (2.20)

Not achieved

Managers should plan use of the ambulant unit to ensure an appropriate mix of prisoners. (2.21)

Achieved

Each billet should be the responsibility of a named member of staff, to increase the sense of community and ownership. (2.22)

Achieved

Consultation meetings should involve a broad range of prisoners. (2.23)

Not achieved (recommendation repeated, 2.12)

The laundry system should be reviewed in consultation with prisoners. (2.24)

Not achieved

All shower rooms should be adequately ventilated and kept in good condition. (2.25)

Not achieved (recommendation repeated as housekeeping point, 2.14)

There should be sufficient telephones provided on the first night accommodation to meet demand. (2.26)

Not achieved

Prisoners should not be automatically downgraded from enhanced to basic following one proven adjudication. (7.26)

Achieved

Prisoners should not be subjected to collective punishments. (7.27)

Achieved

Prisoner reports of disrespectful treatment by civilian staff should be investigated and addressed. (2.33)

Achieved

History sheet entries should be made regularly and their frequency checked by managers. (2.34)

Not achieved

Prisoners who work out and leave early or return late should be given food choices and quantity equivalent to those for prisoners who remain in the prison. (8.10)

Achieved

Food preparation and storage in the Next Steps Centre should be to the same standards as in the main kitchens, with separate storage for halal foods. (8.11)

No longer relevant

Separate utensils for preparing and serving halal food should be provided on the Next Steps Centre. (8.12)

No longer relevant

More variety and a greater number of choices should be introduced to the pre-select menu. (8.13)

No longer relevant

Attendance at race equality action team meetings should be improved and all areas listed as members of the group should attend or send a representative. (4.14)

Not achieved

There should be regular events to promote racial and cultural diversity. (4.15)

Partially achieved

All racist incidents should be thoroughly investigated. All involved parties should be interviewed. (4.16)

Achieved

Impact assessments should be reviewed. (4.17)

Not achieved

There should be an action plan which sets out how the prison will implement the religious diversity policy. (4.20)

Achieved

Religious affiliation should be included in equality monitoring. (4.21)

Not achieved

Staff should be trained in religious diversity and dealing with religious discrimination. (4.22)

Not achieved

Foreign national prisoners should be identified accurately on reception. (4.30)

Achieved

The foreign nationals coordinator should received training in the role. (4.31)

Partially achieved

Regular consultation forums for prisoners with disabilities should be held. (4.45)

Partially achieved

Equality of treatment should be monitored for those with disabilities and appropriate action taken to rectify any inequalities. (4.46)

Not achieved

All prisoners with disabilities should have personal evacuation plans, which should be available for use by those who need them. (4.47)

Achieved

Staff should receive disability awareness training. (4.48)

Not achieved

Health services staff and those involved in allocation to activity should normally be represented at the disability action group. (4.49)

No longer relevant

Information should be provided in a format and language understood by prisoners. (4.50)

No longer relevant

Impact assessments of locally implemented policies and functions should be undertaken to assess their impact on those with a disability. (4.51)

Not achieved

A strategy for preventing and dealing with discrimination on the basis of sexual orientation should be developed. (4.60)

Achieved

Complaint forms should be freely available in residential areas. (3.39)

Achieved

Managers should take further steps to raise awareness among staff and prisoners that the making of complaints has no bearing on the treatment or transfer of a prisoner. (3.40)

Partially achieved

All replies to complaints should be polite and to the point, and all staff should be instructed that defensive or sarcastic replies are not acceptable. (3.41)

Achieved

Trends and patterns over time in the content of complaints should be monitored, analysed and discussed by the senior management team. (3.42)

Not achieved (recommendation repeated, 2.51)

A member (or members) of staff with suitable training and expertise should be identified as the main contact for prisoners on legal matters. (3.46)

Not achieved (recommendation repeated, 2.56)

Managers should research why prisoners perceive problems in attending legal visits, and take action in accordance with the findings. (3.47)

Achieved

A range of religious study classes should be advertised and delivered. (3.54)

Achieved

Faith awareness events should be better advertised and more inclusive. (3.55)

Partially achieved

Chaplains should have routine involvement in resettlement, risk assessment and post-release work. (3.56)

Partially achieved

There should be an up-to-date health needs assessment which should include a time-bound action plan. (5.51)

Partially achieved

There should be an infection control audit, with a subsequent action plan. (5.52)

Achieved

Access to health services should not be prohibitive, and rules and regulations should be flexible and understood by prisoners. (5.53)

Partially achieved

There should be cover for all staff annual and sick leave. (5.54)

Achieved

There should be a robust information-sharing policy. (5.55)

Achieved

The health care orderlies should have training for their role, possibly linked to a formal qualification. (5.56)

Partially achieved

All staff should receive appraisals for their work, at least annually. (5.57)

Achieved

There should be sufficient resuscitation equipment and defibrillators for easy access by staff throughout a 24-hour period, all of whom should be trained in its use. (5.58)

Partially achieved

Prisoners should have one contemporaneous clinical record. (5.59)

Achieved

All nursing staff should use triage algorithms, to ensure consistency of care and advice to prisoners. (5.60)

Achieved

Discipline staff on night duty should be fully conversant with how to access the GP out-of-hours service. (5.61)

Achieved

GP appointments should provide sufficient time for patient consultations. (5.62)

Achieved

Prisoners should be able to access allied health professionals, such as the optician, in the community. (5.63)

No longer relevant

Nurse prescribers should not have to have their clinical prescribing decisions validated by a doctor. (5.64)

No longer relevant

There should be a robust system for reporting accidents or injuries that allows audit for unexplained injuries. (5.65)

Achieved

A medicines and therapeutics committee should be set up as a matter of urgency, to review all health care policies and procedures formally and ensure accurate, evidence-based prescribing. (5.66)

Partially achieved

Prisoners should be able to see a pharmacist. The pharmacist should provide counselling sessions, medication use reviews and clinical audit (in particular for opiates and other medicines liable to abuse). (5.67)

Not achieved (recommendation repeated, 2.86)

Standard procedures should be written to cover the current arrangements for pharmacy service provision and delivery of medication to prisoners, including specific policies for in-possession and special sick medication. (5.68)

Achieved

The system of relying on faxed prescriptions should be subject to audit. The pharmacist should make regular visits to the prison, during which a random selection of dispensed faxes should be brought and compared against the original prescription forms. (5.69)

No longer relevant

The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (5.70)

Achieved

A system involving the use of repeat medication request slips should be re-introduced to organise the management of repeat prescriptions and encourage patients to take responsibility. (5.71)

Achieved

A step-wise approach to pain management, such as the World Health Organization analgesic ladder, should be used, modified for the prison environment to reduce opiate usage. (5.72)

Achieved

Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (5.73)

Achieved

A new washer/disinfector for the dental surgery should be purchased. (5.74)

Achieved

A contract for disposal of hazardous waste from the dental surgery should be established. (5.75)

Achieved

A dental hygienist or dental therapist should be provided for a minimum of one session a week, to help reduce the waiting list and provide oral health promotion. (5.76)

No longer relevant

A full dental surgery inspection should be carried out by, or on behalf of, the PCT. (5.77)

Achieved

X-rays should be developed on site. (5.78)

Achieved

Periodontal screening should be carried out and recorded in accordance with recommendations. (5.79)

Achieved

Personal dental treatment plan forms FPI7DC should be used in accordance with GDS Regulations 2005. (5.80)

Achieved

Prisoners should have access to comprehensive primary and secondary mental health services. (5.81)

Achieved

Primary mental health services should include talking and other appropriate guided self-help for patients with mild to moderate mental health problems. (5.82)

Achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2009, there was sufficient purposeful activity for all prisoners. A wide range of employment-related opportunities was available. The number of prisoners working towards qualifications had increased significantly and pass rates were high on nearly all programmes. The quality of teaching and learning was good. Success rates for prisoners on vocational training courses were high. The library provided a good service. Physical education provision was excellent. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Higher-level qualifications should be offered for progression opportunities in brickwork, painting and decorating, woodworking and in farms and gardens. (6.23)

Not achieved

The delivery and accreditation of key skills should be extended to all work-related areas. (6.24)

No longer relevant

The drains in the industrial cleaning area should be improved to allow the car valeting course to be offered. (6.25)

No longer relevant

In education, the content of prisoner files should be standardised. (6.26)

Not achieved (recommendation repeated, 3.24)

Prisoners on all education courses should be provided with clear and measurable individualised short-term targets. (6.27)

Partially achieved (recommendation repeated, 3.24)

Information, advice and guidance services in the prison should be better coordinated and the vacant post filled. (6.28)

No longer relevant

Prisoners attending the library should have access to the internet to support their learning activities, subject to a risk assessment. (6.29)

Not achieved

The selection of relevant vocational books should be increased. (6.30)

Achieved

PE staffing should be brought up to the required level. (6.37)

Achieved

Better supervision should be provided in the snooker room. (6.38)

Achieved

Resettlement

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

At the last inspection, in 2009, there was good strategic management and leadership of resettlement. Temporary release was appropriately and sensibly managed. The Next Steps Centre was a valuable but underused resource. Offender management and planning was generally good and public protection arrangements were sound. Indeterminate-sentenced prisoners were well managed. There was some excellent provision on the resettlement pathways. Visits arrangements were appropriate. Outcomes for prisoners were good against this healthy prison test.

Main recommendations

The Next Steps Centre should be maximised and put into use throughout the day to enable prisoners to develop and practise skills for independent living. (HP57)

No longer relevant

Offender assessment system (OASys) assessments, including sentence plans, should be completed in line with the national standards timescales for all prisoners in the region. (HP58)

Not achieved

Recommendations

Offender assessment system (OASys) sentence plans for in-scope cases should contain details of all activities to be undertaken, including those allocated through the opportunities board. (9.42)

Not achieved

The region should ensure that risk of harm (RoH) assessments are reviewed in all cases as part of the assessment process for transfer to open conditions. The assessments should clearly indicate the level of current risk and the risk that would be posed on immediate release. (9.43)

Partially achieved

There should be greater integration of the decisions made by the opportunities board and the offender management sentence planning process, to ensure clarity and consistency in the management of in-scope prisoners. (9.39)

Partially achieved

All contacts and communications relating to a particular prisoner should be recorded in a single resettlement contact log. (9.40)

Achieved

All sentence plans should contain outcome-focused objectives that are measurable, with a specific timescale for their achievement. (9.41)

Not achieved (recommendation repeated, 4.18)

Risk management plans should be reviewed in line with the national standard and accurately describe how the objectives of the sentence plan and other activities address the risk of harm and protect actual and potential victims. (9.44)

Partially achieved

Information, advice and guidance activities should be better coordinated with resettlement. (9.60)

Not achieved

Health services staff should see prisoners at least once a week before they are due to be discharged. The discharge clinic should include a well-man assessment and assistance in registering with a GP and other health services professionals if required. (9.61)

Achieved

All prisoners should be able to open a bank account before release. (9.62)

Achieved

The drug strategy document should be updated fully, so that it includes alcohol services and reflects all aspects of substance use harm minimisation and supply reduction in the establishment. (9.73)

Achieved

The drug strategy committee should meet regularly, and heads of relevant departments and service providers should attend to improve communication and the coordination of services. (9.74)

Not achieved

The arrangement of chairs and tables in the visits hall should be reviewed to assess privacy. (9.85)

Not achieved

The parenting skills course should be promoted and run regularly. (9.86)

Not achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	622	100
Recall	0	0	0
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	622	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	0	0
Less than 6 months	0	1	0.16
6 months to less than 12 months	0	8	1.28
12 months to less than 2 years	0	19	3.05
2 years to less than 4 years	0	102	16.39
4 years to less than 10 years	0	271	43.56
10 years and over (not life)	0	75	12.05
ISPP (indeterminate sentence for public protection)	0	79	12.70
Life	0	67	10.77
Total	0	622	100

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0
21 years to 29 years	194	31.18
30 years to 39 years	220	35.36
40 years to 49 years	130	20.90
50 years to 59 years	63	10.12
60 years to 69 years	14	2.25
70 plus years	1	0.16
Please state maximum age here:	70	
Total	622	100

Nationality	18–20 yr olds	21 and over	%
British	0	610	98.07
Foreign nationals	0	12	1.93
Total	0	622	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	0	0
Category C	0	0	0
Category D	0	622	100
Other	0	0	0
Total	0	622	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	0	470	75.56
Irish	0	7	1.12
Gypsy/Irish Traveller	0	3	1.48
Other white	0	9	1.44
Mixed			
White and black Caribbean	0	8	1.28
White and black African	0	5	0.80
White and Asian	0	1	0.16
Other mixed	0	6	0.96
Asian or Asian British			
Indian	0	20	3.21
Pakistani	0	45	7.23
Bangladeshi	0	5	0.80
Chinese	0	0	0
Other Asian	0	18	2.89
Black or black British			
Caribbean	0	12	1.92
African	0	3	0.48
Other black	0	7	1.12
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	2	0.32
Not stated	0	1	0.16
Total	0	622	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	0	163	29.26
Roman Catholic	0	144	25.85
Other Christian denominations	0	14	2.51
Muslim	0	97	17.41
Sikh	0	5	0.89
Hindu	0	0	0
Buddhist	0	14	2.51
Jewish	0	2	0.35
Other	0	9	1.61
No religion	0	109	19.56
Total	0	557	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	20	3.21
Total	0	20	3.21

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	78	12.54
1 month to 3 months	0	0	152	24.43
3 months to 6 months	0	0	125	20.09
6 months to 1 year	0	0	154	24.75
1 year to 2 years	0	0	104	16.72
2 years to 4 years	0	0	9	1.44
4 years or more	0	0	0	0
Total	0	0	622	100

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	9	1.44
Total	0	9	1.44

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0			
1 month to 3 months	0			
3 months to 6 months	0			
6 months to 1 year	0			
1 year to 2 years	0			
2 years to 4 years	0			
4 years or more	0			
Total	0			

Main offence	18–20 yr olds	21 and over	%
Violence against the person	0		
Sexual offences	0		
Burglary	0		
Robbery	0		
Theft and handling	0		
Fraud and forgery	0		
Drugs offences	0		
Other offences	0		
Civil offences	0		
Offence not recorded / holding warrant	0		
Total	0		

Appendix IV: 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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.⁸ Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 28 October 2013 the prisoner population at HMP Kirkham was 630. However, 67 prisoners were on release on temporary licence (ROTL) for home leave and therefore the available prison population was 563. Using the method described above, questionnaires were distributed to a sample of 224 prisoners.

We received a total of 160 completed questionnaires, a response rate of 71%. No questionnaires were completed via interview. Five respondents refused to complete a questionnaire, 54 questionnaires were not returned and five were returned blank.

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
C	7
D	39
E	51
F	43
I	20

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Kirkham.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Kirkham in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 15 open prisons since April 2008.
- The current survey responses from HMP Kirkham in 2013 compared with the responses of prisoners surveyed at HMP Kirkham in 2009.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	0	(0%)
	21 - 29.....	44	(28%)
	30 - 39.....	44	(28%)
	40 - 49.....	45	(28%)
	50 - 59.....	20	(13%)
	60 - 69.....	6	(4%)
	70 and over	1	(1%)
Q1.3	Are you on recall?		
	Yes	3	(2%)
	No	153	(98%)
Q1.4	How long is your sentence?		
	Less than 6 months	1	(1%)
	6 months to less than 1 year	4	(3%)
	1 year to less than 2 years	9	(6%)
	2 years to less than 4 years	30	(19%)
	4 years to less than 10 years	65	(41%)
	10 years or more	17	(11%)
	IPP (indeterminate sentence for public protection)	17	(11%)
	Life.....	16	(10%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	Yes	3	(2%)
	No.....	156	(98%)
Q1.6	Do you understand spoken English?		
	Yes	160	(100%)
	No.....	0	(0%)
Q1.7	Do you understand written English?		
	Yes	160	(100%)
	No.....	0	(0%)
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	120	(75%)
	White - Irish	1	(1%)
	White - other.....	5	(3%)
	Black or black British - Caribbean.....	3	(2%)
	Black or black British - African	1	(1%)
	Black or black British - other	0	(0%)
	Asian or Asian British - Indian	5	(3%)
	Asian or Asian British - Pakistani.....	15	(9%)
	Asian or Asian British - Bangladeshi..	3	(2%)
	Asian or Asian British - Chinese	1	(1%)
	Asian or Asian British - other.....	3	(2%)
	Mixed race - white and black Caribbean	0	(0%)
	Mixed race - white and black African.....	0	(0%)
	Mixed race - white and Asian	1	(1%)
	Mixed race - other	1	(1%)
	Arab.....	0	(0%)
	Other ethnic group	0	(0%)

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes	4 (3%)	
	No.....	152 (97%)	
Q1.10	What is your religion?		
	None.....	35 (22%)	Hindu
	Church of England	40 (25%)	Jewish
	Catholic	41 (26%)	Muslim
	Protestant.....	4 (3%)	Sikh
	Other Christian denomination	2 (1%)	Other.....
	Buddhist.....	4 (3%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight	156 (99%)	
	Homosexual/Gay.....	0 (0%)	
	Bisexual.....	2 (1%)	
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs)		
	Yes	23 (14%)	
	No.....	137 (86%)	
Q1.13	Are you a veteran (ex- armed services)?		
	Yes	15 (9%)	
	No.....	145 (91%)	
Q1.14	Is this your first time in prison?		
	Yes	76 (48%)	
	No.....	84 (53%)	
Q1.15	Do you have children under the age of 18?		
	Yes	91 (57%)	
	No.....	69 (43%)	

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	Less than 2 hours	98 (62%)
	2 hours or longer	54 (34%)
	Don't remember	7 (4%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	My journey was less than two hours	98 (62%)
	Yes	44 (28%)
	No.....	11 (7%)
	Don't remember	5 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	My journey was less than two hours	98 (62%)
	Yes	6 (4%)
	No.....	52 (33%)
	Don't remember	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	112 (71%)
	No.....	37 (23%)
	Don't remember	9 (6%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	137 (87%)
	No.....	21 (13%)
	Don't remember	0 (0%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	55 (35%)
	Well.....	71 (45%)
	Neither	25 (16%)
	Badly.....	4 (3%)
	Very badly	1 (1%)
	Don't remember	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	130 (82%)
	Yes, I received written information	14 (9%)
	No, I was not told anything	17 (11%)
	Don't remember	1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	140 (89%)
	No.....	18 (11%)
	Don't remember.....	0 (0%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	59 (37%)
	2 hours or longer	93 (58%)
	Don't remember	7 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	141 (89%)
	No	11 (7%)
	Don't remember	6 (4%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	47 (30%)
	Well.....	94 (59%)
	Neither	13 (8%)
	Badly.....	3 (2%)
	Very badly.....	2 (1%)
	Don't remember	0 (0%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	11 (7%)
	Housing problems.....	11 (7%)
	Contacting employers	2 (1%)
	Contacting family	5 (3%)
	Childcare.....	1 (1%)
	Money worries.....	12 (8%)
	Feeling depressed or suicidal.....	3 (2%)
	Physical health	11 (7%)
	Mental health.....	3 (2%)
	Needing protection from other prisoners	1 (1%)
	Getting phone numbers	4 (3%)
	Other.....	3 (2%)
	Did not have any problems	109 (71%)

- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|---------------------------------|-----------|
| Yes | 21 (13%) |
| No..... | 27 (17%) |
| Did not have any problems | 109 (69%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|--------------------------------|-----------|
| Tobacco..... | 93 (59%) |
| A shower | 36 (23%) |
| A free telephone call..... | 59 (37%) |
| Something to eat..... | 98 (62%) |
| PIN phone credit..... | 110 (70%) |
| Toiletries/ basic items | 57 (36%) |
| Did not receive anything | 9 (6%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| Chaplain | 82 (53%) |
| Someone from health services..... | 118 (76%) |
| A Listener/Samaritans | 65 (42%) |
| Prison shop/ canteen | 46 (30%) |
| Did not have access to any of these..... | 20 (13%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| What was going to happen to you | 126 (82%) |
| What support was available for people feeling depressed or suicidal..... | 94 (61%) |
| How to make routine requests (applications) | 101 (66%) |
| Your entitlement to visits..... | 103 (67%) |
| Health services | 108 (70%) |
| Chaplaincy | 98 (64%) |
| Not offered any information..... | 11 (7%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|----------------------|-----------|
| Yes | 150 (94%) |
| No..... | 6 (4%) |
| Don't remember | 3 (2%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|--|-----------|
| Have not been on an induction course | 8 (5%) |
| Within the first week..... | 145 (91%) |
| More than a week..... | 6 (4%) |
| Don't remember | 0 (0%) |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- | | |
|--|-----------|
| Have not been on an induction course | 8 (5%) |
| Yes | 128 (81%) |
| No..... | 17 (11%) |
| Don't remember | 5 (3%) |
- Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**
- | | |
|------------------------------------|-----------|
| Did not receive an assessment..... | 9 (6%) |
| Within the first week..... | 105 (68%) |
| More than a week | 27 (17%) |
| Don't remember | 14 (9%) |

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	59 (38%)	47 (31%)	17 (11%)	8 (5%)	2 (1%)	21 (14%)
	<i>Attend legal visits?</i>	39 (29%)	36 (27%)	13 (10%)	4 (3%)	0 (0%)	42 (31%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters.....</i>						51 (33%)
	<i>Yes.....</i>						43 (28%)
	<i>No.....</i>						60 (39%)
Q4.3	Can you get legal books in the library?						
	<i>Yes.....</i>						84 (54%)
	<i>No.....</i>						5 (3%)
	<i>Don't know.....</i>						66 (43%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
			<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Are you normally able to have a shower every day?</i>		157 (100%)	0 (0%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>		111 (72%)	30 (19%)	13 (8%)		
	<i>Do you normally get cell cleaning materials every week?</i>		90 (58%)	63 (40%)	3 (2%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>		124 (80%)	30 (19%)	1 (1%)		
	<i>If you need to, can you normally get your stored property?</i>		55 (36%)	57 (37%)	41 (27%)		
Q4.5	What is the food like here?						
	<i>Very good.....</i>						7 (4%)
	<i>Good.....</i>						32 (21%)
	<i>Neither.....</i>						44 (28%)
	<i>Bad.....</i>						50 (32%)
	<i>Very bad.....</i>						23 (15%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet/ don't know.....</i>						6 (4%)
	<i>Yes.....</i>						76 (48%)
	<i>No.....</i>						75 (48%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes.....</i>						101 (65%)
	<i>No.....</i>						6 (4%)
	<i>Don't know.....</i>						49 (31%)
Q4.8	Are your religious beliefs respected?						
	<i>Yes.....</i>						93 (60%)
	<i>No.....</i>						11 (7%)
	<i>Don't know/ N/A.....</i>						51 (33%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	<i>Yes.....</i>						123 (78%)
	<i>No.....</i>						2 (1%)
	<i>Don't know/ N/A.....</i>						32 (20%)

Q4.10 How easy or difficult is it for you to attend religious services?

<i>I don't want to attend</i>	40 (26%)
<i>Very easy</i>	64 (41%)
<i>Easy</i>	33 (21%)
<i>Neither</i>	3 (2%)
<i>Difficult</i>	1 (1%)
<i>Very difficult</i>	1 (1%)
<i>Don't know</i>	13 (8%)

Section 5: Applications and complaints**Q5.1 Is it easy to make an application?**

<i>Yes</i>	124 (80%)
<i>No</i>	18 (12%)
<i>Don't know</i>	13 (8%)

Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	32 (21%)	85 (56%)	35 (23%)
<i>Are applications dealt with quickly (within seven days)?</i>	32 (22%)	67 (46%)	48 (33%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	68 (44%)
<i>No</i>	24 (16%)
<i>Don't know</i>	62 (40%)

Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option.)

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	103 (67%)	15 (10%)	36 (23%)
<i>Are complaints dealt with quickly (within seven days)?</i>	103 (70%)	16 (11%)	29 (20%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

<i>Yes</i>	23 (16%)
<i>No</i>	118 (84%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	52 (35%)
<i>Very easy</i>	17 (12%)
<i>Easy</i>	21 (14%)
<i>Neither</i>	36 (24%)
<i>Difficult</i>	16 (11%)
<i>Very difficult</i>	5 (3%)

Section 6: Relationships with staff**Q6.1 Do most staff treat you with respect?**

<i>Yes</i>	114 (75%)
<i>No</i>	37 (25%)

Q6.2 Is there a member of staff you can turn to for help if you have a problem?

<i>Yes</i>	110 (73%)
<i>No</i>	40 (27%)

Q6.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	39 (25%)
	No.....	115 (75%)
Q6.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	13 (8%)
	Never.....	66 (43%)
	Rarely	40 (26%)
	<i>Some of the time</i>	24 (16%)
	<i>Most of the time</i>	8 (5%)
	<i>All of the time</i>	2 (1%)
Q6.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	56 (36%)
	<i>In the first week</i>	47 (31%)
	<i>More than a week</i>	38 (25%)
	<i>Don't remember</i>	13 (8%)
Q6.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	56 (37%)
	<i>Very helpful</i>	41 (27%)
	<i>Helpful</i>	28 (19%)
	<i>Neither</i>	19 (13%)
	<i>Not very helpful</i>	5 (3%)
	<i>Not at all helpful</i>	2 (1%)

Section 7: Safety

Q7.1	Have you ever felt unsafe here?	
	Yes	17 (11%)
	No.....	138 (89%)
Q7.2	Do you feel unsafe now?	
	Yes	6 (4%)
	No.....	148 (96%)
Q7.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	138 (91%)
	<i>Everywhere</i>	1 (1%)
	<i>Association areas</i>	2 (1%)
	<i>Reception area</i>	3 (2%)
	<i>At the gym</i>	6 (4%)
	<i>In an exercise yard</i>	0 (0%)
	<i>At work</i>	5 (3%)
	<i>During movement</i>	2 (1%)
	<i>At education</i>	3 (2%)
	<i>At meal times</i>	3 (2%)
	<i>At health services</i>	2 (1%)
	<i>Visits area</i>	0 (0%)
	<i>In wing showers</i>	3 (2%)
	<i>In gym showers</i>	1 (1%)
	<i>In corridors/stairwells</i>	2 (1%)
	<i>On your landing/wing</i>	4 (3%)
	<i>In your cell</i>	3 (2%)
	<i>At religious services</i>	1 (1%)
Q7.4	Have you been victimised by other prisoners here?	
	Yes	18 (12%)
	No.....	135 (88%)
Q7.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	5 (3%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (1%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	7 (5%)

Having your canteen/property taken.....	0 (0%)
Medication.....	0 (0%)
Debt.....	0 (0%)
Drugs.....	0 (0%)
Your race or ethnic origin.....	4 (3%)
Your religion/religious beliefs.....	3 (2%)
Your nationality.....	2 (1%)
You are from a different part of the country than others.....	2 (1%)
You are from a traveller community.....	0 (0%)
Your sexual orientation.....	1 (1%)
Your age.....	0 (0%)
You have a disability.....	3 (2%)
You were new here.....	1 (1%)
Your offence/ crime.....	1 (1%)
Gang related issues.....	0 (0%)

Q7.6 Have you been victimised by staff here?

Yes.....	38 (26%)
No.....	111 (74%)

Q7.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends).....	18 (12%)
Physical abuse (being hit, kicked or assaulted).....	0 (0%)
Sexual abuse.....	0 (0%)
Feeling threatened or intimidated.....	16 (11%)
Medication.....	2 (1%)
Debt.....	1 (1%)
Drugs.....	2 (1%)
Your race or ethnic origin.....	3 (2%)
Your religion/religious beliefs.....	3 (2%)
Your nationality.....	1 (1%)
You are from a different part of the country than others.....	2 (1%)
You are from a traveller community.....	1 (1%)
Your sexual orientation.....	0 (0%)
Your age.....	1 (1%)
You have a disability.....	2 (1%)
You were new here.....	6 (4%)
Your offence/ crime.....	3 (2%)
Gang related issues.....	1 (1%)

Q7.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised.....	102 (70%)
Yes.....	8 (6%)
No.....	35 (24%)

Section 8: Health services**Q8.1 How easy or difficult is it to see the following people:**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	23 (15%)	19 (12%)	44 (28%)	16 (10%)	36 (23%)	17 (11%)
The nurse	20 (13%)	30 (20%)	54 (35%)	18 (12%)	26 (17%)	5 (3%)
The dentist	33 (22%)	13 (9%)	26 (17%)	14 (9%)	39 (26%)	27 (18%)

Q8.2 What do you think of the quality of the health service from the following people:

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	35 (23%)	35 (23%)	38 (25%)	23 (15%)	13 (8%)	10 (6%)
The nurse	14 (9%)	43 (28%)	53 (35%)	19 (13%)	14 (9%)	8 (5%)

The dentist 54 (36%) 30 (20%) 29 (19%) 17 (11%) 13 (9%) 8 (5%)

Q8.3	What do you think of the overall quality of the health services here?	
	Not been	14 (9%)
	Very good.....	35 (23%)
	Good.....	46 (31%)
	Neither.....	24 (16%)
	Bad.....	23 (15%)
	Very bad.....	8 (5%)
Q8.4	Are you currently taking medication?	
	Yes.....	63 (41%)
	No.....	89 (59%)
Q8.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	Not taking medication.....	89 (58%)
	Yes, all my meds.....	52 (34%)
	Yes, some of my meds	12 (8%)
	No.....	0 (0%)
Q8.6	Do you have any emotional or mental health problems?	
	Yes.....	18 (12%)
	No.....	135 (88%)
Q8.7	Are you being helped/ supported by anyone in this prison? (e.g. psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	Do not have any emotional or mental health problems.....	135 (89%)
	Yes.....	5 (3%)
	No.....	11 (7%)

Section 9: Drugs and alcohol

Q9.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	19 (12%)
	No.....	134 (88%)
Q9.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	24 (16%)
	No.....	129 (84%)
Q9.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	38 (25%)
	Easy.....	21 (14%)
	Neither.....	12 (8%)
	Difficult.....	2 (1%)
	Very difficult.....	1 (1%)
	Don't know.....	80 (52%)
Q9.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	16 (10%)
	Easy.....	12 (8%)
	Neither.....	13 (8%)
	Difficult.....	11 (7%)
	Very difficult.....	4 (3%)
	Don't know.....	97 (63%)

Q9.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	1 (1%)
	No	152 (99%)
Q9.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	2 (1%)
	No	150 (99%)
Q9.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	130 (86%)
	Yes	20 (13%)
	No	2 (1%)
Q9.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem	129 (85%)
	Yes	20 (13%)
	No	3 (2%)
Q9.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help	121 (82%)
	Yes	22 (15%)
	No	5 (3%)

Section 10: Activities

Q10.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	10 (7%)	64 (43%)	41 (28%)	12 (8%)	17 (11%)	5 (3%)
	Vocational or skills training	22 (16%)	37 (26%)	43 (30%)	18 (13%)	20 (14%)	1 (1%)
	Education (including basic skills)	15 (10%)	54 (37%)	56 (39%)	13 (9%)	6 (4%)	1 (1%)
	Offending behaviour programmes	55 (38%)	25 (17%)	26 (18%)	22 (15%)	12 (8%)	3 (2%)
Q10.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these						38 (26%)
	Prison job						104 (70%)
	Vocational or skills training						14 (9%)
	Education (including basic skills)						32 (22%)
	Offending behaviour programmes						4 (3%)
Q10.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	10 (7%)	59 (42%)	61 (44%)	9 (6%)		
	Vocational or skills training	22 (21%)	42 (41%)	34 (33%)	5 (5%)		
	Education (including basic skills)	13 (11%)	51 (44%)	44 (38%)	7 (6%)		
	Offending behaviour programmes	26 (25%)	33 (31%)	35 (33%)	11 (10%)		
Q10.4	How often do you usually go to the library?						
	Don't want to go						6 (4%)
	Never						15 (10%)

	Less than once a week	45 (30%)
	About once a week	34 (23%)
	More than once a week	50 (33%)
Q10.5	Does the library have a wide enough range of materials to meet your needs?	
	Don't use it	18 (12%)
	Yes	112 (75%)
	No	19 (13%)
Q10.6	How many times do you usually go to the gym each week?	
	Don't want to go	17 (11%)
	0	25 (17%)
	1 to 2	19 (13%)
	3 to 5	51 (34%)
	More than 5	38 (25%)
Q10.7	How many times do you usually go outside for exercise each week?	
	Don't want to go	6 (4%)
	0	9 (6%)
	1 to 2	27 (18%)
	3 to 5	32 (21%)
	More than 5	77 (51%)
Q10.8	How many times do you usually have association each week?	
	Don't want to go	7 (5%)
	0	6 (4%)
	1 to 2	5 (3%)
	3 to 5	14 (10%)
	More than 5	113 (78%)
Q10.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	Less than 2 hours	4 (3%)
	2 to less than 4 hours	7 (5%)
	4 to less than 6 hours	3 (2%)
	6 to less than 8 hours	10 (7%)
	8 to less than 10 hours	30 (20%)
	10 hours or more	88 (59%)
	Don't know	8 (5%)

Section 11: Contact with family and friends

Q11.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	91 (61%)
	No	59 (39%)
Q11.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	23 (15%)
	No	127 (85%)
Q11.3	Have you had any problems getting access to the telephones?	
	Yes	9 (6%)
	No	142 (94%)

Q11.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	19 (13%)
	<i>Very easy</i>	31 (20%)
	<i>Easy</i>	35 (23%)
	<i>Neither</i>	9 (6%)
	<i>Difficult</i>	34 (22%)
	<i>Very difficult</i>	18 (12%)
	<i>Don't know</i>	6 (4%)

Section 12: Preparation for release

Q12.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Yes</i>	145 (94%)
	<i>No</i>	10 (6%)
Q12.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Do not have an offender manager/ NA</i>	10 (7%)
	<i>No contact</i>	15 (10%)
	<i>Letter</i>	58 (38%)
	<i>Phone</i>	78 (52%)
	<i>Visit</i>	63 (42%)
Q12.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	150 (97%)
	<i>No</i>	4 (3%)
Q12.4	Do you have a sentence plan?	
	<i>Yes</i>	115 (74%)
	<i>No</i>	41 (26%)
Q12.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan</i>	40 (27%)
	<i>Very involved</i>	40 (27%)
	<i>Involved</i>	34 (23%)
	<i>Neither</i>	19 (13%)
	<i>Not very involved</i>	7 (5%)
	<i>Not at all involved</i>	10 (7%)
Q12.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan</i>	40 (27%)
	<i>Nobody</i>	15 (10%)
	<i>Offender supervisor</i>	78 (52%)
	<i>Offender manager</i>	52 (35%)
	<i>Named/ personal officer</i>	19 (13%)
	<i>Staff from other departments</i>	25 (17%)
Q12.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan</i>	40 (27%)
	<i>Yes</i>	85 (57%)
	<i>No</i>	10 (7%)
	<i>Don't know</i>	15 (10%)
Q12.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan</i>	40 (27%)
	<i>Yes</i>	18 (12%)

No..... 82 (55%)
 Don't know 8 (5%)

Q12.9 Are there plans for you to achieve any of your sentence plan targets in the community?

Do not have a sentence plan 40 (27%)
 Yes 31 (21%)
 No..... 55 (38%)
 Don't know 20 (14%)

Q12.10 Do you have a needs based custody plan?

Yes 10 (7%)
 No..... 87 (58%)
 Don't know 52 (35%)

Q12.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes 50 (34%)
 No..... 96 (66%)

Q12.12 Do you know of anyone in this prison who can help you with the following on release: (please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	44 (32%)	53 (38%)	42 (30%)
Accommodation	49 (36%)	47 (34%)	42 (30%)
Benefits	44 (33%)	46 (34%)	45 (33%)
Finances	49 (37%)	38 (28%)	47 (35%)
Education	53 (39%)	44 (33%)	38 (28%)
Drugs and alcohol	66 (47%)	45 (32%)	30 (21%)

Q12.13 Have you been provided with information on the following: (please tick all that apply to you.)

	Yes	No
Resettlement day release	120 (82%)	27 (18%)
Resettlement overnight release	111 (80%)	27 (20%)

Q12.14 Have you had access to the following: (please tick all that apply to you.)

	Yes	No
Resettlement day release	101 (68%)	47 (32%)
Resettlement overnight release	90 (63%)	53 (37%)
Special purpose leave	33 (28%)	84 (72%)

Q12.15 Please answer the following questions on your preparation for release:

	Yes	No
Were you given up to date information about this prison before you came here	44 (30%)	102 (70%)
Were you helped to prepare for open conditions before you came here (increased responsibility, freedom etc)	40 (27%)	108 (73%)
Do you feel you have been given a greater responsibility here than when you were in closed conditions	125 (86%)	20 (14%)
Have you been on a preparation for release course	22 (15%)	124 (85%)
Is this prison near your home area or intended release address	66 (45%)	80 (55%)
Have you done anything, or has anything happened to you here that will make you less likely to offend in the future	92 (63%)	55 (37%)

Main comparator and comparator to last time



Prisoner survey responses HMP Kirkham 2013

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

Key to tables

Key to tables		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		160	1719	160	112
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	1%	0%	0%
1.3	Are you on recall?	2%	3%	2%	3%
1.4	Is your sentence less than 12 months?	3%	7%	3%	7%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	8%	11%	6%
1.5	Are you a foreign national?	2%	4%	2%	4%
1.6	Do you understand spoken English?	100%	100%	100%	
1.7	Do you understand written English?	100%	100%	100%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	21%	28%	21%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	1%
1.1	Are you Muslim?	17%	12%	17%	9%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	0%
1.12	Do you consider yourself to have a disability?	14%	11%	14%	11%
1.13	Are you a veteran (ex-armed services)?	9%	7%	9%	
1.14	Is this your first time in prison?	48%	53%	48%	48%
1.15	Do you have any children under the age of 18?	57%	52%	57%	55%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	34%	46%	34%	27%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	74%	80%	74%	
2.3	Were you offered a toilet break?	10%	11%	10%	
2.4	Was the van clean?	71%	68%	71%	
2.5	Did you feel safe?	87%	83%	87%	
2.6	Were you treated well/very well by the escort staff?	80%	75%	80%	71%
2.7	Before you arrived here were you told that you were coming here?	82%	79%	82%	

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
2.7	Before you arrived here did you receive any written information about coming here?	9%	15%	9%	
2.8	When you first arrived here did your property arrive at the same time as you?	89%	93%	89%	96%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	37%	70%	37%	
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	86%	89%	91%
3.3	Were you treated well/very well in reception?	89%	77%	89%	87%
	When you first arrived:				
3.4	Did you have any problems?	29%	44%	29%	38%
3.4	Did you have any problems with loss of property?	7%	9%	7%	4%
3.4	Did you have any housing problems?	7%	9%	7%	22%
3.4	Did you have any problems contacting employers?	1%	3%	1%	4%
3.4	Did you have any problems contacting family?	3%	13%	3%	8%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	2%
3.4	Did you have any money worries?	8%	12%	8%	10%
3.4	Did you have any problems with feeling depressed or suicidal?	2%	5%	2%	6%
3.4	Did you have any physical health problems?	7%	9%	7%	
3.4	Did you have any mental health problems?	2%	5%	2%	
3.4	Did you have any problems with needing protection from other prisoners?	1%	1%	1%	4%
3.4	Did you have problems accessing phone numbers?	3%	10%	3%	8%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	44%	42%	44%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	59%	61%	59%	85%
3.6	A shower?	23%	47%	23%	46%
3.6	A free telephone call?	37%	47%	37%	35%
3.6	Something to eat?	62%	58%	62%	80%
3.6	PIN phone credit?	70%	51%	70%	
3.6	Toiletries/ basic items?	36%	39%	36%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.7	The chaplain or a religious leader?	53%	53%	53%	
3.7	Someone from health services?	76%	73%	76%	
3.7	A Listener/Samaritans?	42%	33%	42%	
3.7	Prison shop/ canteen?	30%	24%	30%	18%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	82%	62%	82%	73%
3.8	Support was available for people feeling depressed or suicidal?	61%	43%	61%	60%
3.8	How to make routine requests?	66%	56%	66%	63%
3.8	Your entitlement to visits?	67%	58%	67%	67%
3.8	Health services?	70%	66%	70%	76%
3.8	The chaplaincy?	64%	55%	64%	59%
3.9	Did you feel safe on your first night here?	94%	90%	94%	95%
3.10	Have you been on an induction course?	95%	95%	95%	96%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	85%	72%	85%	83%
3.12	Did you receive an education (skills for life) assessment?	94%	82%	94%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	69%	63%	69%	69%
4.1	Attend legal visits?	56%	51%	56%	54%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	28%	27%	28%	20%
4.3	Can you get legal books in the library?	54%	46%	54%	
	For the wing/unit you are currently on:				
4.4	Are you normally able to have a shower every day?	100%	97%	100%	100%
4.4	Do you normally receive clean sheets every week?	72%	80%	72%	92%
4.4	Do you normally get cell cleaning materials every week?	58%	70%	58%	84%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	80%	78%	80%	86%
4.4	Can you normally get your stored property, if you need to?	36%	50%	36%	68%
4.5	Is the food in this prison good/very good?	25%	40%	25%	31%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	48%	49%	44%

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.7	Are you able to speak to a Listener at any time, if you want to?	65%	58%	65%	67%
4.8	Are your religious beliefs are respected?	60%	55%	60%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	78%	65%	78%	65%
4.10	Is it easy/very easy to attend religious services?	63%	50%	63%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	80%	88%	80%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	71%	77%	71%	82%
5.2	Do you feel applications are dealt with quickly (within seven days)?	58%	69%	58%	71%
5.3	Is it easy to make a complaint?	44%	53%	44%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	29%	44%	29%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	35%	48%	35%	40%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	16%	16%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	26%	39%	26%	27%
SECTION 6: Relationships with staff					
6.1	Do most staff, in this prison, treat you with respect?	76%	77%	76%	84%
6.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	76%	73%	89%
6.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	26%	25%	
6.4	Do staff normally speak to you most of the time/all of the time during association?	7%	18%	7%	16%
6.5	Do you have a personal officer?	64%	69%	64%	90%
	For those with a personal officer:				
6.6	Do you think your personal officer is helpful/very helpful?	73%	70%	73%	88%
SECTION 7: Safety					
7.1	Have you ever felt unsafe here?	11%	17%	11%	10%
7.2	Do you feel unsafe now?	4%	7%	4%	3%
7.3	Have you been victimised by other prisoners here?	12%	13%	12%	4%
	Since you have been here, have other prisoners:				
7.5	Made insulting remarks about you, your family or friends?	3%	5%	3%	2%

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7.5	Hit, kicked or assaulted you?	1%	1%	1%	1%
7.5	Sexually abused you?	0%	1%	0%	0%
7.5	Threatened or intimidated you?	5%	8%	5%	
7.5	Taken your canteen/property?	0%	1%	0%	0%
7.5	Victimised you because of medication?	0%	1%	0%	
7.5	Victimised you because of debt?	0%	1%	0%	
7.5	Victimised you because of drugs?	0%	1%	0%	0%
7.5	Victimised you because of your race or ethnic origin?	3%	1%	3%	2%
7.5	Victimised you because of your religion/religious beliefs?	2%	1%	2%	1%
7.5	Victimised you because of your nationality?	1%	1%	1%	
7.5	Victimised you because you were from a different part of the country?	1%	2%	1%	2%
7.5	Victimised you because you are from a traveller community?	0%	0%	0%	
7.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
7.5	Victimised you because of your age?	0%	2%	0%	0%
7.5	Victimised you because you have a disability?	2%	1%	2%	0%
7.5	Victimised you because you were new here?	1%	2%	1%	3%
7.5	Victimised you because of your offence/crime?	1%	2%	1%	0%
7.5	Victimised you because of gang related issues?	0%	1%	0%	1%
SECTION 7: Safety continued					
7.6	Have you been victimised by staff here?	26%	18%	26%	8%
	Since you have been here, have staff:				
7.7	Made insulting remarks about you, your family or friends?	12%	6%	12%	2%
7.7	Hit, kicked or assaulted you?	0%	1%	0%	1%
7.7	Sexually abused you?	0%	1%	0%	1%
7.7	Threatened or intimidated you?	11%	10%	11%	
7.7	Victimised you because of medication?	1%	2%	1%	
7.7	Victimised you because of debt?	1%	0%	1%	
7.7	Victimised you because of drugs?	1%	1%	1%	1%

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7.7	Victimised you because of your race or ethnic origin?	2%	2%	2%	3%
7.7	Victimised you because of your religion/religious beliefs?	2%	2%	2%	2%
7.7	Victimised you because of your nationality?	1%	1%	1%	
7.7	Victimised you because you were from a different part of the country?	1%	2%	1%	1%
7.7	Victimised you because you are from a traveller community?	1%	1%	1%	
7.7	Victimised you because of your sexual orientation?	0%	0%	0%	0%
7.7	Victimised you because of your age?	1%	1%	1%	0%
7.7	Victimised you because you have a disability?	1%	1%	1%	0%
7.7	Victimised you because you were new here?	4%	3%	4%	2%
7.7	Victimised you because of your offence/crime?	2%	2%	2%	2%
7.7	Victimised you because of gang related issues?	1%	1%	1%	0%
	For those who have been victimised by staff or other prisoners:				
7.8	Did you report any victimisation that you have experienced?	19%	24%	19%	45%
SECTION 8: Health services					
8.1	Is it easy/very easy to see the doctor?	41%	53%	41%	45%
8.1	Is it easy/very easy to see the nurse?	55%	75%	55%	59%
8.1	Is it easy/very easy to see the dentist?	26%	25%	26%	26%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
8.2	The doctor?	61%	67%	61%	72%
8.2	The nurse?	70%	76%	70%	67%
8.2	The dentist?	61%	50%	61%	72%
8.3	The overall quality of health services?	60%	63%	60%	65%
8.4	Are you currently taking medication?	42%	44%	42%	36%
	For those currently taking medication:				
8.5	Are you allowed to keep possession of some or all of your medication in your own cell?	100%	98%	100%	
8.6	Do you have any emotional well being or mental health problems?	12%	13%	12%	7%
	For those who have problems:				
8.7	Are you being helped or supported by anyone in this prison?	32%	52%	32%	

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Drugs and alcohol					
9.1	Did you have a problem with drugs when you came into this prison?	12%	10%	12%	13%
9.2	Did you have a problem with alcohol when you came into this prison?	16%	9%	16%	7%
9.3	Is it easy/very easy to get illegal drugs in this prison?	38%	33%	38%	27%
9.4	Is it easy/very easy to get alcohol in this prison?	18%	24%	18%	
9.5	Have you developed a problem with drugs since you have been in this prison?	1%	2%	1%	2%
9.6	Have you developed a problem with diverted medication since you have been in this prison?	1%	2%	1%	
	For those with drug or alcohol problems:				
9.7	Have you received any support or help with your drug problem while in this prison?	91%	69%	91%	
9.8	Have you received any support or help with your alcohol problem while in this prison?	86%	81%	86%	
	For those who have received help or support with their drug or alcohol problem:				
9.9	Was the support helpful?	81%	89%	81%	92%
SECTION 10: Activities					
	Is it very easy/ easy to get into the following activities:				
10.1	A prison job?	71%	76%	71%	
10.1	Vocational or skills training?	57%	55%	57%	
10.1	Education (including basic skills)?	76%	68%	76%	
10.1	Offending Behaviour Programmes?	36%	31%	36%	
	Are you currently involved in any of the following activities:				
10.2	A prison job?	70%	72%	70%	76%
10.2	Vocational or skills training?	9%	19%	9%	30%
10.2	Education (including basic skills)?	22%	25%	22%	39%
10.2	Offending Behaviour Programmes?	3%	5%	3%	18%
10.3	Have you had a job while in this prison?	93%	93%	93%	83%
	For those who have had a prison job while in this prison:				
10.3	Do you feel the job will help you on release?	46%	44%	46%	50%
10.3	Have you been involved in vocational or skills training while in this prison?	79%	79%	79%	77%
	For those who have had vocational or skills training while in this prison:				
10.3	Do you feel the vocational or skills training will help you on release?	52%	62%	52%	77%
10.3	Have you been involved in education while in this prison?	89%	84%	89%	78%
	For those who have been involved in education while in this prison:				

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
10.3	Do you feel the education will help you on release?	50%	63%	50%	75%
11.3	Have you been involved in offending behaviour programmes while in this prison?	75%	68%	75%	63%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	42%	45%	42%	60%
10.4	Do you go to the library at least once a week?	56%	55%	56%	48%
10.5	Does the library have a wide enough range of materials to meet your needs?	75%	62%	75%	
10.6	Do you go to the gym three or more times a week?	59%	52%	59%	68%
10.7	Do you go outside for exercise three or more times a week?	72%	75%	72%	77%
10.8	Do you go on association more than five times each week?	78%	81%	78%	87%
10.9	Do you spend ten or more hours out of your cell on a weekday?	59%	51%	59%	52%
SECTION 11: Friends and family					
11.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	61%	54%	61%	60%
11.2	Have you had any problems with sending or receiving mail?	15%	23%	15%	19%
11.3	Have you had any problems getting access to the telephones?	6%	14%	6%	7%
11.4	Is it easy/ very easy for your friends and family to get here?	43%	39%	43%	
SECTION 12: Preparation for release					
12.1	Do you have a named offender manager (home probation officer) in the probation service?	94%	92%	94%	
	For those who have an offender manager what type of contact have you had:				
12.2	No contact?	11%	17%	11%	
12.2	Contact by letter?	41%	42%	41%	
12.2	Contact by phone?	55%	58%	55%	
12.2	Contact by visit?	45%	39%	45%	
12.3	Do you have a named offender supervisor in this prison?	97%	74%	97%	
12.4	Do you have a sentence plan?	74%	72%	74%	84%
	For those with a sentence plan:				
12.5	Were you involved/very involved in the development of your plan?	67%	72%	67%	67%
	Who is working with you to achieve your sentence plan targets:				
12.6	nobody?	14%	35%	14%	
12.6	Offender supervisor?	72%	46%	72%	
12.6	Offender manager?	48%	36%	48%	

Main comparator and comparator to last time

Key to tables

		HMP Kirkham 2013	Open prisons comparator	HMP Kirkham 2013	HMP Kirkham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
12.6	Named/ personal officer?	17%	20%	17%	
12.6	Staff from other departments?	23%	21%	23%	
	For those with a sentence plan:				
12.7	Can you achieve any of your sentence plan targets in this prison?	77%	76%	77%	87%
12.8	Are there plans for you to achieve any of your targets in another prison?	17%	13%	17%	
12.9	Are there plans for you to achieve any of your targets in the community?	29%	50%	29%	
12.10	Do you have a needs based custody plan?	7%	7%	7%	
12.11	Do you feel that any member of staff has helped you to prepare for release?	34%	32%	34%	39%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
12.12	Employment?	56%	51%	56%	
12.12	Accommodation?	53%	50%	53%	
12.12	Benefits?	51%	49%	51%	
12.12	Finances?	45%	42%	45%	
12.12	Education?	54%	50%	54%	
12.12	Drugs and alcohol?	60%	55%	60%	
	Have you been provided with information on the following:				
12.13	Resettlement day release?	82%	77%	82%	
12.13	Resettlement overnight release?	81%	76%	81%	
	Have you had access to the following:				
12.14	Resettlement day release?	68%	66%	68%	
12.14	Resettlement overnight release?	63%	59%	63%	
12.14	Special purpose leave?	28%	35%	28%	
	Please answer the following about your preparation for release:				
12.15	Were you given up to date information about this prison before you came here?	30%	23%	30%	31%
12.15	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	27%	27%	27%	27%
12.15	Do you feel you have been given greater responsibility here than when you were in closed conditions?	86%	80%	86%	91%
12.15	Have you been on a preparation for release course?	15%	18%	15%	16%
12.15	Is this prison near your home area or your intended release address?	45%	46%	45%	39%
12.15	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	63%	60%	63%	60%

Diversity analysis



Key Question Responses (ethnicity and religion) HMP Kirkham 2013

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

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		33	126	26	131
1.5	Are you a foreign national?	3%	2%	0%	2%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	100%	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			100%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	3%	0%	2%
1.1	Are you Muslim?	79%	0%		
1.12	Do you consider yourself to have a disability?	12%	15%	8%	15%
1.13	Are you a veteran (ex-armed services)?	3%	11%	4%	10%
1.14	Is this your first time in prison?	64%	44%	62%	46%
2.6	Were you treated well/very well by the escort staff?	75%	82%	80%	80%
2.7	Before you arrived here were you told that you were coming here?	72%	85%	69%	85%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	90%	88%	89%
3.3	Were you treated well/very well in reception?	85%	90%	85%	89%
3.4	Did you have any problems when you first arrived?	35%	28%	32%	28%
3.7	Did you have access to someone from health care when you first arrived here?	88%	73%	92%	74%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.9	Did you feel safe on your first night here?	88%	96%	88%	96%
3.10	Have you been on an induction course?	91%	96%	92%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	70%	64%	70%
4.4	Are you normally able to have a shower every day?	100%	100%	100%	100%
4.5	Is the food in this prison good/very good?	21%	26%	20%	27%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	30%	54%	27%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	64%	65%	69%	64%
4.8	Do you feel your religious beliefs are respected?	72%	56%	80%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	85%	76%	88%	77%
5.1	Is it easy to make an application?	66%	84%	62%	84%
5.3	Is it easy to make a complaint?	41%	45%	44%	45%
6.1	Do most staff, in this prison, treat you with respect?	73%	76%	71%	76%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	60%	76%	62%	75%
6.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	0%	8%	0%	7%
6.4	Do you have a personal officer?	53%	66%	48%	66%
7.1	Have you ever felt unsafe here?	19%	9%	16%	8%
7.2	Do you feel unsafe now?	10%	3%	8%	3%
7.3	Have you been victimised by other prisoners?	22%	9%	16%	9%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	4%	8%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	1%	8%	2%
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	0%	8%	1%
7.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%	0%	1%
7.5	Have you been victimised because you have a disability? (By prisoners)	0%	3%	0%	2%
7.6	Have you been victimised by a member of staff?	24%	26%	17%	26%
7.7	Have you ever felt threatened or intimidated by staff here?	7%	12%	8%	11%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	1%	8%	1%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	0%	8%	1%
7.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
7.7	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	1%
8.1	Is it easy/very easy to see the doctor?	22%	45%	21%	44%
8.1	Is it easy/ very easy to see the nurse?	41%	58%	40%	57%
9.4	Are you currently taking medication?	45%	40%	46%	40%
8.6	Do you feel you have any emotional well being/mental health issues?	10%	12%	5%	13%
9.3	Is it easy/very easy to get illegal drugs in this prison?	38%	39%	40%	37%
10.2	Are you currently working in the prison?	80%	68%	78%	68%
10.2	Are you currently undertaking vocational or skills training?	4%	11%	0%	11%
10.2	Are you currently in education (including basic skills)?	30%	20%	31%	21%
10.2	Are you currently taking part in an offending behaviour programme?	0%	3%	0%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
10.4	Do you go to the library at least once a week?	51%	58%	54%	56%
10.6	Do you go to the gym three or more times a week?	55%	60%	50%	63%
10.7	Do you go outside for exercise three or more times a week?	57%	77%	54%	76%
10.8	On average, do you go on association more than five times each week?	73%	79%	79%	78%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	50%	61%	50%	60%
11.2	Have you had any problems sending or receiving mail?	10%	17%	0%	19%
11.3	Have you had any problems getting access to the telephones?	10%	5%	5%	6%
	Have you been provided with information on the following:				
12.12	Resettlement day release?	81%	83%	84%	81%
12.12	Resettlement overnight release?	76%	82%	84%	79%
	Have you had access to the following:				
12.13	Resettlement day release?	62%	71%	60%	69%
12.13	Resettlement overnight release?	60%	64%	60%	63%
12.13	Special purpose leave?	25%	30%	25%	28%
	Please answer the following about your preparation for release:				
12.14	Were you given up to date information about this prison before you came here?	32%	29%	32%	28%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	36%	24%	28%	28%
12.14	Do you feel you have been given greater responsibility here than when you were in closed conditions?	87%	86%	88%	85%
12.14	Have you been on a preparation for release course?	19%	14%	16%	15%
12.14	Is this prison near your home area or your intended release address?	51%	43%	56%	43%

Diversity analysis



Key Question Responses (disability and prisoners aged over 50) HMP Kirkham 2013

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		23	137	27	133
1.5	Are you a foreign national?	9%	1%	4%	2%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	100%	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	21%	7%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	14%	1%	0%	3%
1.1	Are you Muslim?	9%	18%	7%	18%
1.12	Do you consider yourself to have a disability?			30%	11%
1.13	Are you a veteran (ex-armed services)?	31%	6%	22%	7%
1.14	Is this your first time in prison?	48%	48%	56%	46%
2.6	Were you treated well/very well by the escort staff?	86%	79%	88%	78%
2.7	Before you arrived here were you told that you were coming here?	83%	82%	88%	80%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	90%	96%	88%
3.3	Were you treated well/very well in reception?	83%	90%	93%	88%
3.4	Did you have any problems when you first arrived?	50%	26%	23%	30%
3.7	Did you have access to someone from health care when you first arrived here?	83%	75%	85%	74%

Diversity analysis

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.9	Did you feel safe on your first night here?	91%	95%	96%	94%
3.10	Have you been on an induction course?	100%	94%	96%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	71%	72%	68%
4.4	Are you normally able to have a shower every day?	100%	100%	100%	100%
4.5	Is the food in this prison good/very good?	18%	26%	20%	26%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	51%	35%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	76%	63%	65%	65%
4.8	Do you feel your religious beliefs are respected?	60%	60%	64%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	81%	78%	77%	79%
5.1	Is it easy to make an application?	66%	82%	80%	80%
5.3	Is it easy to make a complaint?	46%	44%	46%	44%
6.1	Do most staff, in this prison, treat you with respect?	75%	76%	80%	74%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	75%	88%	70%
6.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10%	6%	8%	6%
6.4	Do you have a personal officer?	68%	63%	80%	60%
7.1	Have you ever felt unsafe here?	9%	11%	4%	12%
7.2	Do you feel unsafe now?	5%	4%	0%	5%
7.3	Have you been victimised by other prisoners?	32%	9%	4%	13%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	3%	4%	5%
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	0%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	0%	3%
7.5	Have you been victimised because of your nationality? (By prisoners)	5%	0%	0%	1%
7.5	Have you been victimised because of your age? (By prisoners)	0%	0%	0%	0%
7.5	Have you been victimised because you have a disability? (By prisoners)	14%	0%	0%	3%
7.6	Have you been victimised by a member of staff?	45%	23%	13%	28%
7.7	Have you ever felt threatened or intimidated by staff here?	25%	9%	8%	11%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%	0%	3%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%	0%	3%
7.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
7.7	Have you been victimised because of your age? (By staff)	6%	0%	5%	0%
7.7	Have you been victimised because you have a disability? (By staff)	10%	0%	5%	1%
8.1	Is it easy/very easy to see the doctor?	46%	40%	65%	36%
8.1	Is it easy/ very easy to see the nurse?	64%	53%	68%	52%
9.4	Are you currently taking medication?	82%	35%	72%	35%
8.6	Do you feel you have any emotional well being/mental health issues?	23%	10%	4%	13%
9.3	Is it easy/very easy to get illegal drugs in this prison?	46%	37%	39%	38%
10.2	Are you currently working in the prison?	73%	70%	65%	71%
10.2	Are you currently undertaking vocational or skills training?	9%	10%	4%	11%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
10.2	Are you currently in education (including basic skills)?	32%	20%	15%	23%
10.2	Are you currently taking part in an offending behaviour programme?	5%	3%	8%	2%
10.4	Do you go to the library at least once a week?	64%	55%	54%	56%
10.6	Do you go to the gym three or more times a week?	50%	61%	31%	65%
10.7	Do you go outside for exercise three or more times a week?	72%	72%	77%	71%
10.8	On average, do you go on association more than five times each week?	72%	79%	91%	75%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	50%	60%	54%	60%
11.2	Have you had any problems sending or receiving mail?	24%	14%	8%	17%
11.3	Have you had any problems getting access to the telephones?	10%	6%	4%	6%
Have you been provided with information on the following:					
12.12	Resettlement day release?	60%	85%	69%	84%
12.12	Resettlement overnight release?	65%	83%	67%	83%
Have you had access to the following:					
12.13	Resettlement day release?	72%	68%	75%	67%
12.13	Resettlement overnight release?	60%	64%	55%	65%
12.13	Special purpose leave?	32%	28%	39%	26%
Please answer the following about your preparation for release:					
12.14	Were you given up to date information about this prison before you came here?	14%	33%	21%	32%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	5%	31%	20%	29%
12.14	Do you feel you have been given greater responsibility here than when you were in closed conditions?	64%	90%	88%	86%
12.14	Have you been on a preparation for release course?	5%	17%	12%	16%
12.14	Is this prison near your home area or your intended release address?	32%	48%	50%	44%