

Report on an unannounced inspection of

# **HMP Liverpool**

by HM Chief Inspector of Prisons

**14–25 October 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](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](mailto: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](mailto: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

HMP Liverpool is an important local prison serving one of the country's major cities. It is, however, a prison with a difficult history, with some seemingly intractable problems. At this inspection we were encouraged to find the prison retained a clear leadership focus on providing more decent and progressive treatment for those held and that the progress, albeit slow, that we identified at our last inspection continued. Many men arrived at the prison with significant issues, not least substance misuse, disability and emotional and mental health-related problems, all indicative of the risks the establishment managed. The old, mainly 19th century infrastructure presented real impediments to providing a decent living environment and recent managerial and staffing changes had presented risks in terms of the prison's ability to maintain stability and safety. Nevertheless, the prison had done a reasonable job in addressing those challenges although, as at previous inspections, gaps remained.

First night and induction procedures had improved but staff in reception needed to make greater efforts to provide a more considerate and welcoming first impression of the prison. Many prisoners still felt unsafe on their first night, and this was particularly acute for prisoners who were vulnerable due to their offence. First night accommodation arrangements required some attention.

More generally, too many prisoners felt unsafe, despite levels of violence that were broadly comparable with similar prisons and some excellent work to develop violence reduction processes. The experience of vulnerable prisoners was again of particular concern, notably the mix of prisoners on K wing, the prison's main vulnerable prisoner facility. Prisoners at risk of self-harm were receiving some reasonable, if sometimes inconsistent, support but too many were being held in segregation, in our view without sufficient justification. Security was well managed but there were real challenges with the diversion and trading of prescribed medications. Incidents requiring the use of force were not high but management supervision could have been better, and the segregation unit environment and regime were particularly poor. Support for prisoners with substance misuse issues had improved significantly.

Overall we concluded that the quality of respect evident in Liverpool was reasonable. The general environment, however, needed urgent improvement. Most communal areas were clean but the condition of many cells was poor and often crowded. Relationships between staff and prisoners were generally good and the atmosphere in the prison was relaxed and friendly. However, some staff were too passive and disengaged and needed to have higher expectations of themselves, and of prisoners. While some good groundwork had been carried out in the area of equality and diversity, outcomes were not consistent, particularly for prisoners with disabilities who, in keeping with our concerns about the environment, suffered from poor access to some areas of the prison. Complaints were well managed and most were about relatively minor matters. Health care services were generally good but prisoners expressed some negative perceptions and some delays were evident. Pharmacy services were a particular concern, with little professional leadership and some aspects of medications management needing urgent attention.

Time out of cell was reasonable for most prisoners and the daily routine was now more predictable with little evident slippage. The range of vocational training opportunities had improved but quality assurance were underdeveloped and too much teaching and learning was inadequate. It was encouraging to see that the provision of activity places was broadly sufficient for the population held and that most were involved in something purposeful, although opportunities for vulnerable prisoners were more limited. It was also concerning that achievement of qualifications on some courses had fallen and that attendance and punctuality in some areas remained poor. The library needed considerable improvement although the gym provided some good opportunities.

Management of resettlement was good and the approach adopted was based on a meaningful analysis of the needs. There had been a good focus on community engagement with local partners, although use of release on temporary licence was quite rare. Offender management arrangements for higher risk prisoners were good, and the backlogs in key assessments much reduced. Some promising work was developing in providing custody planning for shorter-term and lower risk prisoners and public protection arrangements were satisfactory. Support in the reducing reoffending pathways was generally appropriate, but there were weaknesses in work to support prisoners in maintaining relationships with family and friends, particularly around visiting arrangements.

Liverpool appears to be coping well following some recent restructuring and the realignment of its resources. The prison is well led. There is a competence and realism on the part of the governor and his senior team about the risks they manage and what can be done to affect improvement. The environment is a concern and in need of meaningful investment. There remain gaps and weaknesses in some provision and the often negative perceptions of prisoners should be addressed seriously and not rationalised away. The prison needs to improve the way it deals with vulnerable prisoners. Despite this, outcomes in many areas are better than we have seen in the past, and there is a sense of continuing steady, if slow, progress.

**Nick Hardwick**  
HM Chief Inspector of Prisons

March 2014

# Fact page

## Task of the establishment

A category B local prison serving Merseyside.

## Prison status

Public

## Region/Department

Northwest

## Number held

1232 on 15 October 2013

## Certified normal accommodation

1462

## Operational capacity

1323

## Date of last full inspection

8–16 December 2011

## Brief history

HMP Liverpool was constructed in 1855 to replace a much older and more cramped establishment in the centre of Liverpool. The prison had eight refurbished wings with an integral sanitation system.

## Short description of residential units

A: First night centre  
 A1: Overspill from K unit  
 B: Central wing – four landings  
 B1: Segregation unit  
 F: Central wing – five landings  
 G: Central wing – five landings  
 H-H2R: Drug recovery unit  
 I: Central wing  
 K: Vulnerable prisoners unit  
 J1: Reintegration unit  
 J2-J2R: Journey to Recovery drug rehabilitation landing

## Name of governor/director

John Illingsworth

## Escort contractor

GEOAmey

## Health service provider

Liverpool Community Health NHS Trust and Mersey Care NHS Trust

## Learning and skills providers

The Manchester College

## Independent Monitoring Board chair

Stan Mayne





# 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:

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and 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.<sup>1</sup>

---

<sup>1</sup> 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 *Most prisoners' journeys to the prison were short and court video links were used well. Reception, first night and induction procedures had improved but were still bedding in. Some staff needed to make more effort to put prisoners at ease on their arrival, but peer workers were used effectively. More prisoners in our survey reported feeling unsafe than we normally see, but some good violence reduction work was developing. The number of incidents was not high, but some prisoners complained about victimisation from staff and other prisoners. Vulnerable prisoners (whose offence made them susceptible) were particularly negative. Prisoners at risk of self-harm received some reasonable support, but too many were held in segregation. The safeguarding policy was new and no links had yet been made with the local adult safeguarding board. Security arrangements were generally good, but there were problems with tradable medications. The application of the incentives and earned privileges (IEP) scheme had improved considerably. Disciplinary procedures were reasonable but governance of the use of force was weak and the segregation environment and regime were poor. Substance misuse services were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 *At the last inspection in 2011 we found that outcomes for prisoners in Liverpool were not sufficiently good against this healthy prison test. We made 34 recommendations in the area of safety. At this follow-up inspection we found that 16 of the recommendations had been achieved, nine had been partially achieved, eight had not been achieved and one was no longer relevant.*

S3 Most prisoners' journeys to the prison were short. Some were not given sufficient notice of their transfer to other prisons, but court video links were used well.

S4 Good peer support was provided in reception and on the first night wing. In our survey, more prisoners were negative about reception than the comparator. Although we saw prisoners being dealt with promptly, staff were not welcoming. First night procedures were generally good, and all prisoners received a private first night interview. First night cells were well prepared. Managers needed to ensure that all night staff were appropriately trained.

S5 Vulnerable prisoners were normally housed on K wing but population pressures meant they had to spend at least their first night on A wing, which was the first night centre for general prisoners. If a space was not immediately available on K wing, A1 was used as overspill. Appropriate procedures were in place to protect them. Nevertheless, many prisoners still felt unsafe on their first night. There was a well structured induction programme, but vulnerable prisoners could wait for up to a week before taking part.

S6 In our survey, nearly half of prisoners said they had felt unsafe at some time and more than the comparator said they felt unsafe at the time of the survey. Prisoners were also more likely to report that other prisoners and staff victimised them. The number of fights and assaults was similar to other local prisons. There had been no prison survey of safety for several years.

S7 The prison was taking steps to address poor behaviour, including carrying out more thorough investigations. This work was relatively new and not yet fully embedded. More violent incidents were being dealt with effectively through the IEP scheme, but procedures for tackling antisocial attitudes were generally ineffective.

- S8 Vulnerable prisoners were located in a number of areas across the prison, which meant it was difficult to manage them. The mix of offenders on K wing made many feel unsafe. In our survey, 41% of vulnerable prisoners compared to 19% on the main wings said that they felt unsafe at the time of the survey and nearly twice as many said they had been victimised by other prisoners. The regime for vulnerable prisoners on A1 was particularly poor.
- S9 There had been three self-inflicted deaths since our last inspection, and investigations had highlighted some recurring themes. Senior managers were addressing concerns. The level of self-harm was similar to comparator prisons and serious incidents were investigated; the quality of these varied and more needed to be done to identify lessons. The prison opened approximately 51 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm each month, slightly more than at similar prisons.
- S10 An updated needs analysis of the population would have ensured resources were effectively targeted. The quality of ACCT case management documents we sampled was reasonable – assessments were prompt and some multidisciplinary reviews received support from the chaplaincy and mental health workers. Case managers were rarely consistent and the quality of care plans was mixed. In general, daily entries in care plans were made regularly, and some demonstrated caring interactions. A number of key staff had not been trained in ACCT case management. Data on the use of gated cells and strip-gowns were now being collated, but the appropriateness of these measures was not being effectively reviewed. We found a large number of prisoners on open ACCT case management documents who had been held in segregation when records had not always justified it.
- S11 Higher risk and complex cases were discussed meaningfully; individual needs were identified and action taken. The prison had 33 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) but most worked with prisoners during lock-up periods at cell doors.
- S12 The adult safeguarding policy was new. No links had been made with the local adult safeguarding board so that training and protocols could be developed.
- S13 Overall, security arrangements were reasonable. The security committee was well constructed, but attendance by staff from some key areas was inconsistent. Relationships between security, violence reduction and the drug strategy teams were particularly good. The prison had strong links with local police forces, relevant information about gang and drug activity was shared and there was a healthy flow of intelligence into the department.
- S14 In our survey, 43% against a comparator of 29% said it was easy or very easy to get drugs, and 10% against 8% said they had developed a problem with diverted or tradable medication. There had been some large finds of cannabis, but tradable medication was a substantial problem requiring a more strategic prison-wide response.
- S15 The Incentive and earned privileges (IEP) scheme had improved since our last inspection. Prisoners on the basic level who were on the J1 reintegration landing were dealt with using a structured, individual approach. All residents had a care plan, and some good support was available to meet individual needs.
- S16 Disciplinary arrangements were reasonably well managed. The number of incidents requiring force was not excessive and written accounts from officers usually assured us that it was justified. However, overall governance was weak and planned interventions were not always properly coordinated or supervised. The prison did not sufficiently collect or analyse data to identify patterns or trends.

- S17 The segregation environment was poor, cells were dirty and the exercise yard was grim. Relationships between staff and prisoners were reasonably good, but case management and reintegration planning was not well developed. The average length of stay in segregation was usually quite short, although there were exceptions and the regime was poor.
- S18 Clinical services in the drug dependency unit (DDU) had improved considerably since 2011, demonstrating a joined-up, strategic approach to clinical treatment that promoted recovery. Psychosocial services had also improved; the team worked more closely with the DDU, delivering good quality interventions and a well-run, effective residential recovery programme on J2 landing.

## Respect

**S19** *Communal areas were reasonably clean, but the condition of many cells was poor and many were overcrowded. The applications system was not effective. Staff-prisoner relationships were good. Some good groundwork had been carried out in equality and diversity, but this did not always lead to consistently positive outcomes. Complaints were generally well managed. A good bail service was offered, but other legal services were underdeveloped. Most health services were good, but medications management and prescribing needed urgent improvement. Prisoners complained about the food and cost of canteen items. **Outcomes for prisoners were reasonably good against this healthy prison test.***

**S20** *At the last inspection in 2011 we found that outcomes for prisoners in Liverpool were reasonably good against this healthy prison test. We made 44 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that 18 of the recommendations had been achieved, seven had been partially achieved and 19 had not been achieved.*

- S21** Living conditions for most prisoners were generally poor. The standard of cleanliness and furnishings in most cells, particularly on G wing, remained poor and some cell toilets were filthy. Most exercise yards were grim. Communal areas were worn but reasonably clean. Cells designed for one prisoner, frequently held two.
- S22** Prisoners' access to telephones and showers was good. Prisoners could also obtain supplies of their own personal hygiene items, but the provision of general cleaning materials was poor. The frequent redeployment of censors had an impact on post and visiting orders, and the management of the applications system was inconsistent and disorganised.
- S23** Staff-prisoner relationships were generally respectful and friendly and the general atmosphere of the prison reflected this relaxed approach. Officers were encouraged to use first or preferred names and most prisoners said they had a member of staff they could turn to for help. Nevertheless, many relationships were superficial, and staff needed to be more proactive in their day-to-day interactions with prisoners. The personal officer scheme was not functioning effectively.

<sup>2</sup> 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.

- S24 Diversity planning was good and covered all protected characteristics. The equalities meeting was well attended, including by prisoner diversity representatives who felt well supported and valued. Sefton Council for Voluntary Service provided the prison with assistance in diversity and was able bring on board a good range of external organisations to help. Prisoners were not confident that discrimination incident reporting forms were handled appropriately.
- S25 The prison had a good prisoner consultation programme but needed to ensure all prisoners were better advised of forthcoming meetings and their outcomes. The views of black and minority ethnic prisoners differed little from those of other prisoners.
- S26 Interpreting services for prisoners who did not speak English were not used often enough. Foreign national prisoners spoke highly of the support they received from the equalities officers, and an independent legal aid law firm ran a monthly advice surgery. However, Home Office officials no longer held regular surgeries and some prisoners received far too little notice of plans to detain them at the end of their sentence. Support for other protected groups was mixed; older prisoners received good support, but there was no paid carer scheme for disabled prisoners and we saw evidence of poor continuing support for some with more substantial disabilities. There was a reasonable focus on the needs of gay and bisexual prisoners.
- S27 Despite some negative survey results, we found faith provision to be satisfactory for most prisoners. Pastoral care was good and the chaplaincy played an active part in prison life, including undertaking some innovative work supporting newly arrived isolated prisoners.
- S28 Almost all complaints were about minor matters and very few were against staff. Most were dealt with fairly and upheld when appropriate. Legal services support was very limited but bail provision was good.
- S29 In our survey, responses to questions relating to health services were less favourable than the comparator, but overall services were good. Problems recruiting nurses and doctors were adversely affecting the prison's ability to provide a comprehensive service. Care plans were subject to clinical audit. The health centre environment was excellent, but the quality of some wing-based medical rooms was poor. Primary care services were sufficient to meet needs, although treatment for lifelong conditions was underdeveloped. The rate of secondary assessment had dropped to 30%. Waiting times were good, but failure-to-attend rates were unacceptable. The use of in-patient beds for overnight 'lodging' had become routine. Pharmacy services lacked professional leadership. Several aspects of medicines management needed urgent attention to meet required standards. The dental service was very good. There was no waiting list for urgent treatment.
- S30 Mental health services were extensive and well regarded by prisoners. However staff shortages were affecting integrated working between health providers and the rest of the prison.
- S31 Prisoners complained about the inadequate size of food portions. They were also negative about the costs of canteen items.

## Purposeful activity

- S32** *Prisoners had a reasonable amount of time out of their cell. The leadership and management of learning and skills were developing, but some outcomes needed to be better. There were sufficient activity places and most prisoners were involved in some purposeful activity. A greater range of opportunities was offered compared with the previous inspection. Prisoners' achievements of qualifications in education had decreased and the quality of provision was mixed. Workshops and vocational training were good, but much education and teaching needed to be improved. Provision for vulnerable prisoners was inadequate. The library service needed considerable improvement. Physical education provided some reasonable opportunities. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S33** *At the last inspection in 2011 we found that outcomes for prisoners in Liverpool were not sufficiently good against this healthy prison test. We made 21 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight of the recommendations had been achieved, four had been partially achieved, seven had not been achieved and two were no longer relevant.*
- S34** Time out of cell for most prisoners was reasonable. The new core day, introduced in September 2013, was publicised in every residential unit and generally adhered to. Out of cell activities, including association, exercise and domestic periods, were not usually cancelled.
- S35** Managers had improved the range of work and vocational training opportunities, but the collection, analysis and use of data to support management decisions required improvement. Teaching, learning and assessment were not yet consistently good across all the provision.
- S36** The prison had sufficient activity provision to occupy the prison's population. The variety of work, vocational training and education opportunities for vulnerable prisoners was inadequate. Some good skills and a work ethic were being developed in workshops; the staff mess was particularly good and supported vocational training learners' progress. The allocation process was fair, equitable and timely, and careers and education advice and guidance were good.
- S37** The quality of teaching and learning in education required improvement. The results of initial assessments were not used to design specific, measurable, achievable, realistic and time bound individual learning plans. Coaching in workshops was effective. Functional skills results required improvement and results in English for speakers of other languages were poor.
- S38** Use of the library was very low, and less than a quarter of prisoners accessed it. The number of books was sufficient, but stock loss was very high. The Toe by Toe mentoring scheme to help prisoners learn to read was not yet available.
- S39** Access to the gym had improved since the last inspection and prisoners could attend three times a week. Some facilities required improvement, including the sports hall showers, all weather pitch and the weights room. There was also no drinking water available in the sports hall. First Step courses to improve prisoners' understanding of healthy lifestyles were offered, but there were insufficient vocational qualifications to support employment on release.

## Resettlement

- S40** *Strategic management of resettlement was good and based on a needs analysis. There was a clear focus on relevant priorities, including some good community engagement work. Offender management arrangements were good and the backlog in offender assessment system (OASys) documents had decreased considerably. Promising custody planning processes for short-term prisoners needed to be embedded. Public protection arrangements were generally good. Resettlement needs were assessed on arrival, but pre-release work needed to be developed. Reintegration support was generally good, but more needed to be done to help prisoners maintain contact with family and friends. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S41** *At the last inspection in 2011 we found that outcomes for prisoners in Liverpool were not sufficiently good against this healthy prison test. We made 31 recommendations in the area of resettlement. At this follow-up inspection we found that 10 of the recommendations had been achieved, six had been partially achieved, 14 had not been achieved and one was no longer relevant.*
- S42** Strategic management of resettlement was good and informed by an up-to-date reducing re-offending policy and needs analysis. Pathway meetings lacked coordination and direction. Staff were committed to community engagement, and there were some very good examples of partnership working with both voluntary and statutory agencies. Use of release on temporary licence (ROTL) was limited. Personal officers were not involved in resettlement work and a whole prison approach had not yet been achieved.
- S43** Offender management was good, although prison offender supervisors were too often redeployed to other duties and received no case supervision. Efforts had been made to reduce the OASys backlog and quality assurance was good. Sixty per cent of prisoners released on home detention curfew (HDC) were discharged after their eligibility date. Public protection procedures were generally robust. However, in some cases monitoring restrictions were not applied quickly enough. There were problems communicating public protection restrictions to visits staff. Re-categorisation boards were timely, and the information considered was detailed and multidisciplinary. Category B training places were limited, particularly for vulnerable prisoners.
- S44** A promising system of custody planning for short sentence and remand prisoners was in the early stages of implementation. Community links were good, including through the gate provision to assist with prisoners' reintegration needs. Pre-discharge assessment and planning were underdeveloped.
- S45** Peer workers trained by Shelter helped to identify prisoners' accommodation needs. Shelter staff provided regular surgeries for prisoners and could assess them on behalf of some local accommodation providers. Thirty-five prisoners had been released with no fixed address in the past 12 months, which was low.
- S46** The National Careers Service provided good careers information and guidance prior to release. Access to a pre-release course, which provided support to develop a CV, interview and job search skills, was good.



- S47 Health care had adopted a gold standard framework in end-of-life care, promoted by the National Gold Standards Framework Centre, a training and coordinating centre, and there were plans to develop a palliative care suite. The prison made referrals to provide prisoners with continuing support following release through its excellent links with local community substance misuse services.
- S48 Peer workers identified those needing debt or benefit advice; those with more complex cases were referred to Shelter staff. Courses on dealing with debt, welfare reform and 'loan shark' awareness had been run and a small number of prisoners received assistance with opening bank accounts.
- S49 Visits did not start at the advertised time and a single indication by a drug dog without corroborating intelligence, resulted in a visit being refused. Many prisoners were subject to closed visits for reasons not associated with visits; closed visits could only take place on two weekday mornings and not in private. Prisoners could attend a monthly, three-day parenting programme and all prisoners could apply to attend extended family visits sessions. The prison had a named pathway lead to promote family contact and some well developed plans to improve service delivery through a number of local providers. A number of offending behaviour programmes were available, including the Thinking Skills Programme and Focus on Resettlement.

## Main concerns and recommendations

- S50 Concern: While some progress had been made in developing robust violence reduction processes, many prisoners still felt unsafe or victimised. Some processes were still not addressing violence effectively enough, and not all staff were willing or felt able to challenge poor behaviour when they saw it.

**Recommendation: Effective procedures to monitor poor behaviour should be developed and all staff, particularly residential officers, should use them.**

- S51 Concern: The segregation environment was poor and did not provide prisoners with a decent or functional environment. The regime offered to segregated prisoners was particularly poor; there was little to stimulate them and they spent very long periods locked in cells without anything to do. Little was done to more address prisoners' poor behaviour.

**Recommendation: Conditions and the regime in the segregation unit should be improved: segregation cells should be clean, well furnished and properly ventilated; the exercise yard should be improved; and prisoners should be offered a richer more purposeful regime.**

- S52 Concern: Vulnerable prisoners were located in a number of areas across the prison, which meant it was difficult to manage them or provide a decent regime. The mix of prisoners on K wing – those there because of the nature of their offence and those there because of debt or other difficulties – had caused tension and many felt unsafe or victimised by other prisoners. The regime for vulnerable prisoners, including access to purposeful activity, was poorer than that for other prisoners, and was particularly poor on A1. These factors were contributing to their negative feelings about a range of outcomes.

**Recommendation: Prison managers should review arrangements for holding vulnerable prisoners to ensure their safety and provide them with a decent regime and purposeful activity.**

S53 Concern: Living conditions were poor and many cells designed for one held two people. Communal areas were shabby, some exercise yards were stark and many cells were in a poor state of repair. Toilets were particularly poor with stained bowls being the norm. Levels of cleanliness were mixed, and prisoners complained about difficulties in obtaining sufficient cleaning materials. Many cells were dirty and there were cockroach infestations.

**Recommendation: The prison environment should be improved to provide all prisoners with clean and decent living conditions.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- |   |
|---|
| <p><b>I.1</b> <i>Most prisoners' journeys to the prison were short and court video links were used well. Some prisoners were not given sufficient notice of their transfer.</i></p> |
|---|
- I.2** Most prisoners' journeys to the prison were short, but some prisoners waited too long for a transfer from court. Escort vans were dirty, and in our survey, prisoners were generally less positive about their experience of escorts than the comparator. Some prisoners were not given sufficient notice of their transfer to other prisons, which meant they did not have enough time to contact family, friends or legal representatives.
- I.3** Prisoners were taken off vehicles promptly. Documents were checked by reception staff, but we noted that court staff had failed to make entries in assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm, which required three entries per hour.
- I.4** Reception did not provide prisoners being escorted or discharged early with food, hot drinks or drinking water. The video link was used well and accounted for over a third of all court appearances. A protocol was in place to report safety concerns about prisoners following these hearings. Prisoners had good access to clothing suitable for external escorts, including court hearings.

### Recommendations

- I.5** **Prisoners should be transported as quickly as possible to minimise waiting times and the length of time at court.**
- I.6** **Court staff should complete ACCT entries for prisoners in their care.**

### Housekeeping points

- I.7** Escort vans should be clean.
- I.8** Unless there are over-riding security reasons prisoners should be given 24 hours' notice of planned transfers. (Repeated recommendation I.8)
- I.9** Food and hot drinks should be available in reception for prisoners leaving the prison early in the morning, and drinking water should be available at all times.

## 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.10** *Reception, first night and induction procedures had improved but were still bedding in. Peer workers provided new arrivals with good support, but too many prisoners felt unsafe on their first night. Vulnerable prisoners could wait up to a week for induction.*
- I.11** Reception was clean but unwelcoming. Staff were curt and addressed prisoners by their surnames. No attempts were made to put prisoners at ease. Information clarified at the reception desk could be overheard by prisoners in the adjoining holding room because the door was left open. Vulnerable prisoners were held separately from other prisoners.
- I.12** Holding rooms had neat wall displays, TVs and telephones, but the latter could not be used in private. Showers were clean but inadequately screened. Two Insiders (prisoners who introduce new arrivals to prison life) provided good peer support and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were also available.
- I.13** In our survey, more prisoners than the comparator responded negatively when asked about reception. Procedures had been streamlined since our last inspection and we observed processes taking place swiftly. Prisoners could have a shower and make a telephone call if appropriate. Information sheets were available in five languages, but relied on men being able to read well. There was no evidence that translation services were used for foreign nationals.
- I.14** Prisoners had to remove their clothing and wear a towel before the body orifice security scanner (BOSS) was used, which was unnecessary. Reception packs, containing basic groceries, were issued and prisoners advised about repayment arrangements.
- I.15** A nurse saw all new arrivals and carried out an initial health care screening. Cell-sharing risk assessments were completed in private. Vulnerable prisoners and those with drug or alcohol problems were prioritised. Prisoners who arrived late were given microwave meals that met their dietary requirements.
- I.16** First night procedures carried out on A wing were generally good, and all prisoners received a private first night interview before being locked up. First night cells were well prepared despite the poor fabric of the building. Sixteen Insider peer workers provided new arrivals with very good support and information.
- I.17** Fewer prisoners than the comparator said they felt safe on their first night, particularly vulnerable prisoners. Population pressures meant all vulnerable prisoners were located on A wing for their first night. They were then moved to K wing (the vulnerable prisoner wing), but when it was full, AI was used as overspill accommodation. Appropriate procedures were in place to protect them. During our night visit, night staff did not know which prisoners had arrived that day.

- I.18** Induction for most prisoners started on the first working day after their arrival and lasted a day and a half. Those undergoing detoxification went to H wing (the drug recovery unit) on day two and returned on day five to complete the induction. Vulnerable prisoners could wait for up to a week before starting induction.
- I.19** In our survey, most prisoners said they had taken part in an induction course and 49% said it covered everything they needed to know about the prison. The session we observed was well delivered and contained an appropriate range of information, available in 10 languages.

## Recommendations

- I.20** Reception staff should put prisoners at ease and address them by their title or their first name and their surname.
- I.21** Night staff should receive a handover briefing that includes details of prisoners who have arrived that day.
- I.22** Vulnerable prisoners should start their induction on the first full working day following reception.

## Housekeeping points

- I.23** Doors to holding rooms should remain closed while confidential information is being confirmed at the reception desk.
- I.24** Information should be available to prisoners in other formats if they are unable to read, and translation services should be used if necessary.
- I.25** Prisoners should be fully clothed when using the BOSS chair.

## 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.26** *More prisoners in our survey reported feeling unsafe than the comparator, but some good violence reduction work was developing. The number of incidents was not high, but some prisoners complained that staff and other prisoners victimised them. The prison had not conducted a recent prisoner survey of safety. The incentives and earned privileges (IEP) scheme was used well to address many minor issues, but not all staff were committed to procedures for tackling antisocial attitudes. The management of vulnerable prisoners needed to be improved.*

- I.27** In our survey, 48% of prisoners said they had felt unsafe at some time, more than the comparator; more also said they felt unsafe at the time of the survey. In addition, prisoners were more likely to report being victimised by both prisoners and staff. The prison had some large busy wings which for many, particularly new prisoners, could be intimidating. There was, however, a largely relaxed atmosphere on the wings, and there had been little change in

the number of fights and assaults since the last inspection. The prison recorded an average of 12 fights or assaults involving prisoners each month, which was similar to other local prisons. There had been no prison survey of safety since 2010, which could have helped the prison explore the possible reasons for prisoners' poor perceptions.

- I.28** Some good work was being developed to address poor behaviour. Most incidents were relatively minor; a number were associated with debt and investigations took place. Some serious incidents had been referred to the police, including gang-related violence. Investigations completed by the violence reduction coordinator were thorough and had included liaison with the local police and probation. The work was relatively new and not yet fully embedded. Unexplained injuries were monitored and assessments of prisoners considered a high risk when sharing a cell were reviewed.
- I.29** Many behavioural problems and incidents were being dealt with effectively through the IEP scheme. Moving prisoners between wings was the main response. Not all staff embraced the procedures for tackling antisocial attitudes so that poor behaviour could be monitored, and some were ineffective and did little to challenge poor behaviour. Victims of antisocial behaviour received some support. Limited training in violence reduction had been provided.
- I.30** Vulnerable prisoners (whose offence made them susceptible) were located in a number of areas across the prison, which meant it was difficult to manage them. The mix of prisoners on K wing – vulnerable prisoners and those there because of debt or other difficulties – had caused tension and many felt unsafe. In our survey 41% vulnerable prisoners compared to 19% on the main wings said that they felt unsafe at the time of the survey and nearly twice as many said they had been victimised by other prisoners. The regime for vulnerable prisoners on A1 was particularly poor (see main recommendation, paragraph S52). We also heard accounts of older prisoners being bullied for medication.
- I.31** The compact signed by prisoners who wanted protection on K wing included a provision that sent poorly behaved prisoners to the main population, and although we found no evidence of this happening, it potentially contributed to prisoners' negative perceptions of safety.
- I.32** There were two full-time violence reduction coordinators, but one was often deployed elsewhere. The Safer Liverpool meeting, chaired by a senior manager, was held every month to review the implementation of the violence reduction and suicide prevention strategies. This was reasonably well attended, but not by security department staff, and there had been no prisoner representative over the past three months.

## Recommendation

- I.33** **A prison-wide survey of prisoners' perceptions of safety should be completed and outcomes used to inform the strategy.**

## 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.34** *There had been three self-inflicted deaths since our last inspection. Actions taken to address issues raised in investigation reports following a death were regularly reviewed. Prisoners at risk of self-harm received some reasonable support and some high risk cases were subject to enhanced case reviews; however, there was little evidence of individual support. Too many were held in segregation when the circumstances did not justify it.*
- I.35** There had been three self-inflicted deaths since our last inspection. Investigations had highlighted some recurring themes, including problems with risk assessments in the early days of custody (see section on early days in custody). Concerns were being addressed by senior managers and one member of staff was subject to criminal proceedings. We had some concerns relating to the inadequate training of operational support grade staff working at night, some of whom were unaware of emergency procedures or how many new prisoners had arrived that day. Only 15 (20%) of wing officers were trained in first aid. Managers working in reception did not attend the Safer Liverpool meetings. The higher risks associated with being recalled to prison were identified.
- I.36** The prison's system was not robust enough to ensure that all incidents of self-harm were recorded. We concluded that levels of self-harm were similar to comparator prisons. Serious incidents were investigated, but the quality of investigations varied and more needed to be done to identify lessons.
- I.37** Approximately 51 ACCT case management documents were opened each month, slightly more than in similar prisons. Around 38% were opened in reception, possibly reflecting morbidity in the local community or an over cautious approach to risk. An updated needs analysis of the population would have helped ensure resources were effectively targeted. Families regularly reported concerns through a 'care and concern line'.
- I.38** The quality of ACCT case management documents was reasonable and assessments were prompt; some multidisciplinary reviews received support from the chaplaincy and mental health workers. Reviews were, inappropriately, still taking place in busy wing offices.
- I.39** Few cases had consistent case managers and the quality of care plans was mixed. Daily entries were made regularly, although not in all cases (see section on courts, escorts and transfers) and some demonstrated caring interactions. Senior officers did not routinely complete daily checks of ACCT documents. Prisoners subject to ACCT case management were not allocated key workers. However, they received good support through crisis intervention nurses and counselling.
- I.40** Some key staff had not been trained in ACCT case management, including 21 ACCT case managers, and 138 staff required ACCT refresher training.
- I.41** Data on the use of gated cells and strip-gowns were now being collated, but the appropriateness of these extreme measures was not reviewed effectively. Most prisoners were held in gated cells for less than a day. We found a large number of prisoners on open ACCT case management documents who had been held in segregation, even though paperwork revealed that the circumstances were not justified.
- I.42** Discussions of higher risk and complex cases at both the Safer Liverpool meeting and weekly enhanced case reviews were meaningful and multidisciplinary; they identified individual needs and ensured action was taken. The governor had commissioned a review of the large number of prisoners who could not share a cell with others due to their risk assessment.

- I.43** There were 33 Listeners but most were active during lock up periods and worked with prisoners at cell doors. This placed limits on their effectiveness and diminished the process denying privacy, the ability to engage personally with those in difficulties and denying respect to those in a potential crisis situation. Portable phones providing free access to the Samaritans were available.

## Recommendations

- I.44** More effective ACCT procedures should be developed to include consistent and trained case managers and clear care plans that identify what individual support key workers should provide.
- I.45** A robust system should be implemented to ensure that all incidents of self-harm are identified and reported to the Safer Liverpool meeting.
- I.46** The prison should monitor the exceptional circumstances that justify prisoners at risk of self-harm being held in segregation, gated cells or strip-clothing.
- I.47** Arrangements should be made to allow Listeners to support prisoners in confidence.

## Housekeeping point

- I.48** Reception managers should attend the Safer Liverpool meetings to help focus on the importance of managing risks in the early days of custody.

## 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.<sup>3</sup>**

- I.49** *The prison's safeguarding policy was new and included an action plan. However, no links had been made with the local adult safeguarding board so that training and protocols could be developed.*

- I.50** The safeguarding policy, which had only been introduced in October 2013, included an action plan. It described both safeguarding approaches for children and adults at risk, identified designated lead members of staff and provided staff with guidance on reporting concerns. No links had been made with the local adult safeguarding board so that training and protocols could be developed. Adults at risk were identified through established procedures, including reception screening, and a learning disabilities nurse was available through the health care department. Some cases were referred to a weekly enhanced case review meeting (see paragraph I.42).

<sup>3</sup> 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).



## Recommendation

- I.51** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

## Security

### Expected outcomes:

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

**I.52** *Security arrangements were reasonable. Relationships between security and the rest of the prison were generally good, but attendance at security committee meetings was inconsistent. Links between the violence reduction and drug strategy committees were particularly good. Mandatory drug testing (MDT) rates were comparatively low despite some large finds of cannabis. Tradable medication was a substantial problem that needed a more strategic, prison-wide response.*

- I.53** There were no obvious weaknesses or anomalies in the prison's physical security. Checks and searches of perimeter fences and walls took place every day along with routine and intelligence-led searches of communal areas and activities buildings.
- I.54** Relationships and engagement between staff and prisoners were reasonably positive, and supervision was usually sufficient when prisoners were unlocked (see also section on staff-prisoner relationships). All this when combined with satisfactory procedural security facilitated good dynamic security leading to useful flows of intelligence.
- I.55** The security committee was appropriately constructed, but attendance at monthly meetings was sometimes inconsistent, particularly by residential managers. The standing agenda was comprehensive and included a thorough analysis of reports relating to security intelligence.
- I.56** The security department received an average of 450 information reports each month through a computer based intelligence gathering and information reporting system. These were categorised by trained security analysts.
- I.57** Intelligence was effectively and promptly communicated to staff in appropriate areas of the prison, particularly the violence reduction coordinator, drug strategy manager and residential wing staff. Links with other departments, such as the offender management unit and education department were reasonably good.
- I.58** The security team also analysed common patterns and monitored the progress of actions generated by security information reports (SIRs). A comprehensive monthly intelligence report was presented at monthly security committee meetings; it detailed all information received across a number of areas, including violence reduction, disorder and control and drugs.
- I.59** Links with the local police forces were good. Police intelligence officers had been appointed to collate intelligence, particularly on gang- and drug-related issues. They provided useful information about incoming prisoners to help inform and develop strategies (see section on bullying and violence reduction).

- I.60** Collaboration with the violence reduction coordinator meant the security department was becoming increasingly effective at helping to identify prisoners who needed to be separated from each other as a result of conflict (see section on bullying and violence reduction).
- I.61** Generally, risk assessments and subsequent management systems were effective and took into account information about prisoners' custodial behaviour as well as historic data. A register identified risks associated with education areas and workshops to determine which prisoners could safely attend them and what measures were needed to manage risks. There was no evidence that the prison was risk averse when allocating activity spaces.
- I.62** In our survey, 43% of prisoners compared to 29% in the comparator, said it was easy or very easy to obtain illegal drugs in the prison, and 10%, compared to 8% in the comparator, said they had developed a problem with tradable medication. Substantially fewer than the comparator said it was easy to get alcohol.
- I.63** MDT rates were relatively low despite some large finds of cannabis. The average random MDT positive rate over the six months to September 2013 was 11.63% against a key performance target of 13.5%. Suspicion tests as a result of intelligence were relatively effective, yielding an average positive rate of 54.1%. Some suspicion test requests were, however, not completed as they fell outside the required 72-hour window owing to staff shortages, but this was not specifically monitored.
- I.64** Tradable medication, most of which could not be detected under the current MDT panel, was a considerable problem. Prisoners and drug treatment staff told us that a wide range of traded painkillers, sedatives, anti-epileptic and anti-psychotic drugs were being misused throughout the prison. Prison officers were meant to supervise medication administration times on wings, but they did not attend these sessions consistently.
- I.65** The security department had achieved some success with drug finds, and the drug strategy committee had developed opiate treatment pathways. However, the prison lacked a cross-departmental strategic approach to tackling trading in medication.

## Recommendations

- I.66** **The drug strategy committee should take the lead in developing and coordinating a whole prison strategic response to the problem of tradable medication.**
- I.67** **The supervision of controlled and general medication by discipline officers should be consistent and involve greater vigilance to reduce diversion.**

## Housekeeping point

- I.68** Attendance at security meetings should be improved.

## Incentives and earned privileges<sup>4</sup>

### 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.69** *The governance of the IEP scheme had improved since our last inspection. Prisoners on the basic level who were in the J1 reintegration unit were dealt with using a structured, individual approach. All residents had a care plan, and the prison provided some good support to meet individual needs.*

**I.70** Governance of the IEP scheme was good. In our survey prisoners were negative about the scheme, which was the main tool used to deal with antisocial behaviour. Two hundred and five prisoners were on the enhanced level and 24 were on the basic regime, similar to the comparator.

**I.71** Prisoners retained their enhanced status on transfer. Those on the standard level could apply for enhanced status after six weeks. Demotion to the basic level followed three warnings or one warning for a serious matter such as an assault. Warnings appeared proportionate and well scrutinised by managers.

**I.72** Prisoners attended review boards where their views were recorded and the appeals procedure explained. The mental health team provided advice on the appropriateness of the basic regime when necessary.

**I.73** J1 reintegration unit accommodated prisoners on the basic level and the prison dealt with them using a structured, individual approach. They all had a care plan and some good support was available. Their complex needs were discussed at enhanced case review meetings. Exercise periods had been limited to 30 minutes, but were increased to an hour during our inspection.

## 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.74** *The number of adjudications was comparatively low. Disciplinary charges appeared appropriate, and hearings were conducted fairly. Overall governance of use of force was weak and planned interventions were not always properly coordinated or supervised. The analysis of data to identify patterns or trends was underdeveloped. The segregation unit environment was poor. Relationships between staff and prisoners were reasonably good, but case management arrangements and reintegration planning had not been developed. The regime was poor.*

<sup>4</sup> 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.

## Disciplinary procedures

- I.75** The number of formal adjudications was comparatively low at about 521 in the six months prior to the inspection, about 42 adjudications per 100 prisoners, much lower than the comparator of about 80 per 100. The most common charges were disobeying lawful orders, possessing unauthorised items (usually drugs or mobile phones) and threatening behaviour.
- I.76** Most records of hearings we examined showed that proceedings were conducted fairly and prisoners given the opportunity to explain fully their version of events. Punishments were generally fair and there were clear examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in processes. There was no evidence of unofficial or collective punishments.
- I.77** The adjudicating governor explained the appeals process to all prisoners directly after the formal hearing and residential officers repeated the information when they left the adjudication room.
- I.78** Monthly statistics on the number and nature of adjudications were presented to the senior management team, but there was little evidence of them being noted, categorised or used to identify or address trends.

## The use of force

- I.79** Given the size and nature of the prison, incidents involving the use of force were not excessive – about 180 in the six months prior to the inspection. Of these about 40% did not involve full control and restraint techniques, and most were spontaneous.
- I.80** Management and monitoring arrangements of the use of force were generally weak. Links to the violence reduction team, the security committee and the senior management team were underdeveloped, and the dedicated use of force committee meant to oversee processes and provide governance, rarely met.
- I.81** Information, including on the nature of the incident, location and ethnicity and age of the prisoner, was collated each month and presented for analysis, but there was little evidence to indicate that it was being used to inform a strategy to reduce the number of incidents or deal with patterns or trends.
- I.82** An examination of documentation showed that spontaneous incidents were usually managed appropriately and that minimum force was used for short periods of time. The two incidents we saw were properly conducted and staff made good use of de-escalation techniques and used a minimum level of force.
- I.83** However, we saw examples where planned incidents were poorly organised and carried out inappropriately. Documentation was not completed correctly, senior staff did not adequately supervise all incidents and interventions were not recorded on video.

## Recommendation

- I.84** **There should be effective management oversight and monitoring of use of force incidents.**

## Segregation

- I.85** Overall, the environment in the segregation unit was poor. Communal areas were dark and dreary and the central corridor floor, although reasonably clean, was cracked and damaged in places. Cells were dirty and poorly furnished and some in-cell toilets filthy. The small cage-like exercise yard was particularly grim.
- I.86** Officers generally treated prisoners reasonably well, but the regime was poor. Although the basic daily routine included showers every day, a 30-minute exercise period and access to a telephone, all prisoners spent nearly the whole day locked in cells without anything meaningful to do. Generally, planning systems to allow prisoners to return to the normal prison location were also poor.
- I.87** At the time of our inspection, 12 prisoners were in segregation, six under prison rule 45 for good order or discipline, five for punishment (four of whom refused to return to the main prison), and one prisoner waiting for adjudication. This appeared typical of the total number segregated at a given time throughout the year.
- I.88** We calculated that the average length of segregation was about 10 days. However, this masked the fact that a smaller but substantial number of prisoners had been segregated for much longer. For example, periods of segregation for more than two weeks were not unusual and at the time of inspection, four of the 12 residents had been in the unit for six weeks. These were usually prisoners who refused to move back to the main prison wings.
- I.89** Formal governance arrangements were in place and a distinct segregation strategy had been published setting out the expected working practices and aims of the unit. Monthly segregation management meetings chaired by the governor were usually well attended.
- I.90** Information about the use of segregation and prisoners' length of stay was analysed, and links with other relevant areas of the prison, such as violence reduction, residential units and security, were adequate. However, there was little evidence that these meetings were raising operating standards or improving living conditions.
- I.91** Segregation reviews were completed on time, but we were not assured that changes in prisoners' behaviour or circumstances were monitored or acted on. There were no individual care plans, behaviour targets were not set and staff were not involved in formal planning processes.

## Recommendation

- I.92** **Planning to return segregated prisoners to the normal prison location should be developed.**

## 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.93** *Clinical services in the drug dependency unit (DDU) had improved considerably since the 2011 inspection. Psychosocial services had also improved and staff were working more closely with the DDU, delivering good quality interventions and a well-run, effective residential recovery programme on J2.*

**I.94** A total of 189 prisoners were receiving opiate substitution treatment, 97 of whom were on reducing doses, 78 on maintenance doses and 14 on stabilising doses. There had been 239 alcohol detoxifications in the six months to September 2013.

**I.95** The DDU's clinical services had developed and improved considerably since 2011, clearly demonstrating a joined-up, strategic approach to treatment that promoted dose reduction and recovery. As a result, the number of prisoners on reducing doses outnumbered those on maintenance doses. However, medication administration rooms were not sufficiently clean.

**I.96** Psychosocial services delivered by Lifeline, a drug and alcohol services charity, had also improved. Staff worked closely with the DDU during clinical reviews and co-facilitated group sessions.

**I.97** Since March 2011, the Lifeline team ran a 31-bed Journey to Recovery (J2R) drug rehabilitation landing. Making good use of graduates as mentors, the programme incorporated an effective mix of self-management and recovery training, Narcotics Anonymous and Alcoholics Anonymous groups, visiting speakers, one-to-one key working and other therapeutic activities.

**I.98** J2R operated as a rolling programme with a range of options depending on a prisoner's release date, up to a maximum of six months. In the seven months of operation, 59 prisoners had been admitted to J2R, 17 had been released and there had been seven full-term completions, meanwhile, 11 discharges were due to transfer, non-compliance or self-deselection.

**I.99** Empty bed spaces on J2R were often filled by lodging prisoners, mostly awaiting release, but nonetheless they frequently had less than positive attitudes, which had a negative impact on the community.

### Recommendation

**I.100** **Lodgers should not be placed on the J2R recovery wing.**

### Housekeeping point

**I.101** Medication administration rooms should be clean in line with the overall infection control regime.

## 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** *Living conditions for most prisoners were generally poor. The standard of cleanliness and furnishings in many cells, particularly on G wing, were unacceptable. The provision of general cleaning materials was poor, although personal hygiene items were readily available. Access to telephones and showers was good and laundry arrangements were reasonable. The management of applications was inconsistent.*

**2.2** The nine large residential wings provided accommodation for more than 1200 prisoners in a variety of cell types, including single cells, double cells and multi-occupancy dormitories holding up to four prisoners. A number of single cells continued to be used to accommodate two prisoners.

**2.3** The residential environment was generally poor. Although some communal landings were reasonably clean, much of the flooring was cracked and worn. Walls on landings on lower floors were stained and signs of damp were obvious. Conditions on G wing were particularly poor – staircases and upper floor landings were engrained with old dirt. A painting programme helped brighten up some areas, but had a limited impact on the overall environment. The prison grounds were reasonable, but the separate cage-like exercise yards were stark.

**2.4** Living conditions in many cells were unacceptably poor. There were dirty cells in all residential units; some on G wing were particularly filthy. Most were poorly ventilated and many were inadequately furnished and there were cockroaches in cells on G, H and I wings.

**2.5** Many toilets were badly stained and in poor repair. Courtesy locks had been fitted to some cell doors, but keys had been lost and not replaced. All prisoners had drinking water in their cells, but only a few had kettles. Hot water boilers on the wings were often out of order.

**2.6** Showers on all wings were reasonably clean, adequately screened and worked properly. Prisoners could have a shower every day and had good access to telephones.

**2.7** Although the cell call bells we tested were answered promptly, in our survey only 20% of respondents (less than the comparator) said that theirs were answered within five minutes.

**2.8** Most prisoners had access to necessary supplies of their own personal hygiene items but the provision of general cleaning materials was poor. Unchanged since 2011, wing cleaners had too much unsupervised control of the limited supplies. In our survey, only 37% of respondents said that they could usually obtain cleaning materials every week, worse than the comparator of 61%.

**2.9** Most prisoners could wear their own clothes and there were satisfactory laundry facilities. There were a few problems obtaining clothes from stored property, but the amount prisoners were allowed took account of individual circumstances and seemed reasonable.

Staff and prisoners reported that it was difficult to get enough clean sheets and towels every week.

- 2.10** Prisoners in our survey, groups and individually complained about delays in receiving and sending post. The frequent redeployment of censors led to delays in post and visiting orders.
- 2.11** Although there was a published policy and a series of instructions to staff about the management of applications, practice varied across the units. Management of the system was generally inconsistent and its implementation disorganised, with no way of checking the existence, nature or timeliness of responses.

## Recommendations

- 2.12 All cell call bells should be answered within five minutes.**
- 2.13 All prisoners should receive appropriate decent clean prison bedding and towels at least weekly. (Repeated recommendation 2.19)**
- 2.14 Prisoners should receive incoming mail within 24 hours of arrival at the prison and outgoing mail should be posted in the same timescale. (Repeated recommendation 2.10)**

## 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** *Staff-prisoner relationships were respectful and friendly. Staff were beginning to use prisoners' first or preferred names and the general approach adopted was relaxed. However, many relationships were superficial, and staff needed to help prisoners to deal with offending behaviour issues. The personal officer scheme was not functioning effectively.*

- 2.16** Staff-prisoner relationships were respectful and friendly and officers were encouraged to use first or preferred names. The atmosphere on wings was relaxed and most prisoners reported that they had a member of staff they could approach for assistance with a problem. A small number of excellent proactive staff were adopting a progressive approach to managing prisoners, supported by the senior management team.
- 2.17** Staff in specialist areas were generally very good and interacted well with prisoners. Nevertheless, further improvements were needed. Too many wing-based staff saw their role as just providing decent and safe containment, rather than helping prisoners to address their offending behaviour issues. They needed to have greater expectations of themselves and of prisoners. Too many day-to-day issues, which could easily have been dealt with on wings were not being resolved effectively, which prisoners found frustrating. The personal officer scheme was not functioning properly.
- 2.18** Many staff were unhappy and preoccupied with changes resulting from benchmarking (changes to staffing and working practices) and this anxiety was being transferred to prisoners, who had also become anxious and negative.



## Recommendation

- 2.19** Steps should be taken to encourage wing-based staff, including personal officers, to develop their role so that they adopt a more proactive approach, encouraging and helping prisoners to address their offending behaviour and resolving day-to-day issues.

## Equality and diversity

### Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>5</sup> 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.

- 2.20** *Good, comprehensive equality and diversity planning was underpinned by effective working relationships between the equalities team, prisoner diversity representatives and a diverse range of external organisations. Some reasonable support was offered to protected groups but this was mixed and we saw some examples of poor continuing support, for example, for some disabled prisoners.*

## Strategic management

- 2.21** Diversity planning was comprehensive and work was tailored to the specific needs of prisoners. Systematic monitoring of data took place covering the treatment of black and minority ethnic prisoners, but not for other protected groups. There were a number of positive strategic initiatives, for example, for older prisoners and veterans.
- 2.22** Work was underpinned by strong and effective working relationships between the two enthusiastic and well informed equality officers, the diversity prisoner representatives and Sefton Council for Voluntary Services (CVS) which played an active role in the prison's equalities work. Diversity prisoner representatives felt well supported and valued. At any one time, one of the equality officers could be redeployed to other duties which at times compromised their ability to provide a full service. Equalities meetings were generally well attended and productive, benefiting in particular from prisoner diversity representative involvement.
- 2.23** Discriminatory behaviour was dealt with through the incentives and earned privileges (IEP) 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** Twenty discrimination incident reporting forms (DIRFs) had been completed in the past six months. Prisoners were not confident that DIRFs were handled appropriately. The quality of responses we looked at was mixed. It was not evident from prison records that discrimination investigations were always completed and we were not therefore assured that racist and discriminatory behaviour was always challenged. Sefton CVS provided independent

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

scrutiny of DIRF responses. The organisation had reported similar concerns about the quality of responses and the prison was taking steps to address them.

- 2.25** Some prisoners told us that staff did not understand their diversity needs. 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 faced by staff.

## Recommendations

- 2.26** **Periodic monitoring of all protected characteristics should be carried out to help ensure equality of outcomes for different minority groups. (Repeated recommendation 4.2)**
- 2.27** **The prison should review staff's equality training needs and provide training that meets those needs.**

## Protected characteristics

- 2.28** There were regular prisoner forums for each protected characteristic, which involved external specialist organisations. However, prisoners needed to be better advised of forthcoming meetings and their outcomes.
- 2.29** An equalities questionnaire, covering all protected groups, was completed with prisoners when they arrived in the prison. This now took place in a confidential setting.
- 2.30** In our survey, 9% of prisoners identified themselves as being from a black or minority ethnic group. The views of black and minority ethnic prisoners we talked to did not differ from those of other prisoners and data collected by the prison did not show any disproportionate treatment, for example, regarding use of force, or sanctions under the IEP scheme.
- 2.31** Provision for the 69 foreign national prisoners was mixed. There was insufficient use of telephone interpreting for those who did not speak English and no up-to-date information about the prison was translated into common languages.
- 2.32** Foreign national prisoners were positive about the support they received from the equalities officers. However, regular Home Office immigration surgeries no longer took place. Equalities officers did their best to obtain information about the progress of a prisoner's immigration case, but this was often difficult as telephone calls to immigration officers were frequently unanswered. An independent legal aid law firm ran a useful monthly immigration advice surgery; however, recent restrictions on the scope of legal aid meant that they could not advise prisoners on many pressing legal issues.
- 2.33** There were 11 detainees, some of whom were held in the prison despite being suitable, on risk assessment, for transfer to an immigration removal centre. Detainees were subject to the same regime as remand prisoners, rather than to a more relaxed regime more suited to their status, which an IRC would have provided. It was common for prisoners to be given less than a week's notice informing them that they were going to be detained at the end of their sentence.
- 2.34** A total of 167 (11%) prisoners had told the prison they had a disability, more than double the number compared with 2011, but less than the 29% identified in our survey. One of the equality officers met newly arrived prisoners to discuss their needs, arrange reasonable adjustments and, where necessary, arrange a personal emergency evacuation plan and a

support plan, involving health care staff as appropriate. The roll notice board on G wing indicated that six prisoners with disabilities needed help in the case of an emergency. However, only one of these wing files contained an evacuation and a support plan.

- 2.35** The physical environment of the prison was particularly ill-suited to prisoners with disabilities, who had limited access to education and the faith room and, for those on some wings, to exercise yards. There were no paid carers to help them move around the prison and assistance from officers was inconsistent.
- 2.36** One disabled prisoner, unable to keep his cell clean, was paying another in tobacco to do this. A wheelchair user told us that prison staff would often neglect to take him to the exercise yard via a ramp from a neighbouring wing. His cell mate would have to carry him outside for fresh air down a flight of stairs. He had a toilet frame, but one of its legs was broken making it much shorter than the others and dangerous to use.
- 2.37** Nonetheless, we did speak to a number of prisoners with disabilities who were positive about the support they received from staff. In our survey, 79% of prisoners with disabilities said they were treated with respect, compared with 68% of the general population.
- 2.38** The prison was carrying out some good work with older prisoners, including implementing an older persons' activity policy. However, a number of staff and older prisoners we spoke to were unaware of it. We saw some evidence of inappropriate cell allocations, for example, a 73-year-old man was in a cell with a 21-year-old, and a 79-year-old man was on a top bunk bed.
- 2.39** Prisoners could now declare their sexual orientation in a confidential setting. An external specialist organisation provided regular diversity training on lesbian, gay, bisexual and transgender issues to prisoner diversity representatives.

## Recommendations

- 2.40** **Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages.**
- 2.41** **Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (Repeated recommendation 4.14).**
- 2.42** **The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date.**
- 2.43** **Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary support plan to which all staff have ready access and about which prisoners are consulted.**

## Faith and religious activity

### Expected outcomes:

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

**2.44** *Despite some negative results in our survey, faith provision was satisfactory for most prisoners. Pastoral care was good and the chaplaincy played an active part in prison life, including carrying out some innovative work supporting newly arrived isolated prisoners.*

**2.45** Faith provision was satisfactory. The chaplaincy covered all major faiths and was well integrated into prison life. Members of the team met all newly arrived prisoners and a proactive scheme linked prisoners identified as having little or no contact with family and friends with prison visitors and provided them with additional support. Chaplains also visited the health care and segregation units every day.

**2.46** There was one multi-faith room. The room felt impersonal; however, there were plans to partition it so that dedicated areas could be arranged and to decorate the room to better reflect the main religions. The room was inaccessible to some prisoners with disabilities and the chaplaincy therefore visited them personally.

**2.47** Only 21% of vulnerable prisoners based in K wing said their religious beliefs were respected. There were special arrangements in place to allow vulnerable prisoners to attend corporate worship safely and attendance logs showed a large number attending Church of England services. Conversely, very few Roman Catholic prisoners attended corporate worship. The chaplaincy had investigated this but no conclusive outcome was found.

## Complaints

### Expected outcomes:

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

**2.48** *Almost all complaints were minor and very few were against staff. Most complaints were dealt with fairly and upheld when appropriate.*

**2.49** Almost all complaints were minor and very few were about staff. Complaints against staff were investigated by a manager at an appropriate level. Most we looked at were upheld when appropriate.

**2.50** There was a quality check of a random 10% of complaint responses. Complaints were monitored and broken down by type for consideration at the weekly performance meeting. A quarterly complaints analysis was prepared for the senior management team, but the two most recent reports in June and September 2013 provided little more than a breakdown of complaints without trends being considered sufficiently.

## 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.**

**2.51** *A bail officer provided good support, but other services were limited. Vulnerable prisoners had very poor access to legal texts compared to others.*

**2.52** A trained bail officer provided good bail information and support, but prisoners requiring other legal advice had to contact a solicitor or legal representative. In our survey, fewer prisoners than the comparator said it was easy to communicate with their legal representative. There was a reasonable stock of legal texts in the library. Most prisoners could apply for whole morning or afternoon appointments to study them. Vulnerable prisoners could only have 30 minutes. All prisoners' legal and other privileged letters were logged, but those opened in error were not. Legal visits sometimes started late on domestic visit days, some booths contained offensive graffiti and there were no refreshments.

## Housekeeping points

**2.53** The prison should explore why prisoners' perceptions about being able to communicate with their solicitor or legal adviser are so poor.

**2.54** Vulnerable prisoners should have equal access to legal texts.

**2.55** Staff in the mail room should record all privileged mail opened in error, and state the reason for this.

**2.56** Legal visits should start at the appointed time and visits booths should be free of graffiti.

**2.57** Refreshments, particularly hot and cold drinks, should be available for legal visits.

## Health services

### Expected outcomes:

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

**2.58** *Overall health care services were reasonable despite substantial difficulties in recruiting nurses and GPs. Failure-to-attend rates were too high and prisoners with long-term conditions did not have care plans. Pharmacy and medicines management required immediate action. The health centre environment and dental and mental health services were very impressive.*

## Governance arrangements

**2.59** Health services were provided by Liverpool Community Health (LCH) NHS Trust. The partnership board was chaired by NHS England and represented a consortium of Merseyside prisons. The board met regularly and was well attended. The health needs assessment was due to be updated.

**2.60** There were NHS standard clinical governance reporting mechanisms and routine reports. An electronic system was used to report serious and adverse incidents. On average 12 incidents

were reported each month, the majority relating to staffing shortages, self-harm and medications.

- 2.61** In our survey, only 32% of prisoners said that the quality of health services were good or very good, less than the comparator (39%) and less than at the last inspection (41%). Health care was a standing agenda item at the prisoner consultative committee, although there was no dedicated patients' forum; this was being addressed.
- 2.62** Health care staff had a rich skills mix, including nurse prescribers, enabling them to provide a wide range of services and 24-hour nursing care. The prison had considerable problems recruiting nursing staff and GPs, which had led to a reliance on agency staff and the underdevelopment of some aspects of the service, although management had taken steps to tackle this. All LCH staff received mandatory training and personal development opportunities. Mental health practitioners were also to be offered specialist training provided by Mersey Care NHS Trust (specialising in mental health) but this had yet to begin. There was an LCH clinical supervision policy, but not all staff received it and not all sessions were documented.
- 2.63** There was evidence of treatment plans for inpatients and mental health patients on SystmOne (the electronic clinical information system). There were no care plans for prisoners with long-term conditions, although we saw some for prisoners who had wounds that needed management. Existing care plans were subject to clinical audit. The scrutiny of inpatient care plans was robust.
- 2.64** Policies were in place for the prevention of communicable diseases and infection control. We did not see any local information sharing protocols.
- 2.65** The health centre environment was spacious and of the highest quality; treatment rooms were used in a way that preserved privacy and dignity. Some wing-based rooms were less satisfactory, some being too small or awkwardly shaped. Larger rooms were untidy and contained inappropriate items, for example, staff drinking mugs. Infection control audits demonstrated over 90% compliance in the health centre and inpatients unit, but some wing areas achieved only 77% compared with a target of 85%.
- 2.66** All prisoners had equal access to health services. Movement through the waiting areas was good with dedicated 'runner' prison officers ensuring that patients did not wait too long prior to and following appointments by escorting them promptly to and from the health care unit. Waiting rooms were used for health promotion.
- 2.67** A good range of aids to living and emergency resuscitation kit was available, including airway support, oxygen and automated external defibrillators (AEDs). AEDs were strategically located in health care rooms throughout the prison. Despite regular documented checks we observed that some kit contained out-of-date AED chest pads and the monitor on one AED machine indicated the battery needed changing. Only 56 custody staff were trained in first aid, which was insufficient, and they did not have direct access to an AED in an emergency as only health care staff used them.
- 2.68** We saw health care staff treating patients in a respectful manner, although a patient complained that a nurse had been abusive to him. Prompt management action was taken to address the allegation.
- 2.69** Over 10% (127) of prisoners were aged 50 or over. A senior nurse was responsible for the care of older prisoners and ensured their health was monitored despite challenges presented by staffing shortages. We were informed that social care needs on the wings were considerable, although there appeared to be no strategic approach.

- 2.70** Prisoners had access to age-appropriate disease prevention and screening programmes that mirrored national campaigns. There was an impressive LCH calendar of activities. Some 40% (503) of prisoners were under the age of 29; all those up to the age of 25 were offered chlamydia testing, and the meningitis C vaccination was available. There was a prison-wide strategic approach to health promotion, although campaigning was of variable quality on the wings. However, there was a good emphasis on education about blood borne viruses and access to advanced treatment for hepatitis C. Barrier protection was available from wing treatment rooms, but rarely requested; its availability was poorly advertised on the wings.
- 2.71** During induction, prisoners received introductory information about health care in an accessible format that was available in other languages. Prisoners had access to the Patient Advice and Liaison Service, but rarely used it; instead they used the prison central complaints system. This meant that they had to share confidential medical information with non-NHS personnel, as part of the process. From April to September 2013 there were 240 complaints, the majority about medicines and GP appointments. LCH was only aware of four complaints in that period as the policy was not to report locally resolved matters. This meant LCH did not appreciate the full extent of the complaints. Responses to complaints were focused and timely.

## Recommendations

- 2.72** **Staff clinical practice should be subject to clinical supervision, which should be documented in staff personal records.**
- 2.73** **There should be care plans for long-term conditions that comply with national guidelines.**
- 2.74** **AEDs should be maintained in a state of readiness and discipline staff should have access to them and be trained in their use as part of regular emergency first aid training.**

## Housekeeping points

- 2.75** There should be a protocol for information sharing with appropriate departments.
- 2.76** Prisoners should be made aware of the availability of barrier protection.
- 2.77** The patient complaints system should maintain medical confidentiality.

## Delivery of care (physical health)

- 2.78** Each week, the prison received over 70 new receptions, who were screened for urgent medical problems. Only 30% of prisoners received a comprehensive health assessment in the following 72 hours.
- 2.79** A good range of primary care clinics was available, but the long-term conditions clinics did not take place owing to staff shortages; patients with chronic conditions were dispersed to other clinics. This meant these patients did not have care plans, although the care they received met national guidance. Out-of-hours medical cover was rarely used.
- 2.80** Administrators ensured that the appointment system was effective although failure-to-attend rates were too high for several clinics, for example, 41% for GP clinics in the first three

weeks of October. GPs and nurses provided daily wing-based services, but nurse triage systems were underdeveloped.

- 2.81** The inpatient unit contained 28 beds, 26 of which remained part of the prison's certified normal accommodation. Admission criteria were not based solely on clinical need and 'lodging' pre-release prisoners had become regular practice.
- 2.82** The regime for prisoners in 24-hour nursing care facilities provided therapeutic, meaningful and constructive activities with the opportunity for at least eight hours out of their cell. The amount of activity had decreased slightly since our last inspection with fewer visiting services.
- 2.83** The inpatient unit was extensive, with dedicated therapy rooms and a gymnasium, all of which was of a high quality, with the exception of the exercise area, which was stark; patients were not allowed to smoke there. Communications between health care staff and wing staff were good.
- 2.84** External health care appointments were rarely cancelled for security reasons and were monitored for compliance with NHS waiting times. The cost of prison staff supervising prisoners who were hospitalised was high; telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance) was not used at the prison. Medical holds were used frequently and appropriately to ensure that a diagnostic series or treatment was completed.

## Recommendations

- 2.85 All new prisoners should receive a comprehensive health needs assessment within 72 hours of arrival.**
- 2.86 Failure-to-attend rates for clinics should be reduced to a minimum.**
- 2.87 A triage system should be deployed to ensure that patients receive standardised assessment.**
- 2.88 All health care beds should be removed from the certified normal accommodation and admission to the inpatient unit should be a decision based on clinical need. (Repeated recommendations 5.36 and 5.40)**

## Housekeeping point

- 2.89** The partnership board should determine if telemedicine would offer any advantages over current approaches to external health appointments.

## Pharmacy

- 2.90** A pharmacist and technician visited weekly and checked stock levels in the prison. The pharmacist carried out medicine use reviews. Sixty-seven per cent of patients had medicines in possession, while the remainder had supervised administrations. The prison had a policy and risk assessment procedure for in-possession medicines, but we did not find any completed risk assessments.
- 2.91** Medicine stock was poorly maintained. We found several loose tablet or capsule strips in the medicine cabinets. There were several named patient medicines that were being used as



stock for other patients, and waste medicines were not appropriately segregated from stock. Thermolabile medicines were stored appropriately, but we found a stool sample in the fridge with the medicines on H wing. The fridge temperature on G2 wing was regularly out of range, but corrective action had not been taken to ensure the medicines were safe. We found several loose insulin pens in the inpatients fridge, some of which had been used and still had needles attached. There was no labelling to indicate which patient they were for, and there was a serious risk of cross contamination.

- 2.92** Medicine administrations were recorded on the standard HR013 forms; however, we found several gaps where it was not clear if the patient had taken the medicine or not. A discipline officer was usually present, but during an administration we observed, the officer left. There was a queue of around 10-15 people waiting for administration and little provision for patient confidentiality.
- 2.93** There was a medicines management committee but pharmacy and medical staff attendance was poor. Although up-to-date pharmacy policies were in place, there was no out-of-hours policy or formulary (medications used to inform prescribing). A limited range of patient group directions, which enable nurses to supply and administer prescription-only medicine, was available; however, there were several nurse prescribers on the staff. Controlled drugs were stored in cabinets, and balances were checked on a daily basis. Controlled drug stock was delivered to the individual wings or to the inpatients unit, where it would be held until distribution. If it was retained in the unit, an entry would not be made in the inpatients register, which meant a full audit trail was not kept. Registers for receiving stock did not comply with current regulations. A large number of medicines that had the potential to be abused or traded were administered.

## Recommendations

- 2.94** The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded.
- 2.95** Medication should be stored in an orderly way and pharmacy staff should check treatment areas regularly. Loose tablets, foils and insulin pens should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates. (Repeated recommendation 5.31)
- 2.96** Care should be taken to make full and complete records of the administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate.
- 2.97** Medicine queues should be appropriately supervised.
- 2.98** The medicines management committee should review the current range of pharmacy policies.
- 2.99** Patient group directions should be extended to allow the appropriate supply of more potent medicines by nurses. (Repeated recommendation 5.24)
- 2.100** A full audit trail should be kept to ensure that the movement of controlled drugs in the establishment can be accounted for.

## Housekeeping points

- 2.101** Biological specimens should not be stored alongside patients' medicines.
- 2.102** Drug refrigerators' maximum and minimum temperatures should be recorded daily to ensure that thermolabile items are stored within the 2-8°C range. Corrective action should be taken where necessary and monitored by health care staff.
- 2.103** All stakeholders should attend the medicines and therapeutics committee meetings. The committee should take steps to ensure it is effective.

## Dentistry

- 2.104** Prisoners had excellent access to dental checks, oral health promotion and appropriate treatments and there were no waiting list for urgent appointments. Two dental suites with separate decontamination facilities provided a high quality practice environment. Assurance checks and maintenance certifications were up to date.

## Delivery of care (mental health)

- 2.105** Mental health services were extensive and prisoners spoke favourably of the support they received. Few uniformed officers had received training in mental health awareness but a new programme had begun and the number trained was increasing.
- 2.106** LCH provided primary 'crisis team' and dual diagnosis mental health services; Mersey Care NHS Foundation Trust ran secondary in-reach and psychological therapies. Discussions were underway about offering an integrated care pathway. There were over 20 multidisciplinary mental health practitioners with a rich skills mix, including counselling.
- 2.107** Demand for counselling meant that capacity was under review, although the waiting time of four to eight weeks was not excessive. There was an open referral system and a weekly single point referral meeting, which allocated prisoners to appointments. The crisis team provided assessment, continuing support and targeted therapy.
- 2.108** Each team member had a caseload of around 40; its efficiency was being hampered by temporary staffing problems. The dual diagnosis team acted as bridge between substance misuse and mental health services and each practitioner case managed around 20 patients. Secondary services had approximately 500 contacts with prisoners per month, a substantial workload, including about 60 seriously mentally ill patients, which the in-reach team managed. The psychological therapies team provided a substantial range of individual and group psychosocial interventions.
- 2.109** Therapy rooms in the health centre were of a high quality but the rooms used for therapy on the wings were not.
- 2.110** Patients who needed to be transferred under the Mental Health Act were generally moved promptly. The service commissioner monitored compliance with transfer guidelines quarterly.

## 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.**

**2.111** *Prisoners complained about the size of food portions. A lack of management oversight had led to poor practices in wing food service areas.*

**2.112** The kitchen was large and modern. Prisoners received a health screening and completed a national vocational qualification (NVQ) level 1 in food hygiene before starting work in food service areas. Those working in the main kitchen and staff canteen could gain a level 2 NVQ.

**2.113** There was a four-week menu cycle, catering for all diets. The menu contained symbols that were easy to understand for those with reading difficulties. In our survey only 7% of prisoners compared with 24% said the food was good. Prisoners complained about the size of food portions, which many felt were inadequate. Second helpings were not offered, even if food was left over. However, vulnerable prisoners were more positive about the food than other prisoners (21% against 5%). The food we tasted was good.

**2.114** Daily food monitoring records were not completed on most wings, and a lack of management oversight had resulted in some poor practices. These included failing to take food temperatures, cross contamination of halal food, and staff and prisoners not wearing the correct personal protective equipment. Food comments books were not readily available, and the few comments we saw had not received a prompt response from catering staff. Lunch was served too early at 11.45am daily.

**2.115** Food surveys were completed every six months, the last had been completed in July. Caterers attended monthly wing consultation meetings, where food was discussed, but very little feedback had been received.

### Recommendations

**2.116** **The prison should ensure that food portion sizes are adequate.**

**2.117** **Lunch should not be served before 12 noon.**

### Housekeeping points

**2.118** Management oversight of food service areas on wings should be improved to ensure that records are accurately maintained, the correct protective clothing is worn, and that halal food does not become contaminated.

**2.119** The prison should consider introducing regular food consultation meetings.

## Purchases

### Expected outcomes:

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

**2.120** *Canteen services were in line with other public sector prisons. Some prisoners could wait two weeks before receiving their first order, and many found costs high.*

**2.121** New prisoners were offered a reception pack of groceries and could buy additional ones if they arrived with money. Prisoners could shop weekly, but depending on their day of arrival, some could wait two weeks before receiving their first order.

**2.122** The shop service, which was run through a national contract, set prices nationally and many prisoners found them high. All cereal, battery and toothpaste products were branded and cheaper non-branded alternatives were not available. In the survey, vulnerable prisoners on K wing were more positive about product choices compared with prisoners on other wings.

**2.123** Prisoner representatives canvassed views on changes to the product list, but it was not clear how efficiently this was done. There were no formal surveys, but prisoners could raise issues at prisoner consultation meetings.

**2.124** Prisoners could choose from a variety of catalogues, subject to a nationally set 50p administrative fee. Prisoners or their family and friends could order newspapers and magazines.

### Recommendation

**2.125 Prisoners should be able to buy items from the prison shop within 24 hours of arrival. (Repeated recommendation 8.8)**

## 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.<sup>6</sup>**

- 3.1** *Most prisoners had reasonable time out of their cell. The new core day was publicised on every residential unit and generally adhered to. Out of cell activities were not usually cancelled.*
- 3.2** The published activity schedule describing the times that prisoners were unlocked (the new core day introduced in September 2013) indicated that a fully employed prisoner could achieve just over nine hours Monday to Friday and about seven hours at weekends. Copies were displayed on all residential wings. We calculated that the actual time that most prisoners could spend out of their cell was about five to six hours on week days and about four hours on Fridays and weekends.
- 3.3** Most prisoners had been assigned to an activity and unlocking times were generally adhered to with little curtailment due to late unlocking. Periods of exercise and association were rarely cancelled. The small number of prisoners who were not required for activities because of temporary work restrictions received about three or four hours out of their cell per weekday.

### 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.**

- 3.4** *The management of learning and skills required improvement. National Careers Service (NCS) advisers provided prisoners with a good service. The range of provision had increased since the last inspection. Quality improvement processes were well-established but did not have a sufficient impact on the provision, particularly in the delivery of consistently good teaching and learning. The analysis and use of data to monitor the provision and plan improvements required improvement, as did the quality of teaching, learning and assessment in education courses. Outcomes were good on many, but not all education courses. Achievement rates on functional skills courses required improvement. The library service was inadequate.*

<sup>6</sup> 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.

**3.5** *Ofsted<sup>7</sup> 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>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

**Management of learning and skills and work**

- 3.6** Managers had introduced a wide range of improvements in the three months prior to the inspection; however it was too early to judge their effectiveness. A strategy detailing how learning and skills would meet regional and national priorities was in place. The head of reducing reoffending and the manager of the Offender Learning and Skills Service (OLASS), which was run by The Manchester College, had agreed to revise the provision to reflect government contracting arrangements, local employer needs and regional priorities.
- 3.7** Good action had been taken to extend the range and quality of vocational training and work. Partnership working had led to a stronger focus on improving prisoners' employability and the NCS service was good (see also reintegration planning).
- 3.8** Data were collected on achievement and progression. However, they were not sufficiently analysed so that specific, measurable actions could be implemented, targeting under-performing courses and varying achievement rates among different groups of learners. The quality improvement group met regularly and was well attended. The use of data to evaluate performance accurately during curriculum reviews was insufficient, as was monitoring of attendance at individual workshops.
- 3.9** The management of the OLASS provision required improvement. Prison self-assessment processes had been improved; the quality improvement group met regularly and adequately evaluated the standards of some, but not all, aspects of the provision. The development plan had few specific targets against which to assess the impact of action taken. Observations of teaching and learning took place across activities. However, many observations were graded too positively and feedback was not detailed enough to help staff improve their performance.
- 3.10** Sentence plan targets were used appropriately to prioritise prisoners for personal and social development (PSD) courses. Rates of pay were fair and did not disadvantage those attending education.

**Recommendations**

- 3.11 Rigorous arrangements should be introduced to evaluate accurately the quality of teaching, learning and assessment and better support and inform self-assessment.**

<sup>7</sup> 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>.

### **3.12 The collection and analysis of data should be improved to inform decision making and improvement monitoring should be introduced.**

#### **Provision of activities**

- 3.13** Most prisoners had access to a sufficient range of opportunities to develop vocational skills and achieve qualifications that could help them gain employment on release. Activities included 916 work places, 260 education places and 81 vocational training places.
- 3.14** The education provision and vocational training were appropriate for most prisoners, but vulnerable prisoners' access to a variety of work, vocational training and education opportunities was very narrow (see main recommendation, paragraph S52). Release on temporary licence (ROTL) was rarely used for any prisoners (see section on strategic management of resettlement).
- 3.15** Education programmes included English, mathematics, information and communications technology (ICT), art, English for speakers of other languages (ESOL) and employability courses at levels 1 and 2.
- 3.16** Vocational training was available in bricklaying and plastering and painting and decorating workshops, as well as in the kitchens and the staff mess. These included qualifications to level 1 in catering, painting and decorating, printing and cleaning. Progression routes from level 1 in food preparation to valuable work experience in the staff mess and level 2 qualifications were good. However no qualifications relevant for employment were offered in the gym. Prisoners, who worked in the gym and in the textiles, food-packing, sign-writing and leather workshops, including the Timpson Academy, were trained and competent and many received accredited qualifications.
- 3.17** The process for allocating prisoners to activities was fair, equitable and timely. Careers and education advice and guidance were timely and realistic.

#### **Quality of provision**

- 3.18** The quality of training and assessment in vocational training was good and prisoners were able to progress quickly and develop new skills. Prison contract work was well structured and portfolios contained clear records of assessment. The standard of prisoners' work was satisfactory overall and was particularly good in catering.
- 3.19** The quality of teaching and learning in education was too variable and not enough was good. In better sessions expert tutors made learning relevant to prisoners' lives and aspirations. In most sessions prisoners worked well together but in weaker sessions tutors did not provide prisoners with sufficient opportunities to contribute to discussions. The pace of learning was slow and prisoners became distracted.
- 3.20** ESOL provision for prisoners who needed it was poor. The prison did not use relevant screening tests for new arrivals, and ESOL did not focus sufficiently on equipping them with the communication skills that were required within the prison.
- 3.21** Initial assessments were not used effectively to plan learning. Initial assessment results were broadly accurate, but were rarely used to place prisoners on courses that were challenging enough. Diagnostic assessments adopted three months prior to the inspection accurately identified in which areas prisoners needed to improve, but were not yet used well enough to set targets for learning.

- 3.22** The assessment of prisoners' work required improvement. Most tutors provided prisoners with helpful feedback during classes, but too often prisoners did not receive sufficient written feedback on how to improve. Spelling and grammatical errors were not routinely corrected.
- 3.23** Individual learning plans met the minimum requirements of accreditation, but did not identify prisoners' personal or vocational skills sufficiently. In most lessons, tutors and prisoners recorded completed activities rather than the learning that had taken place. Monitoring of prisoners' progress in vocational training was good and prisoners clearly understood the progress they were making.
- 3.24** Education and training resources required improvement. Accommodation and resources for vulnerable prisoners were inadequate. More computers were available for prisoners to use since the last inspection, but few rooms were equipped with interactive whiteboards.

## Recommendations

- 3.25** The quality of teaching, learning and assessment should be improved to a consistently good level across all the provision.
- 3.26** ESOL provision should be improved.
- 3.27** Results of initial and diagnostic assessments should be used to set prisoners challenging qualification goals and learning objectives.
- 3.28** The identification and recording of prisoners' personal and vocational skills in individual learning plans should be improved.

## Education and vocational achievements

- 3.29** Overall, success rates on many education courses fell in 2012–13. Success rates in business enterprise courses were good. Achievement rates were low on English courses and on mathematics at level 2. ESOL success rates were poor. Many prisoners in English, mathematics and ESOL classes were working towards qualifications that were insufficiently challenging, and overall, prisoners' development was slow. The attendance rate in education classes observed was poor at 70%. Punctuality was also poor.
- 3.30** Success rates on vocational training courses were good overall, but with some variation. Success rates in basic construction skills at level 1 were high at 99% but low for the certificate in cleaning services at 28%. On courses leading to accreditation offered at work, achievements were good. Attendance and punctuality in workshops was reasonable. Prisoners on painting and decorating and catering courses demonstrated good work-related skills. Most prisoners were well-motivated, worked well with others and knew they were responsible for their own learning. Prisoners in commercial workshops worked well to meet commercial deadlines.
- 3.31** The quality of prisoners' work on vocational training courses and in workshops was good and the standard of their English and mathematics skills was satisfactory.



## Recommendations

- 3.32 Achievement rates on ESOL, English and level 2 mathematics courses should be improved.**
- 3.33 The low numbers and late arrivals at some education classes should be improved. (Repeated recommendation 6.36)**

## Library

- 3.34** A full-time librarian and library assistant, supported by six prison orderlies, ran the library service. Training for orderlies had improved. The book stock was adequate and there was a satisfactory range of fiction and non-fiction books, books in languages other than English and audio books. However, the range of material for readers with low literacy skills was narrow. An appropriate range of legal books and Prison Service Instructions were available.
- 3.35** Stock losses were high at over 16% in the previous year. The book stock was regularly replenished, but data were not used to plan the purchase of new titles. In our survey, less than a third of prisoners stated that the range of material was sufficient, lower than the comparator. Arrangements for borrowing books from other sites were suitable.
- 3.36** The library area was poor – it was based in the centre of a busy learning resource centre, where education classes took place. The newly opened reading room provided a limited space for private study and reading but was rarely used.
- 3.37** Library opening hours were very restricted and worse than at the last inspection. Prisoners unable to visit the library, such as the elderly, received books from a trolley service. Those in education visited the library during their courses. Prisoners from each residential wing could visit the library for 30 minutes each week, but few did. Staffing limitations meant many missed their scheduled visit. In our survey, 21% of prisoners said they visited the library at least once a week, well below the comparator.
- 3.38** The library did not support activities to promote literacy or reading sufficiently. A weekly reading group attracted few prisoners. A plan to introduce the Toe by Toe mentoring scheme to help prisoners learn to read was in development but not yet in place.

## Recommendations

- 3.39 The supply of materials for adults with low literacy skills should be improved.**
- 3.40 Prisoners should have weekly access to the library**
- 3.41 The library should better promote the development of literacy skills by introducing more activities. (Repeated recommendation 6.42)**

## 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.**

**3.42** *The physical education (PE) department was organised and worked effectively following a restructuring of opening hours. Access to PE for all groups of prisoners, including those in work or education as well as older and vulnerable prisoners had improved and was adequate. Satisfactory links with health care services resulted in effective support for prisoners on health programmes. No substantial vocational qualifications were being offered.*

**3.43** PE facilities included a weights room, sports hall and all-weather outside pitches. An adequate range of equipment was available for individual and group activities. However, the sports hall and all-weather pitches required maintenance or repair. Showers in the weights room had been refurbished but remained inadequate for the population. More equipment had been introduced in the weights room and the room appeared crowded. There was no drinking water in the sports hall.

**3.44** The prison had restructured the timing of PE activities and improved access for all prisoners. All prisoners could attend three times a week. An appropriate range of sport and health-related fitness activities were offered, including in the evening and at the weekend for those in work or education, with discrete sessions for older and vulnerable prisoners.

**3.45** The promotion of healthy living was satisfactory. The PE department offered First Step courses to improve prisoners' understanding of healthy lifestyles. However, insufficient vocational qualifications to support employment were offered. Partnership working with the health care department was satisfactory. Instructors motivated prisoners with disabilities and health conditions to complete prescribed courses of activity.

**3.46** Prisoners were aware of the importance of a balanced diet and regular exercise. However, the prison did not make the most of opportunities to promote PE. About 44% of the population participated in recreational gym sessions at least twice a week.

### Recommendations

**3.47** **There should be an adequate programme of maintenance and repair for PE facilities and sufficient showers and drinking water for those using the gym.**

**3.48** **Vocationally-relevant PE programmes should be run. (Repeated recommendation 6.47)**

## 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** *The strategic management of resettlement was good and based on a needs analysis. Some key meetings were poorly attended or lacked purpose. A designated resettlement manager post had very recently been developed with a particular focus on community engagement and services for prisoners serving short sentences. There were some good examples of strategic links with the community. A whole prison approach towards resettlement had not yet been achieved. Use of release on temporary licence (ROTL) was low.*
- 4.2** There was a good reducing reoffending strategy, which incorporated offender management, resettlement pathway work, and pathway improvement objectives. Bimonthly reducing reoffending meetings took place, although some were poorly attended. In addition, there were designated pathway lead members of staff and bimonthly pathway meetings; however, they lacked coordination and purpose.
- 4.3** An up-to-date prisoner needs analysis was based on prisoner surveys as well as offender assessment system (OASys) data for the northwest region, rather than data specific to HMP Liverpool, potentially undermining their relevance to the prison. The needs analysis included a series of recommendations that had been incorporated into a reducing reoffending improvement plan with named lead staff members and deadlines.
- 4.4** A designated resettlement manager was in post and a community engagement strategy was in place. There was a strong focus on community links, community networking meetings and services for prisoners serving short sentences. There were also some good examples of strategic links with the community, for example, the prison was represented on the local criminal justice board and was taking the lead on a joint partnership project with police, probation and others to develop services for prisoners on short sentences. In addition, a local Sefton Council for Voluntary Service (CVS) worker was based at the prison and a community officer from Wigan Borough Council was providing prisoners from that area with specific assessments and support.
- 4.5** Personal officers were not involved in resettlement work, and a whole prison approach towards resettlement had not yet been achieved. Only one prisoner in the previous six months had been granted ROTL (see section on reintegration planning, paragraph 4.37).
- 4.6** In our survey, 52% of respondents said they had done something in the prison to make them less likely to offend in the future, against a comparator of 47%, a vast improvement since the last inspection.

## Recommendation

- 4.7 A whole prison approach to resettlement, that specifically includes effective input from personal officers, should be developed.**

## Housekeeping point

- 4.8** Representatives from all relevant departments should attend reducing reoffending strategy and pathway meetings, which should have a clear purpose.

## 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** *Offender management arrangements were good and a backlog in OASys assessments had decreased. Some staff were redeployed to other duties too often and not all had undertaken required training or received case supervision. A large proportion of prisoners were released after their home detention curfew (HDC) eligibility date. Category B training places were limited, particularly for vulnerable prisoners. Public protection arrangements were generally good, although in some cases restrictions were not applied quickly enough or communicated to visits staff. Indeterminate sentence prisoners felt well supported.*

- 4.10** The offender management unit (OMU) comprised both probation and prison offender supervisors. However, prison offender supervisors were frequently redeployed to other duties, affecting continuity of contact with prisoners. One officer had been redeployed for 13 out of 19 shifts, and another was midway through a sentence planning board when he was required to undertake an escort. Officers had all undertaken OASys training (a structured assessment of criminogenic factors, and sentence planning priorities), but not all had completed the National Offender Management Service offender supervisor training.
- 4.11** All prisoners sentenced to over 12 months were subject to offender management and were required to have an OASys document. Efforts had been made to substantially reduce the OASys backlog, which had been cut from around 300 in 2011 to 54. In our survey, 30% of prisoners said they had a sentence plan against a comparator of 40%. However, of those who had a plan, 73% reported they were involved in its development against a comparator of 57%.
- 4.12** Monthly quality assurance processes were good and provided offender supervisors with detailed feedback. A total of 683 prisoners (55%) were sentenced to over 12 months. They had been allocated to specific tiers defining their level of risk; 183 were on tier 4 (the highest risk) and were subject to external offender management. Prison offender supervisors did not receive formal case supervision, despite managing a mixed risk caseload. The cases inspected were all of a reasonable quality and had appropriate risk management plans and associated sentence plans, although some sentence plan objectives were not focused on outcomes and lacked sufficient detail.

- 4.13** In the previous six months, 117 prisoners had been granted early release on HDC, 71 of them (60%) had been discharged after their HDC eligibility date. Information collated for HDC boards was multidisciplinary and thorough, although there were some delays in receiving information from both internal and external sources.

## Recommendations

- 4.14** Resources in the offender management unit should be sufficient to enable the prison to deliver key work consistently.
- 4.15** All eligible prisoners should have an up-to-date OASys document with a relevant sentence plan to address identified risks and needs. (Repeated recommendation 9.11)
- 4.16** All relevant prison staff should complete offender supervisor training and receive regular case supervision.
- 4.17** Release on HDC should be timely.

## Public protection

- 4.18** There were 366 prisoners subject to public protection arrangements: 26 were subject to multi-agency public protection arrangements (MAPPA) level 2 and one was subject to MAPPA level 3; 150 were harassment cases; 92 were subject to child protection measures; and 97 were on the sex offender register. A total of 268 prisoners were subject to monitoring restrictions. Probation staff either attended MAPPA boards or provided a detailed report. A weekly inter-departmental risk management team (IRMT) meeting considered monitoring restrictions, and an enhanced case review meeting (attended by probation staff) considered high risk prisoners and those with complex needs.
- 4.19** Procedures for newly arrived prisoners were generally robust, and all those subject to restrictions had a one-to-one meeting with a member of staff who explained them. Prisoners were checked against the violent and sex offender register, and cases that were explicitly public protection cases were fast tracked to the public protection unit so that monitoring restrictions could be applied. Restrictions were either applied immediately or taken forward for discussion at the next IRMT meeting. However, in some cases restrictions were not applied quickly enough because the prison did not consistently receive all pertinent information about the prisoner. One prisoner had a restraining order in place but was not subject to restrictions until seven days after arrival.
- 4.20** Mail monitoring was generally robust, but we saw a letter from a prisoner that had been returned to the prison after it had been received by their victim. Restrictions were reviewed after six weeks at the IRMT and there was no evidence of disproportionate monitoring.
- 4.21** Officers supervising visits were unaware which prisoners, if any, were subject to child or public protection restrictions.

## Recommendations

- 4.22** Appropriate public protection restrictions should be imposed on all relevant prisoners as soon as possible after arrival.
- 4.23** Appropriate information should be shared with visits staff to ensure the risk posed by some prisoners is effectively managed in the visits hall.

## Categorisation

- 4.24** Re-categorisation boards were timely, and the information considered was detailed and multidisciplinary, but some departments consistently failed to provide input. We saw two cases where the offender supervisor had not provided any information. Category B training places were limited, particularly for vulnerable prisoners, but other prisoners appeared to be moved on promptly after categorisation. All decisions were explained to prisoners.

## Housekeeping point

- 4.25** All relevant departments should provide pertinent information to the re-categorisation board.

## Indeterminate sentence prisoners

- 4.26** There were 17 lifers and 34 prisoners on indeterminate sentences for public protection. The prison did not have a specific policy on indeterminate sentence prisoners or any forums for them, although those we spoke to said they felt well supported and offender supervisors had explained the implications of their sentence.

## 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.**

**4.27** *A good system of custody planning for remand prisoners and those serving short sentences was in the early stages of implementation. Resettlement needs were assessed on arrival, but pre-release work needed to be developed. Accommodation services were reasonable and careers advice and guidance and links with employers were good. The majority of prisoners received appropriate health care support prior to release and the prison had excellent links with local community substance misuse services. Finance benefit and debt services were reasonable. Some visits procedures needed improvement, although there were plans to develop a family interventions centre. The Thinking Skills Programme and Focus on Resettlement programmes were available.*

- 4.28** A good system of custody planning for remanded prisoners and those on short sentences was in the early stages of implementation. First night staff were responsible for undertaking an assessment of reintegration needs, although we were not assured this was happening consistently. Identified needs were recorded on a database and referrals made to relevant services.

- 4.29** Prisoners received a copy of their sentence plan, and personal officers were responsible for discussing it with the prisoner, however we saw no evidence of this (see section on strategic management of resettlement). There were good community links including ‘through the gate’ provision.
- 4.30** The Wigan community officer (see section on strategic management of resettlement) met all eligible prisoners, around 100 during the inspection, to undertake a separate needs assessment. They held surgeries twice a month, which external probation staff attended, as well as a monthly housing surgery. A very good mentoring scheme was available to all prisoners through Sefton CVS, which specifically targeted those on short sentences.
- 4.31** Pre-release work for the remanded and short term sentenced prisoner group required development; an interview pro forma, which wing staff completed as a check on outstanding needs, was generated six weeks prior to discharge, but the process did not take place consistently. In our survey, prisoners had a greater awareness of support available across a number of pathways than those in the comparator.

## Recommendation

- 4.32** **Custody planning for short sentence and remand prisoners should be embedded to ensure they undergo a needs assessment on arrival and prior to release so they are connected with appropriate services.**

## Accommodation

- 4.33** Shelter, the homeless charity, provided accommodation services. Peer workers, trained and supported by Shelter, helped to identify accommodation needs during induction and referred prisoners to Shelter advisors who held regular wing-based surgeries. Advisors assessed prisoners on behalf of 15 local accommodation providers and handed out information about others. Prisoners due for discharge were identified four weeks in advance and interviewed by peer workers, and referred to an adviser if necessary. An adviser was available in reception every morning to offer advice to those who were unexpectedly being released without accommodation.
- 4.34** Advisors found that it was difficult to obtain some offence-related information to assist in assessments and that accommodation data about prisoners released directly from court or prison in the afternoon were not always captured. Shelter’s own data suggested that 35 prisoners had been released without a fixed address in the past 12 months, which was low.

## Education, training and employment

- 4.35** Prisoners had good access to a pre-release course using the virtual campus (internet access for prisoners to community education, training and employment opportunities) to help build job search and interview skills and develop CVs.
- 4.36** Careers advice and guidance provided by the National Careers Service was good and there were established links to colleges and training providers in the community. Awareness of employment needs in areas where prisoners were to be released was good.

- 4.37** The prison had some good links with employers, which needed to be exploited to provide opportunities for ROTL, with one aim of this being to enhance opportunities for gaining employment on release for some prisoners (see section on strategic management of resettlement). Existing partnership working with organisations, such as the Timpson Academy, continued to provide good employment opportunities. External links with Achieve North West offered employment courses, including forklift truck driving, and Sefton CVS provided prisoners with voluntary work opportunities.

## Recommendation

- 4.38** **Links made with employers should be used to provide prisoners with ROTL opportunities to improve prisoners' employment prospects.**

## Health care

- 4.39** The majority of prisoners received appropriate health care support prior to release. Discharge planning was subject to clinical audit and the care programme approach (mental health services for individuals diagnosed with a mental illness) was being used for 50 to 60 patients at any one time, which was significant. Case management and communication with community services were good.
- 4.40** The gold standard framework in end-of-life care, promoted by the National Gold Standards Framework Centre, a training and coordinating centre, had been adopted and planning was underway to create a palliative care suite within the inpatient unit.

## Drugs and alcohol

- 4.41** Good quality referrals to continuing support following release were made through excellent links with local community services. Drug intervention programme workers from some local areas held effective pre-release meetings with prisoners.

## Finance, benefit and debt

- 4.42** Shelter advisors and trained peers provided prisoners with advice on managing finances and debt. Services were advertised on wings and peer workers identified those needing debt or benefit advice during induction, with more complex cases referred to advisors. Peer workers helped eligible prisoners secure housing benefit, lodge outstanding fines and address financial problems arising from imprisonment. They shadowed advisors during wing surgeries.
- 4.43** In the last six months 34 prisoners had attended a course on dealing with debt and 42 had attended one on welfare reform. A 'loan shark' awareness course had also been run on three occasions. Benefits advice was available from Jobcentre Plus and 13 prisoners had received assistance to open bank accounts.

## Children, families and contact with the outside world

- 4.44** In our survey, 31% of prisoners against a comparator of 34% said that staff helped them maintain contact with family and friends. The prison's own 2013 needs analysis identified that only 17% of prisoners with children felt supported.



- 4.45** Visit entitlements had been cut in September 2013. Prisoners on the standard and basic levels of the incentives and earned privileges (IEP) scheme only received two monthly visiting orders; those on the enhanced level received three, while remanded prisoners received three weekly visits. However, the prison ran up to 10 family days annually for all prisoners irrespective of IEP status.
- 4.46** Managers told us that photographic identification was not necessary, but visits booking staff and published information in the visit centre said this was a requirement.
- 4.47** Visitors booked in at the visitors' centre managed by the charity Partners of Prisoners and Families Support Group (POPS). Visitor representatives could raise issues at family forums attended by the POPS manager and a senior prison manager.
- 4.48** Visitors indicated by a drug dog had to leave the prison. No corroborating intelligence was sought and closed visits as an interim measure were not offered. Closed visits facilities still could not be used in private and were only available on Monday and Tuesday mornings. Many prisoners were subject to closed visits for reasons unconnected with visits.
- 4.49** Children aged 10 and over continued to be counted as adults for visits and prisoners continued to wear bibs. Visits did not start on time and visiting orders were frequently sent out late.
- 4.50** The play area was not supervised at all visits sessions and staff in the visits room did not know which prisoners were subject to child or public protection restrictions. ROTL was not used to support family contact. Prisoners could still not receive incoming calls from children or deal with arrangements for them.
- 4.51** A monthly three-day Dads Matter parenting course was delivered by a family link worker from the charity Parenting 2000. The worker provided those on the course with information and could direct them to support services, but other prisoners did not have access to this support. Prisoners on J2R could attend a Healthy Relationships course, tackling areas such as substance misuse, co-dependency in relationships and domestic violence.
- 4.52** The prison had been working with a variety of partner agencies to develop a family interventions centre to support work with prisoners on 'non-resident' parenting.

## Recommendations

- 4.53 All prisoners should be able to receive at least one visit a week for a minimum of one hour.**
- 4.54 There should be no upper limit on the number of visits that an unconvicted prisoner can have. (Repeated recommendation 9.41)**
- 4.55 A visit refusal or a closed visit should be justified by security intelligence and not just a drug dog indication. (Repeated recommendation 9.43)**
- 4.56 Visitors should be able to have closed visits in private.**
- 4.57 Children aged 10 and over should not be counted as adults for the purpose of visits. (Repeated recommendation 9.48)**

## Housekeeping points

- 4.58** The visits play area should be available for all sessions.
- 4.59** Prisoners should be able to receive incoming calls from children or deal with arrangements for them. (Repeated recommendation 9.51)

## Attitudes, thinking and behaviour

- 4.60** Three accredited programmes were delivered, the Short Duration Programme, the Thinking Skills Programme (TSP) and the Focus on Resettlement programme (FOR). Seventeen prisoners against a target of 45 had completed TSP in the year to date, and 20 prisoners against a target of 44 had completed FOR in the same period. There were no waiting lists.
- 4.61** The TSP featured in a large number of sentence plans, but changes in the eligibility criteria were affecting the number participating. The TSP was available for the vulnerable prisoner population and take up was higher. The prison identified a need for a short programme on violence and was investigating options. There was a good focus on work relating to the impact of prisoners' offending on victims. However the prison did not assess prisoners' suitability for courses such as the sex offender treatment programme.

## Additional resettlement services

- 4.62** Sefton CVS had made links with specialist sexual assault and sexual exploitation services in the community, to which prisoners were referred if they disclosed a need.

## 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 recommendations

To the governor

- 5.1** Effective procedures to monitor poor behaviour should be developed and all staff, particularly residential officers, should use them. (S50)
- 5.2** Conditions and the regime in the segregation unit should be improved: segregation cells should be clean, well furnished and properly ventilated; the exercise yard should be improved; and prisoners should be offered a richer more purposeful regime. (S51)
- 5.3** Prison managers should review arrangements for holding vulnerable prisoners to ensure their safety and provide them with a decent regime and purposeful activity. (S52)
- 5.4** The prison environment should be improved to provide all prisoners with clean and decent living conditions. (S53)

### Recommendations

To the governor

#### Courts, escort and transfers

- 5.5** Prisoners should be transported as quickly as possible to minimise waiting times and the length of time at court. (1.5)
- 5.6** Court staff should complete ACCT entries for prisoners in their care. (1.6)

#### Early days in custody

- 5.7** Reception staff should put prisoners at ease and address them by their title or their first name and their surname. (1.20)
- 5.8** Night staff should receive a handover briefing that includes details of prisoners who have arrived that day. (1.21)
- 5.9** Vulnerable prisoners should start their induction on the first full working day following reception. (1.22)

### **Bullying and violence reduction**

- 5.10** A prison-wide survey of prisoners' perceptions of safety should be completed and outcomes used to inform the strategy. (1.33)

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

- 5.11** More effective ACCT procedures should be developed to include consistent and trained case managers and clear care plans that identify what individual support key workers should provide. (1.44)
- 5.12** A robust system should be implemented to ensure that all incidents of self-harm are identified and reported to the Safer Liverpool meeting. (1.45)
- 5.13** The prison should monitor the exceptional circumstances that justify prisoners at risk of self-harm being held in segregation, gated cells or strip-clothing. (1.46)
- 5.14** Arrangements should be made to allow Listeners to support prisoners in confidence. (1.47)

### **Safeguarding**

- 5.15** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.51)

### **Security**

- 5.16** The drug strategy committee should take the lead in developing and coordinating a whole prison strategic response to the problem of tradable medication. (1.66)
- 5.17** The supervision of controlled and general medication by discipline officers should be consistent and involve greater vigilance to reduce diversion. (1.67)

### **Discipline**

- 5.18** There should be effective management oversight and monitoring of use of force incidents. (1.84)
- 5.19** Planning to return segregated prisoners to the normal prison location should be developed. (1.92)

### **Substance misuse**

- 5.20** Lodgers should not be placed on the J2R recovery wing. (1.100)

### **Residential units**

- 5.21** All cell call bells should be answered within five minutes. (2.12)
- 5.22** All prisoners should receive appropriate decent clean prison bedding and towels at least weekly. (2.13, repeated recommendation 2.19)

- 5.23** Prisoners should receive incoming mail within 24 hours of arrival at the prison and outgoing mail should be posted in the same timescale. (2.14, repeated recommendation 2.10)

### Staff-prisoner relationships

- 5.24** Steps should be taken to encourage wing-based staff, including personal officers, to develop their role so that they adopt a more proactive approach, encouraging and helping prisoners to address their offending behaviour and resolving day-to-day issues. (2.19)

### Equality and diversity

- 5.25** Periodic monitoring of all protected characteristics should be carried out to help ensure equality of outcomes for different minority groups. (2.26, repeated recommendation 4.2)
- 5.26** The prison should review staff's equality training needs and provide training that meets those needs. (2.27)
- 5.27** Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages. (2.40)
- 5.28** Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (2.41, repeated recommendation 4.14).
- 5.29** The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date. (2.42)
- 5.30** Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary support plan to which all staff have ready access and about which prisoners are consulted. (2.43)

### Health services

- 5.31** Staff clinical practice should be subject to clinical supervision, which should be documented in staff personal records. (2.72)
- 5.32** There should be care plans for long-term conditions that comply with national guidelines. (2.73)
- 5.33** AEDs should be maintained in a state of readiness and discipline staff should have access to them and be trained in their use as part of regular emergency first aid training. (2.74)
- 5.34** All new prisoners should receive a comprehensive health needs assessment within 72 hours of arrival. (2.85)
- 5.35** Failure-to-attend rates for clinics should be reduced to a minimum. (2.86)
- 5.36** A triage system should be deployed to ensure that patients receive standardised assessment. (2.87)

- 5.37** All health care beds should be removed from the certified normal accommodation and admission to the inpatient unit should be a decision based on clinical need. (2.88, repeated recommendations 5.36 and 5.40)
- 5.38** The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded. (2.94)
- 5.39** Medication should be stored in an orderly way and pharmacy staff should check treatment areas regularly. Loose tablets, foils and insulin pens should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates. (2.95, repeated recommendation 5.31)
- 5.40** Care should be taken to make full and complete records of the administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (2.96)
- 5.41** Medicine queues should be appropriately supervised. (2.97)
- 5.42** The medicines management committee should review the current range of pharmacy policies. (2.98)
- 5.43** Patient group directions should be extended to allow the appropriate supply of more potent medicines by nurses. (2.99, repeated recommendation 5.24)
- 5.44** A full audit trail should be kept to ensure that the movement of controlled drugs in the establishment can be accounted for. (2.100)

### Catering

- 5.45** The prison should ensure that food portion sizes are adequate. (2.116)
- 5.46** Lunch should not be served before 12 noon. (2.117)

### Purchases

- 5.47** Prisoners should be able to buy items from the prison shop within 24 hours of arrival. (2.125, repeated recommendation 8.8)

### Learning and skills and work activities

- 5.48** Rigorous arrangements should be introduced to evaluate accurately the quality of teaching, learning and assessment and better support and inform self- assessment. (3.11)
- 5.49** The collection and analysis of data should be improved to inform decision making and improvement monitoring should be introduced. (3.12)
- 5.50** The quality of teaching, learning and assessment should be improved to a consistently good level across all the provision. (3.25)

- 5.51** ESOL provision should be improved. (3.26)
- 5.52** Results of initial and diagnostic assessments should be used to set prisoners challenging qualification goals and learning objectives. (3.27)
- 5.53** The identification and recording of prisoners' personal and vocational skills in individual learning plans should be improved. (3.28)
- 5.54** Achievement rates on ESOL, English and level 2 mathematics courses should be improved. (3.32)
- 5.55** The low numbers and late arrivals at some education classes should be improved. (3.33, repeated recommendation 6.36)
- 5.56** The supply of materials for adults with low literacy skills should be improved. (3.39)
- 5.57** Prisoners should have weekly access to the library (3.40)
- 5.58** The library should better promote the development of literacy skills by introducing more activities. (3.41, repeated recommendation 6.42)

#### Physical education and healthy living

- 5.59** There should be an adequate programme of maintenance and repair for PE facilities and sufficient showers and drinking water for those using the gym. (3.47)
- 5.60** Vocationally-relevant PE programmes should be run. (3.48, repeated recommendation 6.47)

#### Strategic management of resettlement

- 5.61** A whole prison approach to resettlement, that specifically includes effective input from personal officers, should be developed. (4.7)

#### Offender management and planning

- 5.62** Resources in the offender management unit should be sufficient to enable the prison to deliver key work consistently. (4.14)
- 5.63** All eligible prisoners should have an up-to-date OASys document with a relevant sentence plan to address identified risks and needs. (4.15, repeated recommendation 9.11)
- 5.64** All relevant prison staff should complete offender supervisor training and receive regular case supervision. (4.16)
- 5.65** Release on HDC should be timely. (4.17)
- 5.66** Appropriate public protection restrictions should be imposed on all relevant prisoners as soon as possible after arrival. (4.22)

- 5.67** Appropriate information should be shared with visits staff to ensure the risk posed by some prisoners is effectively managed in the visits hall. (4.23)

### Reintegration planning

- 5.68** Custody planning for short sentence and remand prisoners should be embedded to ensure they undergo a needs assessment on arrival and prior to release so they are connected with appropriate services. (4.32)
- 5.69** Links made with employers should be used to provide prisoners with ROTL opportunities to improve prisoners' employment prospects. (4.38)
- 5.70** All prisoners should be able to receive at least one visit a week for a minimum of one hour. (4.53)
- 5.71** There should be no upper limit on the number of visits that an unconvicted prisoner can have. (4.54, repeated recommendation 9.41)
- 5.72** A visit refusal or a closed visit should be justified by security intelligence and not just a drug dog indication. (4.55, repeated recommendation 9.43)
- 5.73** Visitors should be able to have closed visits in private. (4.56)
- 5.74** Children aged 10 and over should not be counted as adults for the purpose of visits. (4.57, repeated recommendation 9.48)

## Housekeeping points

### Courts, escort and transfers

- 5.75** Escort vans should be clean. (1.7)
- 5.76** Unless there are over-riding security reasons prisoners should be given 24 hours' notice of planned transfers. (1.8, repeated recommendation 1.8)
- 5.77** Food and hot drinks should be available in reception for prisoners leaving the prison early in the morning, and drinking water should be available at all times. (1.9)

### Early days in custody

- 5.78** Doors to holding rooms should remain closed while confidential information is being confirmed at the reception desk. (1.23)
- 5.79** Information should be available to prisoners in other formats if they are unable to read, and translation services should be used if necessary. (1.24)
- 5.80** Prisoners should be fully clothed when using the BOSS chair. (1.25)



### Self-harm and suicide

- 5.81** Reception managers should attend the Safer Liverpool meetings to help focus on the importance of managing risks in the early days of custody. (1.48)

### Security

- 5.82** Attendance at security meetings should be improved. (1.68)

### Substance misuse

- 5.83** Medication administration rooms should be clean in line with the overall infection control regime. (1.101)

### Legal rights

- 5.84** The prison should explore why prisoners' perceptions about being able to communicate with their solicitor or legal adviser are so poor. (2.53)
- 5.85** Vulnerable prisoners should have equal access to legal texts. (2.54)
- 5.86** Staff in the mail room should record all privileged mail opened in error, and state the reason for this. (2.55)
- 5.87** Legal visits should start at the appointed time and visits booths should be free of graffiti. (2.56)
- 5.88** Refreshments, particularly hot and cold drinks, should be available for legal visits. (2.57)

### Health services

- 5.89** There should be a protocol for information sharing with appropriate departments. (2.75)
- 5.90** Prisoners should be made aware of the availability of barrier protection. (2.76)
- 5.91** The patient complaints system should maintain medical confidentiality. (2.77)
- 5.92** The partnership board should determine if telemedicine would offer any advantages over current approaches to external health appointments. (2.89)
- 5.93** Biological specimens should not be stored alongside patients' medicines. (2.101)
- 5.94** Drug refrigerators' maximum and minimum temperatures should be recorded daily to ensure that thermolabile items are stored within the 2-8°C range. Corrective action should be taken where necessary and monitored by health care staff. (2.102)
- 5.95** All stakeholders should attend the medicines and therapeutics committee meetings. The committee should take steps to ensure it is effective. (2.103)

### **Catering**

- 5.96** Management oversight of food service areas on wings should be improved to ensure that records are accurately maintained, the correct protective clothing is worn, and that halal food does not become contaminated. (2.118)
- 5.97** The prison should consider introducing regular food consultation meetings. (2.119)

### **Strategic management of resettlement**

- 5.98** Representatives from all relevant departments should attend reducing reoffending strategy and pathway meetings, which should have a clear purpose. (4.8)

### **Offender management and planning**

- 5.99** All relevant departments should provide pertinent information to the re-categorisation board. (4.25)

### **Reintegration planning**

- 5.100** The visits play area should be available for all sessions. (4.58)
- 5.101** Prisoners should be able to receive incoming calls from children or deal with arrangements for them. (4.59, repeated recommendation 9.51)

## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Sean Sullivan	Team leader
Beverly Alden	Inspector
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Deri Hughes-Roberts	Inspector
Gordon Riach	Inspector
Ewan Kennedy	Research officer
Alissa Redmond	Research officer
Gemma Quayle	Research trainee

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Simon Denton	Pharmacist
Kathleen Byrne	Care Quality Commission inspector
Gerard McGrath	Ofsted inspector
Stephen Miller	Ofsted inspector
Marie Navarro	Ofsted inspector
Alastair Pearson	Ofsted inspector
Mark Sims	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 2011, reception was busy but efficient. First night procedures remained unstructured and were particularly poor for vulnerable prisoners who also had an inadequate induction. Prisoners reported feeling safer than previously and the number of reported violent incidents had reduced but the violence reduction strategy was not effective, with few investigations and poor monitoring. A unit for basic prisoners was too punitive. There was reasonable support for those identified as at risk of self-harm but some assessment, care in custody and teamwork procedures needed tightening. There was little effective monitoring of the use of segregation and other disciplinary measures such as adjudications and the use of force. Support for drug dependent prisoners was good. The mandatory drug testing rate was still relatively high. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### **Main recommendations**

Safer custody procedures should be fully embedded on all residential areas with thorough investigation and analysis of incidents of violence and self-harm backed up by an effective case management approach to monitoring possible perpetrators of violence and providing care to men at risk of suicide and self-harm. (HP54)

##### **Not achieved**

The incentives and earned privileges system should positively encourage responsible behaviour and prisoners should be demoted to basic level as a result of a single incident only in exceptional circumstances. The role of the reintegration unit for basic prisoners should be thoroughly reviewed to ensure that the regime is legitimate and fair and that there is multidisciplinary input and clear individual plans to help men return to the standard level. Prisoners with vulnerabilities such as mental health problems or at risk of suicide or self-harm should not be placed on such a restrictive regime. (HP53)

##### **Achieved**

#### **Recommendations**

The suitability and individual needs of prisoners from HMP Birmingham should be assessed before transfer and they should be given at least 24 hours' notice of their move. (I.3)

##### **No longer relevant**

Prisoners should arrive before 7pm. (I.4)

##### **Achieved**

Unless there are over-riding security reasons prisoners should be given 24 hours notice of planned transfers. (I.8)

**Partially achieved** (recommendation repeated as housekeeping point, I.8)

The reception area should be refurbished. (1.10)

**Achieved**

Prisoners should be effectively supervised in reception. (1.12)

**Achieved**

Prisoners should be held in reception for as short a time as possible. (1.3)

**Achieved**

Notification of risk or vulnerability should be clearly recorded, used to inform comprehensive and private initial reception and first night assessments and made known to staff on the first night wings. (1.18)

**Achieved**

First night accommodation should be prepared, clean and comfortable. (1.19)

**Achieved**

All new arrivals should be offered the chance to speak to a Listener. (1.21)

**Achieved**

The induction programme should fully occupy prisoners and all new arrivals should attend. (1.22)

**Achieved**

Staff should receive training in their role in the violence reduction strategy and be more active in challenging bullying and other anti-social behaviour. (3.1)

**Not achieved**

Investigations of suspected bullying, violence and unexplained injuries should be prompt and thorough. (3.11)

**Partially achieved**

A manager of appropriate seniority should take responsibility for managing the operation of safer custody procedures to ensure better assessment, care in custody and teamwork procedures and more consistent and effective case management. (3.16)

**Achieved**

Recommendations from death in custody investigations and findings at coroners' inquests should be included in a consolidated action plan and periodically reviewed to ensure changes in practice have been sustained. (3.17)

**Achieved**

In addition to quantitative data, the suicide prevention committee should discuss the reasons underlying self-harm and for opening assessment, care in custody and teamwork documents and consider what could be done to help. (3.18)

**Achieved**

Assessment, care in custody and teamwork procedures should be improved and include better coordinated reviews and consistent case management. (3.39)

**Partially achieved**

All staff with prisoner contact should receive assessment, care in custody and teamwork foundation training. (3.24)

**Not achieved**

The suicide prevention coordinator should monitor and report to the suicide prevention committee all use of non-standard accommodation for prisoners at risk of self-harm and the conditions and appropriateness for those at risk placed on the basic regime. (3.25)

**Partially achieved**

Access to free and confidential telephone contact with the Samaritans should be advertised and portable Samaritan telephones on wings should be in working order and their use logged. (3.26)

**Partially achieved**

The increased risk to recalled prisoners should be acknowledged in the suicide prevention policy and all recalled prisoners should be reassured of the help available as part of the reception and first night procedures. (3.29)

**Partially achieved**

Where appropriate, investigations into serious incidents of self-harm should identify learning points and lead to recommendations to improve practice. (3.38)

**Partially achieved**

Assessment, care in custody and teamwork reviews should be held in suitable locations free from interruptions. (3.20)

**Not achieved**

The Listener service should be supported by ensuring that reasons for denying access to a Listener are reported to the suicide prevention meeting, designated cells for Listeners are used just by them and their clients and that appropriate notice is given when a Listener is to be transferred. (3.40)

**Not achieved**

Residential staff should react quickly to action required to deal with issues raised through security information reports by the security department. (7.1)

**Achieved**

Prisoners should be subject to closed visits arrangements only where there are proven or reasonable grounds for suspecting involvement in drug smuggling through visits or other illegal or inappropriate behaviour in the visits hall. (7.5)

**Not achieved**

Prisoners should be able to attain enhanced level in a shorter time and incentives should be introduced that are not related to prisoners' access to private cash and visitors. (7.18)

**Achieved**

Quality assurance arrangements should be introduced to ensure that disciplinary charges are fully and fairly investigated and appropriately recorded. (7.9)

**Achieved**

The segregation unit should provide a suitable environment and regime, including effective care plans to help prevent psychological deterioration for prisoners who stay there for long periods. (7.16)

**Not achieved**

Senior managers should routinely monitor and analyse a range of data across all three discipline areas, adjudications, use of force and segregation in order to direct and improve strategic management of all three areas. (7.17)

**Not achieved**

Drug dependency unit staff should monitor which prisoners on methadone maintenance are serving longer-term sentences to ensure compliance with Department of Health guidelines 'Updated guidance for prison based opioid maintenance prescribing' (March 2010) and also encourage suitable remand and shorter term prisoners to consider reduction and recovery regimes. (3.55)

**Achieved**

Joint working between the CARAT, drug dependency unit and the dual diagnosis teams should be further developed to facilitate care coordination and care planning of dual diagnosis prisoners. (3.56)

**Partially achieved**

Mandatory drug testing should be appropriately staffed to ensure all testing, including suspicion tests are carried out within identified and monitored timescales and without gaps in provision. (3.59)

**Partially achieved**

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection, in 2011, relationships were improving but personal officer work was still underdeveloped. The prison was generally clean. There were improved systems to ensure that cells were fit for use. Prisoners remained dissatisfied with the food. Some good work was beginning to meet diverse needs but in our survey black and minority ethnic prisoners reported generally poorer perceptions than white prisoners. Some support was provided for foreign nationals but wing staff rarely used telephone interpreting services when needed. A more responsive application system had just been introduced. Health services remained very good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

Cells designed for one prisoner should not be used to hold two. (2.1)

**Not achieved**

Reasonable adjustments should be made to residential areas to provide suitable accommodation for less mobile older prisoners and prisoners with disabilities. (2.2)

**Partially achieved**

All cells should be checked regularly for deficiencies in fabric and furniture and necessary repairs and replacement carried out promptly. (2.5)

**Not achieved**

Prisoners sharing a cell should have a lockable cupboard for their possessions. (2.7)

**Not achieved**

Prisoners should receive incoming mail within 24 hours of arrival at the prison and outgoing mail should be posted in the same timescale. (2.10)

**Not achieved** (recommendation repeated, 2.14)

Delays to activating telephone numbers should be investigated and action taken to address shortfalls. (2.11)

**Achieved**



There should be at least one telephone for every 20 prisoners on each wing and prisoners should be able to use them in private. (2.12)

**Achieved**

Sufficient cleaning materials should be stocked securely with access controlled by officers to allow prisoners to maintain a good standard of cell cleanliness. (2.16)

**Not achieved**

All prisoners should receive appropriate decent clean prison clothing and bedding at least weekly. (2.19)

**Partially achieved** (recommendation repeated, 2.12)

Wing files should contain weekly entries checked by managers for quality that accurately reflect prisoners' individual circumstances including issues relating to offending behaviour work and family contact. (2.31)

**Partially achieved**

Periodic monitoring should be carried out to help ensure equality of outcomes for different minority groups. (4.2)

**Not achieved** (recommendation repeated, 2.26)

Discrimination investigation reports should be subject to independent scrutiny to help improve quality and summaries should be shared with prisoners. (4.6)

**Achieved**

Regular consultation meetings should be held with different minority groups. (4.7)

**Achieved**

Interventions for challenging racism and protecting victims of racist bullying should be put in place. (4.9)

**Partially achieved**

The reasons for black and minority ethnic prisoners' negative perceptions should be investigated, including through black and minority ethnic prisoner forums and the findings acted on. (4.13)

**Achieved**

Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (4.14)

**Not achieved** (recommendation repeated, 2.41)

An on-site independent immigration advice service should be provided. (4.15)

**Achieved**

Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. (4.17)

**Not achieved**

Immigration detainees who are not transferred to an immigration removal centre should have the same status as unconvicted prisoners. (4.19)

**Achieved**

A confidential system should be established to allow prisoners to declare their disabilities at any stage of their stay at the prison. (4.23)

**Achieved**

All prisoners with a disability should have a multidisciplinary care plan that includes involvement by residential staff on how their needs will be met. (4.24)

**Not achieved**

The disability liaison officer should be given sufficient time, support and resources to carry out meaningful work with prisoners with disabilities. (4.25)

**Partially achieved**

Prisoners should be asked about and be able to declare their sexual orientation in a confidential setting. (4.32)

**Achieved**

Appropriate arrangements should be made to allow vulnerable prisoners to attend religious services without fear for their safety. (3.50).

**Achieved**

All complaints about staff should be investigated by a senior manager, appropriately answered and the reasons for the withdrawal of complaints should be recorded. (3.45)

**Achieved**

Suitable training and refresher training should be provided to bail/legal service officers. (3.46)

**Not achieved**

Appropriate monitoring arrangements for the use of the gated cell and anti-ligature clothing in health care should be developed. (5.3)

**Achieved**

Appointment arrangements and attendance rates should be reviewed and monitored to improve attendance at all clinics. (5.12)

**Partially achieved**

Named-patient medicines should not be administered or supplied to anyone other than the patient named on the label. (5.20)

**Not achieved**

Where general medicine stock is used, the system should be subject to audit so that stock supplied can be reconciled against prescriptions issued. (5.21)

**Achieved**

There should be a review of security arrangements in the health care centre specifically with regard to arrangements for administration of controlled drugs. (5.22)

**Achieved**

Patient group directions should be extended to allow the appropriate supply of more potent medicines by nurses. (5.24)

**Not achieved** (recommendation repeated, 2.99)

Medication should be stored in an orderly way and pharmacy staff should check treatment areas regularly. Loose tablets and foils should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates. (5.31)

**Not achieved** (recommendation repeated, 2.95)

In possession medicines should be supplied in appropriately labelled containers and information leaflets should be available to all patients. (5.32)

**Achieved**

Routine dental check up appointments should be available more quickly. (5.35)

**Achieved**

All health care beds should be removed from the certified normal accommodation. (5.36)

**Not achieved** (recommendation repeated, 2.88)

Inpatients in health care should be allowed to smoke in a suitable outside area. (5.37)

**Not achieved**

Admission to the inpatient unit should be a decision based on clinical need. (5.40)

**Not achieved** (recommendation repeated, 2.88)

Sufficient escorts should be provided to avoid having to cancel outside hospital appointments and delayed waiting times for patients. (5.42)

**Achieved**

Alternative measures to manage high risk mental health patients should be developed to ensure they are cared for appropriately in a health care setting. (5.44)

**Achieved**

All discipline staff should complete mental health awareness training. (5.50)

**Not achieved**

Breakfast should be served on the morning it is to be eaten and lunch and evening meals at later and more appropriate times. (8.6)

**Partially achieved**

Black and minority ethnic prisoners should be specifically consulted about the range of goods in the shop to ensure it reflects the diverse needs of the population. (8.7)

**Not achieved**

Prisoners should have access to the prison shop within 24 hours of arrival. (8.8)

**Not achieved**

## Purposeful activity

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

*At the last inspection, in 2011, Prisoners were able to spend more time out of their cell, with increased activities and more part time provision than previously. Implementation of the learning skills strategy had been slow and few skills acquired at work were recognised or led to qualifications. There were very few vocational training places. Education was good but marred by poor punctuality. Literacy and numeracy was not supported in most work places. Access to the library was still poor. Opportunities to attend PE had improved. While some progress had been made there was still a need to improve the quality of provision in addition to the quantity to help prisoners gain useful skills. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

## Main recommendations

The reducing reoffending strategy should be implemented and managed to ensure all areas of learning and skills are coordinated sufficiently to meet the objectives of the plan and better meet prisoners'

needs by providing more and better quality work and training opportunities in the prison to help men gain employment after release. (HP55)

**Partially achieved**

## **Recommendations**

All prisoners should have daily association. (6.1)

**Achieved**

All prisoners should have the opportunity for at least one hour's exercise in the open air every day. (6.2)

**Achieved**

Data should be better used to inform programme development. (6.7)

**Not achieved**

Quality assurance processes should be fully embedded in all areas of learning and skills. (6.12)

**Partially achieved**

The allocation unit should ensure that the selection process for all activities is fair and equitable. (6.13)

**Achieved**

Career information, advice and guidance service workers should establish effective and timely interventions at the beginning of a prisoner's sentence that effectively inform allocation to activity. (6.15)

**Achieved**

The range of work activities for vulnerable prisoners should be improved. (6.17)

**Not achieved**

Work should be planned to occupy prisoners' time fully, with additional employment-related activities used during work down time to enhance prisoners' skills and knowledge. (6.23)

**No longer relevant**

The development of prisoners' employability skills should be formally recognised and recorded in individual learning plans. (6.24)

**Not achieved**

Specialist literacy and numeracy support should be reintroduced into work areas to enable prisoners to improve their functional skills alongside their work activities. (6.25)

**No longer relevant**

The low success rates on some vocational training courses should be improved. (6.28)

**Achieved**

All tutors should have sufficient access to information and learning technology to add variety and interest to their learning sessions. (6.35)

**Partially achieved**

The low numbers and late arrivals at some education classes should be improved. (6.36)

**Not achieved** (recommendation repeated, 3.33)

All prisoners should have regular opportunities to use the library. (6.38)

**Not achieved**

Orderlies should be trained and deployed more effectively to support library services. (6.41)

**Achieved**

The library should better promote the development of literacy skills by introducing more activities. (6.42)

**Not achieved** (recommendation repeated, 3.41)

Relevant health assessments should be shared with PE staff. (6.44)

**Achieved**

The PE shower facilities should be re-furbished. (6.46)

**Partially achieved**

Vocationally-relevant PE programmes should be run. (6.47)

**Not achieved** (recommendation repeated, 3.48)

There should be more programmes to promote healthy lifestyles. (6.48)

**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 2011, the reducing reoffending strategy was based on a thorough needs assessment. Good community partnerships had been established. The mentoring scheme provided very useful through-the-gate support. However, significant delays with OASys and sentence plans hampered prisoners' progress. There was no custody planning for short-term and remand prisoners but a new community prison officer role provided some useful help. Frequent redeployment of prison officers affected the delivery of offender management work, sentence planning and CARAT groups. Housing services were stretched. Some partnerships with employers were beginning to be developed. There was insufficient work to support contact with children and families. Despite a high level of need, there was no alcohol programme. Links with local drug intervention programmes were good. Although some progress had been made, outcomes for prisoners were still not sufficiently good against this healthy prison test.*

### Main recommendations

Vulnerable prisoners should have equivalent provision, services and opportunities as other prisoners to participate in a safe and purposeful regime to aid their effective resettlement. (HP52)

**Not achieved**

An effective custody and sentence planning system should be introduced for unconvicted, short sentenced prisoners and men serving longer sentences to ensure that risks and needs are identified and addressed before release. (HP56)

**Partially achieved**

## Recommendations

A community engagement strategy should be developed and the prison should bring together periodically voluntary and community sector groups providing services to prisoners to inform them of their contribution to the development of the reducing reoffending strategy. (9.3)

**Achieved**

A strategy should be developed for the delivery of offender management in the prison, including effective resourcing of the offender management unit. (9.5)

**Partially achieved**

Personal officers should encourage and support prisoners to achieve sentence plan objectives. (9.9)

**Not achieved**

All eligible prisoners should have up to date OASys assessments with relevant sentence plans to address identified risks and needs. (9.11)

**Not achieved** (recommendation repeated, 4.15)

Lifer prisoners should be moved to stage one lifer establishments at the earliest opportunity. (9.17)

**Achieved**

IPP prisoners should be prioritised for moves to establishments where they can fulfil sentence planning objectives before their tariff has expired. (9.18)

**Achieved**

Accommodation services should be sufficiently resourced to ensure prisoners who need accommodation are notified of arrangements in time to help plan their release. (9.22)

**Achieved**

A pre-release course should be introduced. (9.23)

**Achieved**

Prisoners should be able to research employment opportunities. (9.24)

**Partially achieved**

Prisoners should have the option to undertake financial literacy courses while in custody. (9.27)

**Achieved**

The services available to prisoners for finance benefit and debt and accommodation should be publicised throughout the prison. (9.28)

**Achieved**

Uniformed CARAT officers should not be redeployed away from their contracted core roles. (9.34)

**Achieved**

Alcoholics Anonymous and Narcotics Anonymous meetings should be made available to all prisoners regardless of location. (9.36)

**Achieved**

The required level of voluntary drug testing should take place. (9.37)

**No longer relevant**

A therapeutic alcohol programme and other services should be introduced to meet the needs of prisoners with alcohol dependency problems. (9.40)

**Achieved**

- There should be no upper limit on the number of visits that an unconvicted prisoner can have. (9.41)  
**Not achieved** (recommendation repeated, 4.54)
- Prisoners should not have to wear bibs in the visits room. (9.42)  
**Not achieved**
- Closed visits should be authorised only when there is a significant risk justified by security intelligence, not just a drug dog indication. (9.43)  
**Not achieved** (recommendation repeated, 4.55)
- The play area in the visits room should be accessible to both rooms and should be open during all visits sessions. (9.44)  
**Not achieved**
- Holding rooms for prisoners should be enlarged and contain seating. (9.45)  
**Partially achieved**
- Audibility in closed visits should be improved and visitors should be able to make these visits in private. (9.46)  
**Not achieved**
- Evening visits, the video link visits facility and family days should be available to all prisoners. (9.47)  
**Partially achieved**
- Children aged 10 and over should not be counted as adults for the purpose of visits. (9.48)  
**Not achieved** (recommendation repeated, 4.57)
- Families should be invited to attend sentence planning reviews. (9.49)  
**Not achieved**
- Prisoners should be able to undertake general relationship counselling with their immediate family. (9.50)  
**Not achieved**
- Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.51)  
**Not achieved** (recommendation repeated as housekeeping point, 4.59)
- Release on temporary licence should be used to allow suitable primary carers to keep in contact with their children. (9.53)  
**Not achieved**
- A qualified family support worker should be employed. (9.54)  
**Partially achieved**
- Assessments of suitability for courses such as the sex offender treatment programme and controlling anger and learning to manage it should be carried out at Liverpool to ensure that prisoners are moved to appropriate prisons to address their offending behaviour needs. (9.57)  
**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		796	64.4
Recall		122	9.9
Convicted unsentenced		82	6.6
Remand		228	18.4
Civil prisoners		0	
Detainees		14	1.1
<b>Total</b>		<b>1236</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced		278	22.5
Less than six months		176	14.2
six months to less than 12 months		99	8.0
12 months to less than 2 years		191	15.5
2 years to less than 4 years		209	16
4 years to less than 10 years		185	15
10 years and over (not life)		47	3.8
ISPP (indeterminate sentence for public protection)		34	2.7
Life		17	1.3
<b>Total</b>		<b>1236</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	503	40.7
30 years to 39 years	370	29.9
40 years to 49 years	236	19.1
50 years to 59 years	98	7.9
60 years to 69 years	20	1.6
70 plus years	9	0.7
Please state maximum age here: 86		
<b>Total</b>	<b>1236</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British		1167	93.4
Foreign nationals		69	5.6
<b>Total</b>		<b>1236</b>	<b>99</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		299	24.2
Uncategorised sentenced		2	0.2
Category A		0	0
Category B		86	7.0

Category C		663	53.6
Category D		31	2.5
Other		155	12.6
<b>Total</b>		<b>1236</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		1098	88.8
Irish		8	0.6
Gypsy/Irish Traveller		0	0.0
Other white		25	2.0
Mixed			
White and black Caribbean		5	0.4
White and black African		2	0.2
White and Asian		0	0
Other mixed		8	0.6
Asian or Asian British		13	1.1
Indian		4	0.3
Pakistani		9	0.7
Bangladeshi		2	0.2
Chinese		3	0.2
Other Asian			
Black or black British			
Caribbean		8	0.6
African		11	0.9
Other black		14	1.1
Other ethnic group			
Arab		2	0.2
Other ethnic group		3	0.2
Not stated		21	1.7
<b>Total</b>		<b>1236</b>	<b>100</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist		1	0.1
Church of England		270	21.8
Roman Catholic		425	34.4
Other Christian denominations		68	5.5
Muslim		41	3.3
Sikh		2	0.2
Hindu		0	0.0
Buddhist		10	0.8
Jewish		2	0.2
Other		2	0.2
No religion		404	32.7
<b>Total</b>		<b>1236</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)		13	1.05
<b>Total</b>		<b>13</b>	<b>1.05</b>

**Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month			262	27.3
1 month to 3 months			303	31.6
3 months to six months			213	22.2
six months to 1 year			119	12.4
1 year to 2 years			51	5.3
2 years to 4 years			8	0.8
4 years or more			2	0.2
<b>Total</b>			<b>958</b>	<b>100</b>

**Sentenced prisoners only**

	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry		14	1.4
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		268	27.9
<b>Total</b>			

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month			95	34.1
1 month to 3 months			101	36.3
3 months to six months			63	22.6
six months to 1 year			17	6.1
1 year to 2 years			2	0.7
2 years to 4 years			0	
4 years or more			0	
<b>Total</b>			<b>278</b>	<b>100</b>

**Unable to provide**

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



## 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.<sup>8</sup> 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 14 October 2013 the prisoner population at HMP Liverpool was 1227. Using the method described above, questionnaires were distributed to a sample of 233 prisoners.

We received a total of 189 completed questionnaires, a response rate of 81%. This included two questionnaires completed via interview. Sixteen respondents refused to complete a questionnaire, 20 questionnaires were not returned and eight were returned blank.

---

<sup>8</sup> 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
A	11
B2	27
F	23
G	31
H	26
I	41
J1	1
J2	5
K	20
Segregation unit (B1)	2
Health care	2

### Presentation of survey results and analyses

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

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 significant<sup>9</sup> 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 Liverpool 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 35 local prisons since April 2009.
- The current survey responses from HMP Liverpool in 2013 compared with the responses of prisoners surveyed at HMP Liverpool in 2011.
- 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 the vulnerable prisoner wing (K) and the rest of the establishment.

<sup>9</sup> 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

<b>Q1.2</b>	<b>How old are you?</b>		
	Under 21 .....	1	(1%)
	21 - 29.....	87	(46%)
	30 - 39.....	52	(28%)
	40 - 49.....	39	(21%)
	50 - 59.....	8	(4%)
	60 - 69.....	1	(1%)
	70 and over .....	0	(0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	Yes .....	120	(63%)
	Yes - on recall.....	22	(12%)
	No - awaiting trial.....	22	(12%)
	No - awaiting sentence .....	22	(12%)
	No - awaiting deportation.....	3	(2%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	Not sentenced .....	47	(25%)
	Less than 6 months .....	24	(13%)
	6 months to less than 1 year .....	15	(8%)
	1 year to less than 2 years .....	26	(14%)
	2 years to less than 4 years .....	28	(15%)
	4 years to less than 10 years .....	26	(14%)
	10 years or more.....	8	(4%)
	IPP (indeterminate sentence for public protection) .....	6	(3%)
	Life.....	5	(3%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship.)</b>		
	Yes .....	10	(5%)
	No.....	178	(95%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes .....	186	(99%)
	No.....	2	(1%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes .....	186	(99%)
	No.....	2	(1%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	158	(85%)
	White - Irish .....	2	(1%)
	White - other.....	9	(5%)
	Black or black British - Caribbean.....	3	(2%)
	Black or black British - African.....	2	(1%)
	Black or black British - other .....	0	(0%)
	Asian or Asian British - Indian .....	1	(1%)
	Asian or Asian British - Chinese.....	0	(0%)
	Asian or Asian British - other .....	0	(0%)
	Mixed race - white and black .....	3	(2%)
	Caribbean .....		
	Mixed race - white and black .....	3	(2%)
	African .....		
	Mixed race - white and Asian.....	0	(0%)
	Mixed race - other .....	2	(1%)
	Arab.....	1	(1%)

Asian or Asian British - Pakistani.....	1 (1%)	Other ethnic group.....	0 (0%)
Asian or Asian British - Bangladeshi.....	1 (1%)		

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

Yes .....	2 (1%)
No.....	171 (99%)

**Q1.10 What is your religion?**

None.....	42 (23%)	Hindu.....	0 (0%)
Church of England .....	44 (25%)	Jewish.....	1 (1%)
Catholic .....	71 (40%)	Muslim.....	5 (3%)
Protestant.....	4 (2%)	Sikh .....	0 (0%)
Other Christian denomination .....	4 (2%)	Other.....	7 (4%)
Buddhist.....	1 (1%)		

**Q1.11 How would you describe your sexual orientation?**

Heterosexual/ Straight .....	178 (97%)
Homosexual/Gay.....	3 (2%)
Bisexual.....	3 (2%)

**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 .....	53 (29%)
No.....	131 (71%)

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

Yes .....	11 (6%)
No.....	171 (94%)

**Q1.14 Is this your first time in prison?**

Yes .....	57 (31%)
No.....	127 (69%)

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

Yes .....	108 (58%)
No.....	77 (42%)

**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 .....	158 (84%)
2 hours or longer .....	20 (11%)
Don't remember .....	11 (6%)

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

My journey was less than two hours .....	158 (84%)
Yes .....	8 (4%)
No.....	18 (10%)
Don't remember .....	4 (2%)

**Q2.3 On your most recent journey here, were you offered a toilet break?**

My journey was less than two hours .....	158 (84%)
Yes .....	4 (2%)
No.....	25 (13%)
Don't remember .....	2 (1%)



<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes .....	91 (48%)
	No.....	73 (39%)
	Don't remember .....	24 (13%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	133 (71%)
	No.....	40 (21%)
	Don't remember .....	15 (8%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well.....	37 (20%)
	Well.....	82 (44%)
	Neither.....	47 (25%)
	Badly.....	8 (4%)
	Very badly .....	4 (2%)
	Don't remember .....	8 (4%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	Yes, someone told me .....	115 (61%)
	Yes, I received written information .....	3 (2%)
	No, I was not told anything .....	60 (32%)
	Don't remember .....	10 (5%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	143 (76%)
	No.....	34 (18%)
	Don't remember.....	10 (5%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours .....	49 (27%)
	2 hours or longer .....	121 (66%)
	Don't remember .....	12 (7%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	136 (74%)
	No .....	37 (20%)
	Don't remember .....	10 (5%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	23 (13%)
	Well.....	85 (46%)
	Neither.....	34 (18%)
	Badly.....	30 (16%)
	Very badly.....	11 (6%)
	Don't remember .....	1 (1%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>	
	Loss of property .....	23 (13%)
	Housing problems.....	28 (15%)
	Contacting employers.....	7 (4%)
	Contacting family.....	57 (31%)
	Physical health .....	34 (18%)
	Mental health.....	47 (26%)
	Needing protection from other prisoners .....	16 (9%)
	Getting phone numbers .....	56 (30%)

Childcare .....	3 (2%)	Other .....	6 (3%)
Money worries.....	51 (28%)	Did not have any problems .....	42 (23%)
Feeling depressed or suicidal .....	38 (21%)		

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

Yes .....	40 (22%)
No.....	96 (54%)
Did not have any problems .....	42 (24%)

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

Tobacco.....	161 (86%)
A shower .....	147 (79%)
A free telephone call.....	141 (75%)
Something to eat.....	135 (72%)
PIN phone credit.....	100 (53%)
Toiletries/ basic items .....	129 (69%)
Did not receive anything .....	4 (2%)

**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 .....	80 (44%)
Someone from health services.....	122 (67%)
A Listener/Samaritans .....	63 (35%)
Prison shop/ canteen .....	37 (20%)
Did not have access to any of these.....	31 (17%)

**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 .....	75 (42%)
What support was available for people feeling depressed or suicidal.....	58 (32%)
How to make routine requests (applications) .....	57 (32%)
Your entitlement to visits.....	70 (39%)
Health services .....	65 (36%)
Chaplaincy .....	64 (36%)
Not offered any information.....	59 (33%)

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

Yes .....	126 (69%)
No.....	43 (23%)
Don't remember .....	14 (8%)

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

Have not been on an induction course .....	30 (16%)
Within the first week.....	104 (57%)
More than a week.....	44 (24%)
Don't remember .....	5 (3%)

**Q3.11 Did the induction course cover everything you needed to know about the prison?**

Have not been on an induction course .....	30 (17%)
Yes .....	72 (41%)
No.....	59 (33%)
Don't remember .....	16 (9%)

**Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**

<i>Did not receive an assessment</i> .....	38 (21%)
<i>Within the first week</i> .....	79 (44%)
<i>More than a week</i> .....	47 (26%)
<i>Don't remember</i> .....	17 (9%)

**Section 4: Legal rights and respectful custody****Q4.1 How easy is it to...**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	16 (9%)	46 (26%)	29 (16%)	44 (24%)	28 (16%)	17 (9%)
<i>Attend legal visits?</i>	28 (17%)	65 (39%)	25 (15%)	21 (13%)	8 (5%)	21 (13%)
<i>Get bail information?</i>	13 (8%)	14 (9%)	43 (26%)	31 (19%)	24 (15%)	38 (23%)

**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> .....	18 (10%)
<i>Yes</i> .....	79 (44%)
<i>No</i> .....	81 (46%)

**Q4.3 Can you get legal books in the library?**

<i>Yes</i> .....	58 (32%)
<i>No</i> .....	21 (12%)
<i>Don't know</i> .....	103 (57%)

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

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	100 (55%)	77 (42%)	5 (3%)
<i>Are you normally able to have a shower every day?</i>	156 (85%)	27 (15%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	138 (75%)	41 (22%)	4 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	66 (36%)	108 (60%)	7 (4%)
<i>Is your cell call bell normally answered within five minutes?</i>	36 (20%)	136 (75%)	10 (5%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	120 (68%)	52 (30%)	4 (2%)
<i>If you need to, can you normally get your stored property?</i>	24 (13%)	106 (58%)	53 (29%)

**Q4.5 What is the food like here?**

<i>Very good</i> .....	2 (1%)
<i>Good</i> .....	11 (6%)
<i>Neither</i> .....	27 (15%)
<i>Bad</i> .....	57 (31%)
<i>Very bad</i> .....	87 (47%)

**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> .....	9 (5%)
<i>Yes</i> .....	80 (44%)
<i>No</i> .....	93 (51%)

**Q4.7 Can you speak to a Listener at any time, if you want to?**

<i>Yes</i> .....	117 (63%)
<i>No</i> .....	23 (12%)
<i>Don't know</i> .....	45 (24%)

<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes .....	83 (45%)
	No.....	24 (13%)
	Don't know/ N/A.....	78 (42%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes .....	102 (55%)
	No.....	12 (7%)
	Don't know/ N/A.....	70 (38%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	I don't want to attend .....	36 (20%)
	Very easy.....	33 (18%)
	Easy.....	37 (20%)
	Neither.....	12 (7%)
	Difficult.....	9 (5%)
	Very difficult.....	7 (4%)
	Don't know.....	49 (27%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes .....	141 (77%)
	No .....	32 (18%)
	Don't know .....	9 (5%)
<b>Q5.2</b>	<b>Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).</b>	
		Not made one      Yes      No
	Are applications dealt with fairly?	16 (10%)      70 (42%)      82 (49%)
	Are applications dealt with quickly (within seven days)?	16 (10%)      38 (23%)      108 (67%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes .....	88 (50%)
	No .....	43 (24%)
	Don't know .....	46 (26%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).</b>	
		Not made one      Yes      No
	Are complaints dealt with fairly?	76 (44%)      31 (18%)      64 (37%)
	Are complaints dealt with quickly (within seven days)?	76 (45%)      17 (10%)      77 (45%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes .....	26 (16%)
	No.....	141 (84%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	Don't know who they are.....	89 (51%)
	Very easy.....	8 (5%)
	Easy.....	23 (13%)
	Neither.....	27 (15%)
	Difficult.....	13 (7%)
	Very difficult.....	15 (9%)

### Section 6: Incentive and earned privileges scheme

**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

<i>Don't know what the IEP scheme is</i> .....	17 (9%)
Yes .....	71 (39%)
No .....	58 (32%)
<i>Don't know</i> .....	35 (19%)

**Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)**

<i>Don't know what the IEP scheme is</i> .....	17 (10%)
Yes .....	69 (40%)
No .....	54 (31%)
<i>Don't know</i> .....	33 (19%)

**Q6.3 In the last six months have any members of staff physically restrained you (C&R)?**

Yes .....	16 (9%)
No .....	164 (91%)

**Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?**

<i>I have not been to segregation in the last 6 months</i> .....	142 (82%)
Very well .....	5 (3%)
Well .....	6 (3%)
Neither .....	6 (3%)
Badly .....	11 (6%)
Very badly .....	3 (2%)

### Section 7: Relationships with staff

**Q7.1 Do most staff treat you with respect?**

Yes .....	130 (71%)
No .....	53 (29%)

**Q7.2 Is there a member of staff you can turn to for help if you have a problem?**

Yes .....	132 (73%)
No .....	49 (27%)

**Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?**

Yes .....	47 (26%)
No .....	134 (74%)

**Q7.4 How often do staff normally speak to you during association?**

<i>Do not go on association</i> .....	5 (3%)
Never .....	52 (28%)
Rarely .....	48 (26%)
Some of the time .....	47 (26%)
Most of the time .....	20 (11%)
All of the time .....	11 (6%)

**Q7.5 When did you first meet your personal (named) officer?**

<i>I have not met him/her</i> .....	120 (66%)
<i>In the first week</i> .....	25 (14%)
<i>More than a week</i> .....	21 (11%)
<i>Don't remember</i> .....	17 (9%)

**Q7.6 How helpful is your personal (named) officer?**

<i>Do not have a personal officer/ I have not met him/ her</i> .....	120 (67%)
<i>Very helpful</i> .....	22 (12%)
<i>Helpful</i> .....	13 (7%)
<i>Neither</i> .....	15 (8%)
<i>Not very helpful</i> .....	6 (3%)
<i>Not at all helpful</i> .....	2 (1%)

**Section 8: Safety****Q8.1 Have you ever felt unsafe here?**

<i>Yes</i> .....	86 (48%)
<i>No</i> .....	95 (52%)

**Q8.2 Do you feel unsafe now?**

<i>Yes</i> .....	39 (22%)
<i>No</i> .....	137 (78%)

**Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)**

<i>Never felt unsafe</i> .....	95 (56%)	<i>At meal times</i> .....	14 (8%)
<i>Everywhere</i> .....	31 (18%)	<i>At health services</i> .....	14 (8%)
<i>Segregation unit</i> .....	7 (4%)	<i>Visits area</i> .....	13 (8%)
<i>Association areas</i> .....	27 (16%)	<i>In wing showers</i> .....	20 (12%)
<i>Reception area</i> .....	13 (8%)	<i>In gym showers</i> .....	10 (6%)
<i>At the gym</i> .....	11 (6%)	<i>In corridors/stairwells</i> .....	14 (8%)
<i>In an exercise yard</i> .....	17 (10%)	<i>On your landing/wing</i> .....	21 (12%)
<i>At work</i> .....	16 (9%)	<i>In your cell</i> .....	13 (8%)
<i>During movement</i> .....	20 (12%)	<i>At religious services</i> .....	3 (2%)
<i>At education</i> .....	12 (7%)		

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

<i>Yes</i> .....	54 (29%)
<i>No</i> .....	130 (71%)

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

<i>Insulting remarks (about you or your family or friends)</i> .....	23 (13%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	16 (9%)
<i>Sexual abuse</i> .....	4 (2%)
<i>Feeling threatened or intimidated</i> .....	27 (15%)
<i>Having your canteen/property taken</i> .....	9 (5%)
<i>Medication</i> .....	10 (5%)
<i>Debt</i> .....	8 (4%)
<i>Drugs</i> .....	11 (6%)
<i>Your race or ethnic origin</i> .....	3 (2%)
<i>Your religion/religious beliefs</i> .....	3 (2%)
<i>Your nationality</i> .....	1 (1%)
<i>You are from a different part of the country than others</i> .....	8 (4%)
<i>You are from a traveller community</i> .....	0 (0%)
<i>Your sexual orientation</i> .....	3 (2%)
<i>Your age</i> .....	3 (2%)
<i>You have a disability</i> .....	4 (2%)
<i>You were new here</i> .....	8 (4%)
<i>Your offence/ crime</i> .....	7 (4%)
<i>Gang related issues</i> .....	10 (5%)

<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes .....	60 (34%)
	No.....	119 (66%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	Insulting remarks (about you or your family or friends) .....	22 (12%)
	Physical abuse (being hit, kicked or assaulted) .....	10 (6%)
	Sexual abuse .....	3 (2%)
	Feeling threatened or intimidated .....	26 (15%)
	Medication.....	3 (2%)
	Debt .....	1 (1%)
	Drugs.....	6 (3%)
	Your race or ethnic origin.....	1 (1%)
	Your religion/religious beliefs .....	3 (2%)
	Your nationality .....	0 (0%)
	You are from a different part of the country than others.....	1 (1%)
	You are from a traveller community .....	1 (1%)
	Your sexual orientation .....	0 (0%)
	Your age.....	6 (3%)
	You have a disability.....	3 (2%)
	You were new here.....	6 (3%)
	Your offence/ crime .....	4 (2%)
	Gang related issues.....	6 (3%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised .....	111 (63%)
	Yes .....	16 (9%)
	No.....	50 (28%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	25 (14%)	6 (3%)	18 (10%)	8 (4%)	63 (35%)	59 (33%)
	The nurse	19 (11%)	21 (12%)	59 (34%)	18 (10%)	27 (16%)	30 (17%)
	The dentist	33 (19%)	4 (2%)	10 (6%)	4 (2%)	30 (17%)	94 (54%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	45 (26%)	10 (6%)	31 (18%)	29 (17%)	30 (17%)	30 (17%)
	The nurse	26 (15%)	28 (16%)	41 (24%)	29 (17%)	22 (13%)	24 (14%)
	The dentist	64 (39%)	9 (5%)	11 (7%)	20 (12%)	22 (13%)	40 (24%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	Not been .....	20 (11%)					
	Very good.....	16 (9%)					
	Good.....	34 (19%)					
	Neither .....	33 (19%)					
	Bad .....	36 (21%)					
	Very bad.....	36 (21%)					
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes .....	91 (50%)					
	No.....	90 (50%)					

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i> .....	90 (50%)
	<i>Yes, all my meds</i> .....	26 (14%)
	<i>Yes, some of my meds</i> .....	34 (19%)
	<i>No</i> .....	30 (17%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	<i>Yes</i> .....	76 (42%)
	<i>No</i> .....	105 (58%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)</b>	
	<i>Do not have any emotional or mental health problems</i> .....	105 (61%)
	<i>Yes</i> .....	40 (23%)
	<i>No</i> .....	28 (16%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	<i>Yes</i> .....	62 (35%)
	<i>No</i> .....	116 (65%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i> .....	33 (19%)
	<i>No</i> .....	143 (81%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i> .....	45 (26%)
	<i>Easy</i> .....	30 (17%)
	<i>Neither</i> .....	11 (6%)
	<i>Difficult</i> .....	4 (2%)
	<i>Very difficult</i> .....	7 (4%)
	<i>Don't know</i> .....	78 (45%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i> .....	10 (6%)
	<i>Easy</i> .....	6 (3%)
	<i>Neither</i> .....	15 (9%)
	<i>Difficult</i> .....	18 (10%)
	<i>Very difficult</i> .....	23 (13%)
	<i>Don't know</i> .....	102 (59%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i> .....	19 (11%)
	<i>No</i> .....	155 (89%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i> .....	17 (10%)
	<i>No</i> .....	156 (90%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i> .....	107 (64%)
	<i>Yes</i> .....	31 (18%)
	<i>No</i> .....	30 (18%)



**Q10.8 Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?**

<i>Did not / do not have an alcohol problem</i> .....	143 (81%)
Yes.....	18 (10%)
No.....	15 (9%)

**Q10.9 Was the support or help you received, whilst in this prison, helpful?**

<i>Did not have a problem/ did not receive help</i> .....	98 (57%)
Yes.....	37 (22%)
No.....	36 (21%)

### Section 11: Activities

**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	26 (15%)	15 (8%)	49 (28%)	23 (13%)	34 (19%)	30 (17%)
Vocational or skills training	37 (22%)	18 (11%)	37 (22%)	29 (17%)	23 (14%)	26 (15%)
Education (including basic skills)	19 (11%)	31 (19%)	64 (38%)	15 (9%)	19 (11%)	19 (11%)
Offending behaviour programmes	50 (30%)	11 (7%)	24 (14%)	25 (15%)	22 (13%)	34 (20%)

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

<i>Not involved in any of these</i> .....	33 (19%)
Prison job.....	82 (48%)
Vocational or skills training.....	14 (8%)
Education (including basic skills).....	54 (32%)
Offending behaviour programmes.....	18 (11%)

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

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	39 (27%)	33 (22%)	59 (40%)	16 (11%)
Vocational or skills training	43 (36%)	28 (24%)	36 (31%)	11 (9%)
Education (including basic skills)	27 (20%)	47 (34%)	46 (33%)	18 (13%)
Offending behaviour programmes	47 (39%)	28 (23%)	28 (23%)	19 (16%)

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

<i>Don't want to go</i> .....	34 (19%)
<i>Never</i> .....	62 (35%)
<i>Less than once a week</i> .....	42 (24%)
<i>About once a week</i> .....	25 (14%)
<i>More than once a week</i> .....	12 (7%)

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

<i>Don't use it</i> .....	68 (41%)
Yes.....	52 (31%)
No.....	47 (28%)

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

<i>Don't want to go</i> .....	35 (21%)
0.....	47 (28%)
1 to 2.....	55 (32%)
3 to 5.....	29 (17%)
More than 5.....	4 (2%)

<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i> .....	22 (13%)
	<i>0</i> .....	37 (22%)
	<i>1 to 2</i> .....	55 (32%)
	<i>3 to 5</i> .....	37 (22%)
	<i>More than 5</i> .....	21 (12%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i> .....	3 (2%)
	<i>0</i> .....	5 (3%)
	<i>1 to 2</i> .....	23 (13%)
	<i>3 to 5</i> .....	80 (47%)
	<i>More than 5</i> .....	60 (35%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	
	<i>Less than 2 hours</i> .....	42 (24%)
	<i>2 to less than 4 hours</i> .....	35 (20%)
	<i>4 to less than 6 hours</i> .....	41 (24%)
	<i>6 to less than 8 hours</i> .....	19 (11%)
	<i>8 to less than 10 hours</i> .....	13 (8%)
	<i>10 hours or more</i> .....	18 (10%)
	<i>Don't know</i> .....	5 (3%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	<i>Yes</i> .....	52 (31%)
	<i>No</i> .....	115 (69%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i> .....	125 (71%)
	<i>No</i> .....	51 (29%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i> .....	55 (32%)
	<i>No</i> .....	118 (68%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	23 (13%)
	<i>Very easy</i> .....	34 (19%)
	<i>Easy</i> .....	51 (29%)
	<i>Neither</i> .....	16 (9%)
	<i>Difficult</i> .....	27 (15%)
	<i>Very difficult</i> .....	21 (12%)
	<i>Don't know</i> .....	4 (2%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i> .....	47 (27%)
	<i>Yes</i> .....	88 (51%)
	<i>No</i> .....	37 (22%)

<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i> .....	84 (49%)
	<i>No contact</i> .....	40 (23%)
	<i>Letter</i> .....	25 (15%)
	<i>Phone</i> .....	11 (6%)
	<i>Visit</i> .....	30 (17%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	<i>Yes</i> .....	51 (31%)
	<i>No</i> .....	114 (69%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i> .....	47 (27%)
	<i>Yes</i> .....	39 (22%)
	<i>No</i> .....	89 (51%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	136 (79%)
	<i>Very involved</i> .....	10 (6%)
	<i>Involved</i> .....	17 (10%)
	<i>Neither</i> .....	3 (2%)
	<i>Not very involved</i> .....	2 (1%)
	<i>Not at all involved</i> .....	5 (3%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	136 (80%)
	<i>Nobody</i> .....	9 (5%)
	<i>Offender supervisor</i> .....	11 (6%)
	<i>Offender manager</i> .....	15 (9%)
	<i>Named/ personal officer</i> .....	4 (2%)
	<i>Staff from other departments</i> .....	9 (5%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	136 (80%)
	<i>Yes</i> .....	20 (12%)
	<i>No</i> .....	8 (5%)
	<i>Don't know</i> .....	7 (4%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	136 (79%)
	<i>Yes</i> .....	11 (6%)
	<i>No</i> .....	16 (9%)
	<i>Don't know</i> .....	10 (6%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	136 (79%)
	<i>Yes</i> .....	12 (7%)
	<i>No</i> .....	15 (9%)
	<i>Don't know</i> .....	10 (6%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	<i>Yes</i> .....	11 (7%)
	<i>No</i> .....	51 (31%)
	<i>Don't know</i> .....	103 (62%)

**Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**

Yes ..... 23 (14%)  
 No..... 141 (86%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:  
 (please tick all that apply to you.)**

	<i>Do not need help</i>	Yes	No
Employment	38 (24%)	37 (24%)	82 (52%)
Accommodation	38 (23%)	65 (40%)	60 (37%)
Benefits	35 (22%)	57 (36%)	68 (43%)
Finances	37 (25%)	35 (23%)	79 (52%)
Education	37 (24%)	42 (27%)	76 (49%)
Drugs and alcohol	46 (29%)	55 (34%)	59 (37%)

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

*Not sentenced* ..... 47 (28%)  
 Yes ..... 63 (37%)  
 No ..... 59 (35%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Liverpool 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

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>189</b>	<b>5881</b>	<b>189</b>	<b>189</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	7%	1%	0%
1.3	Are you sentenced?	75%	67%	75%	80%
1.3	Are you on recall?	12%	9%	12%	6%
1.4	Is your sentence less than 12 months?	21%	21%	21%	30%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	2%
1.5	Are you a foreign national?	5%	14%	5%	9%
1.6	Do you understand spoken English?	99%	98%	99%	
1.7	Do you understand written English?	99%	96%	99%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	9%	25%	9%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	5%	1%	3%
1.1	Are you Muslim?	3%	12%	3%	3%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
1.12	Do you consider yourself to have a disability?	29%	22%	29%	23%
1.13	Are you a veteran (ex-armed services)?	6%	5%	6%	
1.14	Is this your first time in prison?	31%	31%	31%	27%
1.15	Do you have any children under the age of 18?	58%	54%	58%	56%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	11%	19%	11%	13%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	27%	40%	27%	
2.3	Were you offered a toilet break?	13%	10%	13%	
2.4	Was the van clean?	48%	62%	48%	
2.5	Did you feel safe?	71%	76%	71%	
2.6	Were you treated well/very well by the escort staff?	64%	67%	64%	74%

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	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 were you told that you were coming here?	61%	65%	61%	
2.7	Before you arrived here did you receive any written information about coming here?	2%	5%	2%	
2.8	When you first arrived here did your property arrive at the same time as you?	76%	81%	76%	84%
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	27%	48%	27%	
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	77%	74%	83%
3.3	Were you treated well/very well in reception?	59%	63%	59%	63%
	When you first arrived:				
3.4	Did you have any problems?	77%	74%	77%	74%
3.4	Did you have any problems with loss of property?	13%	15%	13%	10%
3.4	Did you have any housing problems?	15%	23%	15%	23%
3.4	Did you have any problems contacting employers?	4%	6%	4%	6%
3.4	Did you have any problems contacting family?	31%	31%	31%	36%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	5%	2%	8%
3.4	Did you have any money worries?	28%	22%	28%	23%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	21%	21%	26%
3.4	Did you have any physical health problems?	19%	17%	19%	
3.4	Did you have any mental health problems?	26%	20%	26%	
3.4	Did you have any problems with needing protection from other prisoners?	9%	8%	9%	9%
3.4	Did you have problems accessing phone numbers?	30%	29%	30%	34%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	29%	36%	29%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	86%	85%	86%	97%
3.6	A shower?	79%	32%	79%	77%
3.6	A free telephone call?	75%	58%	75%	82%
3.6	Something to eat?	72%	76%	72%	88%
3.6	PIN phone credit?	54%	58%	54%	

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	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				
3.6	Toiletries/ basic items?	69%	60%	69%	
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	44%	47%	44%	
3.7	Someone from health services?	67%	71%	67%	
3.7	A Listener/Samaritans?	35%	37%	35%	
3.7	Prison shop/ canteen?	20%	18%	20%	7%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	42%	49%	42%	46%
3.8	Support was available for people feeling depressed or suicidal?	32%	47%	32%	43%
3.8	How to make routine requests?	32%	42%	32%	35%
3.8	Your entitlement to visits?	39%	46%	39%	35%
3.8	Health services?	36%	52%	36%	47%
3.8	The chaplaincy?	36%	47%	36%	41%
3.9	Did you feel safe on your first night here?	69%	74%	69%	72%
3.10	Have you been on an induction course?	84%	80%	84%	73%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	49%	59%	49%	57%
3.12	Did you receive an education (skills for life) assessment?	79%	73%	79%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	34%	41%	34%	40%
4.1	Attend legal visits?	55%	58%	55%	60%
4.1	Get bail information?	17%	22%	17%	26%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	39%	44%	43%
4.3	Can you get legal books in the library?	32%	38%	32%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	55%	55%	55%	51%
4.4	Are you normally able to have a shower every day?	85%	77%	85%	80%

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	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				
4.4	Do you normally receive clean sheets every week?	75%	80%	75%	75%
4.4	Do you normally get cell cleaning materials every week?	37%	61%	37%	38%
4.4	Is your cell call bell normally answered within five minutes?	20%	36%	20%	24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	64%	68%	63%
4.4	Can you normally get your stored property, if you need to?	13%	26%	13%	32%
4.5	Is the food in this prison good/very good?	7%	24%	7%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	47%	44%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	57%	63%	69%
4.8	Are your religious beliefs are respected?	45%	53%	45%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	55%	53%	55%	62%
4.10	Is it easy/very easy to attend religious services?	38%	47%	38%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	78%	78%	78%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	46%	58%	46%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	26%	46%	26%	43%
5.3	Is it easy to make a complaint?	50%	53%	50%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	33%	33%	33%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	18%	36%	18%	34%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	18%	16%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	22%	18%	20%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	47%	39%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	45%	40%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	9%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	35%	37%	35%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	71%	74%	71%	75%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	74%	73%	77%



## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	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				
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	30%	26%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	19%	17%	15%
7.5	Do you have a personal officer?	34%	46%	34%	32%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	60%	65%	60%	72%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	48%	39%	48%	39%
8.2	Do you feel unsafe now?	22%	16%	22%	19%
8.4	Have you been victimised by other prisoners here?	29%	24%	29%	19%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	13%	11%	13%	10%
8.5	Hit, kicked or assaulted you?	9%	7%	9%	6%
8.5	Sexually abused you?	2%	1%	2%	1%
8.5	Threatened or intimidated you?	15%	14%	15%	
8.5	Taken your canteen/property?	5%	5%	5%	7%
8.5	Victimised you because of medication?	5%	5%	5%	
8.5	Victimised you because of debt?	4%	3%	4%	
8.5	Victimised you because of drugs?	6%	4%	6%	3%
8.5	Victimised you because of your race or ethnic origin?	2%	3%	2%	4%
8.5	Victimised you because of your religion/religious beliefs?	2%	2%	2%	2%
8.5	Victimised you because of your nationality?	1%	3%	1%	
8.5	Victimised you because you were from a different part of the country?	4%	3%	4%	5%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	2%	2%	2%	2%
8.5	Victimised you because you have a disability?	2%	3%	2%	3%
8.5	Victimised you because you were new here?	4%	5%	4%	5%
8.5	Victimised you because of your offence/crime?	4%	5%	4%	5%
8.5	Victimised you because of gang related issues?	5%	4%	5%	5%

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	34%	27%	34%	21%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	11%	12%	10%
8.7	Hit, kicked or assaulted you?	6%	4%	6%	3%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	15%	11%	15%	
8.7	Victimised you because of medication?	2%	5%	2%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	3%	4%	3%	3%
8.7	Victimised you because of your race or ethnic origin?	1%	4%	1%	3%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	1%
8.7	Victimised you because of your nationality?	0%	4%	0%	
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	2%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	3%	2%	3%	0%
8.7	Victimised you because you have a disability?	2%	2%	2%	2%
8.7	Victimised you because you were new here?	3%	5%	3%	7%
8.7	Victimised you because of your offence/crime?	2%	5%	2%	2%
8.7	Victimised you because of gang related issues?	3%	2%	3%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	24%	33%	24%	33%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	13%	26%	13%	22%
9.1	Is it easy/very easy to see the nurse?	46%	49%	46%	59%
9.1	Is it easy/very easy to see the dentist?	8%	10%	8%	8%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	32%	45%	32%	39%

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	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				
9.2	The nurse?	48%	56%	48%	62%
9.2	The dentist?	20%	31%	20%	39%
9.3	The overall quality of health services?	32%	39%	32%	41%
9.4	Are you currently taking medication?	50%	50%	50%	55%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	67%	62%	67%	
9.6	Do you have any emotional well being or mental health problems?	42%	35%	42%	37%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	59%	41%	59%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	35%	34%	35%	39%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	26%	19%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	29%	43%	32%
10.4	Is it easy/very easy to get alcohol in this prison?	9%	13%	9%	
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	7%	11%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	8%	10%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	51%	64%	51%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	55%	60%	55%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	51%	78%	51%	75%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	36%	31%	36%	
11.1	Vocational or skills training?	32%	29%	32%	
11.1	Education (including basic skills)?	57%	42%	57%	
11.1	Offending behaviour programmes?	21%	18%	21%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	48%	44%	48%	52%
11.2	Vocational or skills training?	8%	10%	8%	6%

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	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				
11.2	Education (including basic skills)?	32%	26%	32%	35%
11.2	Offending behaviour programmes?	11%	8%	11%	5%
11.3	Have you had a job while in this prison?	74%	69%	74%	78%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	31%	42%	31%	44%
11.3	Have you been involved in vocational or skills training while in this prison?	64%	55%	64%	61%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	37%	49%	37%	42%
11.3	Have you been involved in education while in this prison?	80%	67%	80%	80%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	42%	55%	42%	54%
11.3	Have you been involved in offending behaviour programmes while in this prison?	62%	52%	62%	58%
	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?	37%	46%	37%	46%
11.4	Do you go to the library at least once a week?	21%	34%	21%	27%
11.5	Does the library have a wide enough range of materials to meet your needs?	31%	35%	31%	
11.6	Do you go to the gym three or more times a week?	19%	30%	19%	35%
11.7	Do you go outside for exercise three or more times a week?	34%	40%	34%	24%
11.8	Do you go on association more than five times each week?	35%	44%	35%	23%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	10%	10%	8%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	31%	34%	31%	37%
12.2	Have you had any problems with sending or receiving mail?	71%	46%	71%	55%
12.3	Have you had any problems getting access to the telephones?	32%	33%	32%	49%
12.4	Is it easy/ very easy for your friends and family to get here?	48%	37%	48%	
<b>SECTION 13: Preparation for release</b>					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	70%	60%	70%	
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	46%	42%	46%	

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2013	Local prisons comparator	HMP Liverpool 2013	HMP Liverpool 2011
	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				
13.2	Contact by letter?	28%	28%	28%	
13.2	Contact by phone?	12%	14%	12%	
13.2	Contact by visit?	34%	36%	34%	
13.3	Do you have a named offender supervisor in this prison?	31%	31%	31%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	30%	40%	30%	27%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	73%	57%	73%	58%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	26%	45%	26%	
13.6	Offender supervisor?	32%	32%	32%	
13.6	Offender manager?	44%	26%	44%	
13.6	Named/ personal officer?	12%	12%	12%	
13.6	Staff from other departments?	26%	19%	26%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	57%	59%	57%	47%
13.8	Are there plans for you to achieve any of your targets in another prison?	30%	26%	30%	
13.9	Are there plans for you to achieve any of your targets in the community?	33%	32%	33%	
13.10	Do you have a needs based custody plan?	7%	7%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	14%	14%	15%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	31%	30%	31%	
13.12	Accommodation?	52%	39%	52%	
13.12	Benefits?	46%	41%	46%	
13.12	Finances?	31%	24%	31%	
13.12	Education?	36%	30%	36%	
13.12	Drugs and alcohol?	48%	46%	48%	
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	47%	52%	39%

## Diversity Analysis



### Key question responses(Disability) HMP Liverpool 2013

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

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>53</b>	<b>131</b>
1.3	Are you sentenced?	77%	74%
1.5	Are you a foreign national?	4%	6%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	2%
1.1	Are you Muslim?	4%	2%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	12%	4%
1.14	Is this your first time in prison?	27%	33%
2.6	Were you treated well/very well by the escort staff?	57%	67%
2.7	Before you arrived here were you told that you were coming here?	57%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	67%	77%
3.3	Were you treated well/very well in reception?	50%	63%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Did you have any problems when you first arrived?	92%	70%
3.7	Did you have access to someone from health care when you first arrived here?	74%	63%
3.9	Did you feel safe on your first night here?	58%	73%
3.10	Have you been on an induction course?	80%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	35%
4.4	Are you normally offered enough clean, suitable clothes for the week?	54%	57%
4.4	Are you normally able to have a shower every day?	82%	86%
4.4	Is your cell call bell normally answered within five minutes?	22%	20%
4.5	Is the food in this prison good/very good?	2%	9%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	39%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	67%	61%
4.8	Do you feel your religious beliefs are respected?	46%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	52%
5.1	Is it easy to make an application?	74%	79%
5.3	Is it easy to make a complaint?	55%	47%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	9%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	<b>79%</b>	<b>68%</b>
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	<b>71%</b>	<b>74%</b>
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	<b>19%</b>	<b>15%</b>
7.4	Do you have a personal officer?	<b>43%</b>	<b>31%</b>
8.1	Have you ever felt unsafe here?	<b>56%</b>	<b>45%</b>
8.2	Do you feel unsafe now?	<b>25%</b>	<b>21%</b>
8.3	Have you been victimised by other prisoners?	<b>46%</b>	<b>22%</b>
8.5	Have you ever felt threatened or intimidated by other prisoners here?	<b>19%</b>	<b>13%</b>
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	<b>0%</b>	<b>2%</b>
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	<b>2%</b>	<b>2%</b>
8.5	Have you been victimised because of your nationality? (By prisoners)	<b>0%</b>	<b>1%</b>
8.5	Have you been victimised because of your age? (By prisoners)	<b>2%</b>	<b>1%</b>
8.5	Have you been victimised because you have a disability? (By prisoners)	<b>8%</b>	<b>0%</b>
8.6	Have you been victimised by a member of staff?	<b>40%</b>	<b>32%</b>
8.7	Have you ever felt threatened or intimidated by staff here?	<b>23%</b>	<b>12%</b>
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	<b>0%</b>	<b>1%</b>
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	<b>2%</b>	<b>2%</b>



## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Have you been victimised because of your nationality? (By staff)	0%	0%
8.7	Have you been victimised because of your age? (By staff)	2%	3%
8.7	Have you been victimised because you have a disability? (By staff)	4%	1%
9.1	Is it easy/very easy to see the doctor?	12%	15%
9.1	Is it easy/ very easy to see the nurse?	47%	46%
9.4	Are you currently taking medication?	75%	39%
9.6	Do you feel you have any emotional well being/mental health issues?	76%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	38%
11.2	Are you currently working in the prison?	39%	53%
11.2	Are you currently undertaking vocational or skills training?	4%	10%
11.2	Are you currently in education (including basic skills)?	33%	30%
11.2	Are you currently taking part in an offending behaviour programme?	18%	8%
11.4	Do you go to the library at least once a week?	28%	18%
11.6	Do you go to the gym three or more times a week?	6%	24%
11.7	Do you go outside for exercise three or more times a week?	32%	35%
11.8	On average, do you go on association more than five times each week?	46%	31%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	10%
12.2	Have you had any problems sending or receiving mail?	61%	75%
12.3	Have you had any problems getting access to the telephones?	21%	36%



## Prisoner survey responses HMP Liverpool 2013-VP Analysis

**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	K wing	A, B2, F, G, H, I and J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>20</b>	<b>165</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	75%	75%
1.3	Are you on recall?	15%	11%
1.4	Is your sentence less than 12 months?	15%	22%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%
1.5	Are you a foreign national?	0%	6%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%
1.1	Are you Muslim?	5%	3%
1.11	Are you homosexual/gay or bisexual?	20%	1%
1.12	Do you consider yourself to have a disability?	40%	27%
1.13	Are you a veteran (ex-armed services)?	10%	5%
1.14	Is this your first time in prison?	40%	30%
1.15	Do you have any children under the age of 18?	45%	60%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	20%	9%
2.5	Did you feel safe?	70%	71%
2.6	Were you treated well/very well by the escort staff?	60%	65%
2.7	Before you arrived here were you told that you were coming here?	55%	62%
2.8	When you first arrived here did your property arrive at the same time as you?	75%	77%
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	10%	29%

**Key to tables**

	Any percentage highlighted in green is significantly better	K wing	A, B2, F, G, H, I and J wings
	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		
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	75%
3.3	Were you treated well/very well in reception?	50%	60%
	When you first arrived:		
3.4	Did you have any problems?	100%	74%
3.4	Did you have any problems with loss of property?	25%	11%
3.4	Did you have any housing problems?	25%	14%
3.4	Did you have any problems contacting employers?	5%	3%
3.4	Did you have any problems contacting family?	35%	31%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	1%
3.4	Did you have any money worries?	25%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	55%	15%
3.4	Did you have any physical health problems?	20%	18%
3.4	Did you have any mental health problems?	45%	22%
3.4	Did you have any problems with needing protection from other prisoners?	45%	3%
3.4	Did you have problems accessing phone numbers?	40%	29%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	80%	88%
3.6	A shower?	45%	84%
3.6	A free telephone call?	50%	79%
3.6	Something to eat?	75%	72%
3.6	PIN phone credit?	40%	56%
3.6	Toiletries/ basic items?	70%	69%
<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	37%	45%
3.7	Someone from health services?	58%	67%
3.7	A Listener/Samaritans?	21%	37%

### Key to tables

	Any percentage highlighted in green is significantly better	K wing	A, B2, F, G, H, I and J wings
	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	Prison shop/ canteen?	15%	21%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	25%	45%
3.8	Support was available for people feeling depressed or suicidal?	20%	34%
3.8	How to make routine requests?	25%	33%
3.8	Your entitlement to visits?	25%	41%
3.8	Health services?	20%	38%
3.8	The chaplaincy?	25%	38%
3.9	Did you feel safe on your first night here?	45%	73%
3.10	Have you been on an induction course?	47%	89%
3.12	Did you receive an education (skills for life) assessment?	55%	82%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	40%	34%
4.1	Attend legal visits?	55%	56%
4.1	Get bail information?	10%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	65%	42%
4.3	Can you get legal books in the library?	20%	34%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	60%	54%
4.4	Are you normally able to have a shower every day?	80%	86%
4.4	Do you normally receive clean sheets every week?	90%	74%
4.4	Do you normally get cell cleaning materials every week?	79%	30%
4.4	Is your cell call bell normally answered within five minutes?	35%	18%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	69%
4.4	Can you normally get your stored property, if you need to?	10%	13%
4.5	Is the food in this prison good/very good?	21%	5%

## Key to tables

	Any percentage highlighted in green is significantly better	K wing	A, B2, F, G, H, I and J wings
	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		
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	53%	66%
4.8	Are your religious beliefs are respected?	21%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	57%
4.10	Is it easy/very easy to attend religious services?	11%	43%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	85%	77%
5.3	Is it easy to make a complaint?	63%	47%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	15%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	22%	17%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	8%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	74%	71%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	85%	72%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	15%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	15%	16%
7.5	Do you have a personal officer?	63%	31%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	72%	43%
8.2	Do you feel unsafe now?	41%	19%
8.4	Have you been victimised by other prisoners here?	42%	26%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	21%	11%
8.5	Hit, kicked or assaulted you?	15%	7%

### Key to tables

	Any percentage highlighted in green is significantly better	K wing	A, B2, F, G, H, I and J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Sexually abused you?	5%	2%
8.5	Threatened or intimidated you?	26%	13%
8.5	Taken your canteen/property?	11%	3%
8.5	Victimised you because of medication?	11%	4%
8.5	Victimised you because of debt?	5%	4%
8.5	Victimised you because of drugs?	11%	6%
8.5	Victimised you because of your race or ethnic origin?	0%	1%
8.5	Victimised you because of your religion/religious beliefs?	0%	2%
8.5	Victimised you because of your nationality?	0%	1%
8.5	Victimised you because you were from a different part of the country?	5%	3%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	11%	1%
8.5	Victimised you because of your age?	0%	1%
8.5	Victimised you because you have a disability?	5%	2%
8.5	Victimised you because you were new here?	11%	3%
8.5	Victimised you because of your offence/crime?	21%	1%
8.5	Victimised you because of gang related issues?	5%	4%
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	22%	34%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	5%	13%
8.7	Hit, kicked or assaulted you?	0%	6%
8.7	Sexually abused you?	0%	2%
8.7	Threatened or intimidated you?	11%	14%
8.7	Victimised you because of medication?	0%	2%

**Key to tables**

	Any percentage highlighted in green is significantly better	K wing	A, B2, F, G, H, I and J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	5%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	1%
8.7	Victimised you because of your religion/religious beliefs?	0%	2%
8.7	Victimised you because of your nationality?	0%	0%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	0%	3%
8.7	Victimised you because you have a disability?	0%	1%
8.7	Victimised you because you were new here?	5%	3%
8.7	Victimised you because of your offence/crime?	5%	1%
8.7	Victimised you because of gang related issues?	0%	3%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	11%	12%
9.1	Is it easy/very easy to see the nurse?	58%	44%
9.1	Is it easy/very easy to see the dentist?	11%	8%
9.4	Are you currently taking medication?	58%	50%
9.6	Do you have any emotional well being or mental health problems?	58%	39%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	26%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	42%	42%
10.4	Is it easy/very easy to get alcohol in this prison?	5%	9%
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	9%

**Key to tables**

	Any percentage highlighted in green is significantly better	K wing	A, B2, F, G, H, I and J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	58%	34%
11.1	Vocational or skills training?	21%	34%
11.1	Education (including basic skills)?	37%	60%
11.1	Offending Behaviour Programmes?	11%	23%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	63%	47%
11.2	Vocational or skills training?	0%	9%
11.2	Education (including basic skills)?	26%	33%
11.2	Offending Behaviour Programmes?	15%	10%
11.4	Do you go to the library at least once a week?	21%	22%
11.5	Does the library have a wide enough range of materials to meet your needs?	47%	30%
11.6	Do you go to the gym three or more times a week?	24%	19%
11.7	Do you go outside for exercise three or more times a week?	22%	35%
11.8	Do you go on association more than five times each week?	29%	36%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	11%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	31%
12.2	Have you had any problems with sending or receiving mail?	74%	71%
12.3	Have you had any problems getting access to the telephones?	21%	33%
12.4	Is it easy/ very easy for your friends and family to get here?	32%	51%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	56%	27%
13.10	Do you have a needs based custody plan?	0%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	15%