



Report on an unannounced inspection of

HMP Manchester

27 October – 7 November 2014

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by HM Chief Inspector of Prisons

27 October–7 November 2014

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Introduction

HMP Manchester, once notorious as Strangeways prison, is now a core local prison serving the courts of Greater Manchester and with a national function of holding a small number of high risk prisoners. The prison held 1,118 adult men. Our last inspection in 2011 was very positive about the prison and the quality of its leadership, although we had some concerns. This inspection found that HMP Manchester had maintained many of its previous strengths and, while there were signs of the pressures the prison system as a whole is under, the prison had also made progress in addressing some of our concerns.

The prison itself was an ageing, overcrowded Victorian structure. It held a complex and challenging population. The normal pressures of a local prison – a high churn in the population, and a high incidence of mental health and substance abuse problems – had to be managed alongside the need to hold its small, high risk category A population safely and securely.

Staffing shortages affected the regime and some services, the prison was preparing for its new role as a resettlement prison, and health and substance misuse services were being re-commissioned. However, an experienced and resilient senior management team was coping with these pressures well. Good communication, an aspect of generally good relationships between staff and prisoners, helped to manage the impact of these changes on prisoners. There were high expectations of prisoners. Security arrangements remained very effective and facilitated rather than restricted the regime, as we too often see elsewhere.

The number of self-inflicted deaths remained high. There had been five since the last inspection. However, the prison was much better focused on preventing these and learning lessons from each incident. Levels of self-harm were comparatively low and care for those at risk was good. We did not find the fatalistic attitude that suicide was an inevitable part of prison life and little could be done about it that we detected at the last inspection. However, more prisoners told us they felt unsafe than at the last inspection and there were more violent incidents, although both of these were lower than at comparable prisons. Support for victims needed to be improved. Vulnerable prisoners generally felt safe but in some areas where they came into contact with other prisoners, such as the first night wing, this was not the case and these arrangements needed to be reviewed.

The use of force was low and subject to much better supervision that we often see. Strategic oversight of the segregation unit had slipped. The living conditions and relationships in the segregation unit were good but some prisoners stayed there for very long periods with a very limited regime. Security was effective, there were good links with the local police and despite some prisoner perceptions, we found that the availability of drugs was lower than we often find elsewhere. Existing substance abuse services were good, although this was less so for alcohol services. Substance misuse services were being re-commissioned; some of the effective current provision was due to cease and it was not yet clear that there would be adequate replacement services. The future strategic management of substance misuse services needed close attention by the prison.

Too many prisoners were doubled up in small cells designed for one with inadequately screened toilets. Some cells were damp and unfit for habitation. Poor conditions in cells were mitigated to some extent because most prisoners spent less time locked up than in many local prisons, and by good relationships with staff. Prisoners from black and minority ethnic groups and Muslim prisoners reported less positively about relationships than the population as a whole and monitoring suggested that outcomes for these groups were poor in some important areas. The prison had done too little to understand and address this. Faith provision was good and chaplains were well integrated into the life of the prison.

Health care was generally good and staff in the inpatient unit provided compassionate care for men with complex health needs. Health promotion was excellent. However, the prison held some men with profound disabilities and struggled to meet their basic needs. These men included a quadriplegic and others whose inability to move around the landings and steep, narrow stairs meant they were unable to access showers and a meaningful regime. Cells were small and cramped, with few adaptations. Some men were incontinent. Prisoners appreciated some very caring staff and paid prisoner carers provided substantial social care, including help with showering and personal hygiene needs. The implementation of the Social Care Act 2014 in April 2015 will give the relevant local authority the responsibility for ensuring social care needs are met, but planning for this was at a very early stage. Whatever future arrangements are made, the prison should not hold men whose basic social care needs cannot be met because of the constraints of its environment.

The quality of learning skills and work was good and prisoners achieved well. There were enough activity places available for most of those who were required to work. Since the previous inspection the prison had introduced new training in hospitality and catering and new facilities included a commercial bakery, a print shop and expanded textile workshops. English and maths provision was effective and the prison continued to encourage a good work ethic. However, the prison needed a more effective analysis of prisoner needs to inform future development. Quality assurance processes needed to be strengthened. Prisoners had regular access to a very good library. PE provision was good but participation needed to improve.

Resettlement arrangements were reasonable. Assessment and planning for managing risk and reducing reoffending were generally effective but there were some exceptions. The contact that offender supervisors had with prisoners was too limited. Practical resettlement services were generally good and the prison was making good progress in developing its future role as a resettlement prison. Basic custody planning for remand prisoners was due to begin shortly. Through the gate substance misuse services were very good. Existing services were due to end but the development of the Abstinence and Recovery Centre just outside the gate was very promising. Visits provision was good and there was a range of services to support families and children. There were insufficient programmes to directly address prisoners' attitudes and behaviour.

HMP Manchester is one of the best large, inner city Victorian prisons and we have now found this to be so over two inspections. We still have some significant concerns and there is more the prison needs to do, but it has solid, longstanding strengths. It is better placed than most to continue to make progress and weather the pressures ahead.

Nick Hardwick
HM Chief Inspector of Prisons

May 2015

Fact page

Task of the establishment

A core local prison holding male prisoners received from the Greater Manchester courts as well as category A offenders, and with a discrete close supervision centre (specialist interventions unit).

The close supervision centre was not inspected on this occasion as this will be included in an inspection of the close supervision centre system as a whole in 2015.

Prison status

Public

Region/Department

North West/Directorate of High Security Prisons

Number held

3 November 2014: 1,118

Certified normal accommodation

965

Operational capacity

1,301

Date of last full inspection

1–9 September 2011

Brief history

Manchester Prison opened in June 1868. Following a large-scale disturbance in 1990, the prison required major refurbishment. The prison moved into the Directorate of High Security Estate in April 2003.

Short description of residential units

A wing	in transition to first night/induction unit
B wing	drug-free/voluntary testing unit
C wing	long-term and life-sentenced prisoners
D wing	general population, convicted
	<i>B, C and D wings are due to accommodate a general population of both convicted and remand/trial prisoners. C wing has been identified under 'New ways of working' to hold full-time prisoner workers.</i>
E wing	inner – category A unit, including some category B and escape list prisoners outer – segregation unit, specialist interventions unit, vulnerable prisoners (latter to become a long-term category B unit)
G wing	first night/induction unit (due to become vulnerable prisoner unit)
H wing	post-detoxification stabilisation unit, plus a separate unit delivering 'Recovery through the gate'
I wing	drug detoxification prescribing unit running in partnership with the substance misuse service
K wing	trial/remand prisoners (due to become a resettlement unit)
M wing	health care inpatients unit, for clinical admissions only (apart from exceptional circumstances)

Name of governor

Terry Williams

Escort contractor

GEOAmey

Health service provider

Manchester Mental Health and Social Care Trust

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

Kathleen Williams

About this inspection and report

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

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

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

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

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

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

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

This report

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

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

Summary

Safety

S1 *Reception and first night processes were generally adequate but not all prisoners received an adequate induction. More prisoners felt unsafe than at the previous inspection. Violence was increasing, but was still less prevalent than at similar prisons. Safer custody structures were generally good. There had been 12 deaths since the last inspection, including five that were self-inflicted. Levels of self-harm were lower than at similar prisons and there was good management of risk. The prison was unable to meet the social care needs of some men. Security processes enabled generally proportionate management of a complex population. Force was used less often than at similar prisons and governance was good. The segregation unit provided decent accommodation, but some prisoners were segregated for long periods and reintegration planning was underdeveloped. The mandatory drug testing rate was very low and drug services were reasonable, but some services had deteriorated or stopped recently. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in 2011, we found that outcomes for prisoners in Manchester were reasonably good against this healthy prison test. We made 33 recommendations in the area of safety. At this follow-up inspection we found that 17 of the recommendations had been achieved, seven had been partially achieved and nine had not been achieved.*

S3 Prisoners were reasonably positively about the staff who escorted them to the prison, but some person escort records failed to provide important information about new arrivals. Too many prisoners arrived without all of their property and staff did not systematically follow this up. Reception was welcoming and staff were supportive, but newly installed privacy booths were not always used for risk interviews. All new arrivals were strip searched, including those transferring in from other prisons, which was disproportionate. First night assessments were good, first night cells were prepared for use and staff were aware of new arrivals, but there were no routine first night welfare checks. Some prisoners had not received a timely induction, and the presentation we observed did not engage prisoners adequately.

S4 In our survey, more prisoners than at our last inspection said they felt unsafe and had been victimised by staff and other prisoners. There had been no recent survey of prisoners' perceptions of safety. Although there had been a recent increase in violent incidents, the number of assaults remained lower than in comparable prisons. Antisocial behaviour was challenged but support for victims was limited. All serious incidents had been thoroughly investigated but not all lower level incidents had been. Vulnerable prisoners said they felt reasonably safe, but not in health care, visits and A wing, where they were located with other prisoners. Safer custody meetings were productive.

S5 Twelve prisoners had died in custody since our previous inspection. Five of these deaths were self-inflicted. The prison had a clear focus on preventing further deaths, had responded appropriately to recommendations from investigations by the Prisons and Probation Ombudsman, and actively identified future risks. Self-harm was less prevalent than at similar prisons, and prisoners supported through case management told us they received good support from staff. Reviews of prisoners in crisis were usually multidisciplinary, and the one we observed was handled well. Case management documents indicated good assessment, care and support overall. There were not enough Listeners (prisoners trained by the

- Samaritans to provide confidential emotional support to fellow prisoners), but a training programme to fill the gaps was under way.
- S6 There was no safeguarding policy tailored to the needs of prisoners at Manchester. Links with social services were embryonic, and several men had significant social care needs that could not be met adequately in the prison.
- S7 Procedural security was generally well managed and proportionate, but too many prisoners were on closed visits for non-visits-related reasons. Security committee meetings were well attended and the links with other key departments were good. The management of intelligence was very good and relationships with the local police were excellent. The security department effectively managed complex systems to identify and deal with the more covert forms of organised crime and gang activity. The category A unit managed a high risk group of prisoners well. A well-attended supply reduction committee oversaw efforts to reduce the availability of illegal drugs. Prisoners reported that it was easy to get illicit drugs in the prison, but there were few finds and the positive random mandatory drug testing rate was very low. Despite much risk testing, too many drug suspicion tests were not completed because of a lack of staff.
- S8 The number of prisoners on the enhanced level of the incentives and earned privileges scheme was high, and the regime for the small number of prisoners on basic included more time out of cell than we usually see. However, prisoners had been demoted to basic following an alleged single incident of poor behaviour without a thorough enough investigation of the facts.
- S9 The number of adjudications was comparatively low, charges were appropriate and hearings were conducted fairly. The number of incidents necessitating the use of force was lower than in similar prisons and governance was good. Planned interventions were video-recorded and monitored by senior staff at well-attended use of force committee meetings. Use of special accommodation was commendably low.
- S10 Living conditions in the segregation unit were reasonably good. Cells and communal areas were clean and free from graffiti. The number of prisoners in segregation was comparatively low but some stayed there for long periods with an insufficient regime. Relationships between unit staff and prisoners were very good. Monitoring of segregation had slipped since the previous inspection, and data on segregation were not analysed sufficiently well. Formal planning to address the needs of segregated prisoners was underdeveloped.
- S11 Most prisoners with substance misuse needs said they received reasonable support, but services had deteriorated or stopped recently. There was no substance misuse committee or current strategy. Psychosocial services for prisoners with substance misuse needs lacked adequate strategic oversight and direct managerial support. Services for alcohol users were particularly limited. A drug recovery programme that we had previously commended had ended, and two other drug and alcohol programmes were due to end and were not being recommissioned. Clinical support services remained good, but overnight checks on prisoners during the first five days of prescribing were inadequate.

Respect

S12 *There was significant overcrowding on the living units. Staff-prisoner relationships were generally good. Black and minority ethnic and Muslim prisoners were much more negative on a range of issues, and the prison had not done enough to address disparities revealed by ethnic monitoring. Conditions and support for prisoners with disabilities were inadequate. Faith provision was reasonably effective. Complaints were generally well managed, but some responses were inappropriate. Health services were generally good. Catering and shop provision were adequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S13 *At the last inspection in 2011, we found that outcomes for prisoners in Manchester were reasonably good against this healthy prison test. We made 57 recommendations in the area of respect. At this follow-up inspection we found that 14 of the recommendations had been achieved, eight had been partially achieved, 32 had not been achieved and three were no longer relevant.*

S14 There was significant overcrowding on the living units. Too many prisoners shared cells designed for one, and the cramped cells lacked privacy keys or lockable cupboards. Too many windows were broken and a few cells were damp and unfit for habitation. Cleanliness of wings was generally good. Cell intercoms assisted communication between prisoners and staff. Kiosks on the wings allowed prisoners to make some applications, but responses were not always prompt enough and tracking was insufficient.

S15 Most prisoners reported reasonable relationships with staff. We saw some very positive engagement and caring treatment by staff, but a minority were distant from prisoners, and black and minority ethnic and Muslim prisoners were much more negative about the staff. Personal officer work, including links with the offender management unit (OMU), was variable. Prisoner consultation arrangements were consistent and reasonably responsive, but not always widely promoted.

S16 There were appropriate structures to support equality and diversity work, but the cross-deployment of dedicated staff affected some outcomes. In our survey, black and minority ethnic and Muslim prisoners were more negative than white and non-Muslim respondents across a wide range of indicators, and many described a sense of alienation. The prison had not done enough to identify, understand and address these perceptions. Its own ethnic monitoring figures were consistently out of range, but this had not led to adequate investigations or action. Consultation of equality representatives was consistent and reasonably responsive, but there were no broader forums or support groups for prisoners with protected characteristics. Investigations of discrimination complaints were generally thorough, decisions were appropriate and responses were considered.

S17 Provision for most foreign national prisoners was adequate, except for the small minority with limited English, and several men who had finished their sentence were held under immigration powers in inappropriate prison conditions. Many prisoners with disabilities had an inadequate regime and accommodation that was not adapted to their needs. Despite some caring staff, support and personal provision for many prisoners with disabilities was poor. Some prisoners with acute social care needs could not be adequately managed at Manchester. Provision for older prisoners was developing but still not good enough. There were efforts to offer support to gay and bisexual prisoners, but there had been no support for a prisoner identifying as a woman.

S18 The chaplaincy was visible and helpful, with pastoral support and care for a variety of faiths. Facilities for worship were well maintained, but the space for Friday prayers was not large enough to accommodate all Muslim prisoners.

- S19 Complaints procedures were good and there was effective monthly monitoring of them, but confidential access and Independent Monitoring Board forms were not readily available to all prisoners. The tone and quality of responses to complaints were mostly good, but some were unnecessarily judgemental and patronising. Legal services provision was generally adequate but bail services had deteriorated.
- S20 Health services were reasonably good overall, and most prisoners were satisfied with the quality of health care. Partnership working and clinical governance remained good, but delays in security clearance for new staff and the prison regime had affected some services. There was an appropriate range of primary care, but the waiting times for some services, including the GP, were too long. The health centre was a reasonable environment, but waiting rooms were sometimes overcrowded and prisoners waited too long before and after appointments. Staff on the inpatient unit provided compassionate care for patients with complex health needs. Health promotion activity and dental services were very good. Some aspects of medicines management were poor. The integrated mental health service was good, but too many patients transferring to mental health units had excessive delays.
- S21 In our survey and structured groups, prisoners were negative about the food. The quality and quantity of the food we saw were adequate, but meals were served too early. Shop provision was adequate and consultation arrangements were good.

Purposeful activity

S22 *Time out of cell had deteriorated, and too many prisoners were locked up during the working day. The leadership and management of learning and skills required improvement. There were sufficient activity places for most of the population. Vocational training and achievements were good, as was the quality of education provision. The library provided an impressive service. Physical education facilities were reasonable but participation was too low. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S23 *At the last inspection in 2011, we found that outcomes for prisoners in Manchester were good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight of the recommendations had been achieved, three had been partially achieved, one had not been achieved and one was no longer relevant.*

- S24 Most prisoners received between four and eight hours a day out of cell on weekdays and about four or five at weekends, including periods of evening association. This compared reasonably well to other local prisons. Despite changes to ensure a more predictable regime, association was sometimes cancelled and late unlocking was common. During roll checks in the middle of the core day, we found well over a third of prisoners locked up, which was too high.
- S25 The prison had reviewed learning and skills provision appropriately and used local and national employment data to support prisoners' successful resettlement. However, there had been no local prisoner needs analysis. Improved facilities and new vocational courses had been introduced, but the range and variety remained narrow. Attendance rates were adequate. Quality assurance of the taught sessions for The Manchester College provision was robust but not yet fully embedded elsewhere. Self-assessment processes were generally appropriate.

- S26 There were enough full-time-equivalent places to occupy nearly 90% of the population available for work or education, and take-up was high. Vulnerable prisoners were generally fully employed but there were very limited activities for the small number of category A prisoners. Allocation to activities was fair and effective. Pay rates were low but not a disincentive to participation in activities.
- S27 The quality of taught sessions and coaching was generally good. Learning support was effective, especially in education, the bakery and kitchen. Bakery skills provision was outstanding, and the overall quality of work in vocational training was good.
- S28 There was good achievement for prisoners who completed their courses in education and vocational training. However, too many prisoners were moved off their courses before finishing them and some courses were too long for the largely short-stay population. Success rates in baking skills and industrial cleaning were particularly high. The large number of prisoners with basic English and mathematics needs were able to make effective progress. Development of social and personal skills, and practical skills in workshops, was good but not yet always accredited.
- S29 Most prisoners had good access to the impressive library and opening hours were long. The range of materials was extensive and varied, and loan rates were high.
- S30 The main gym provided well-managed and maintained facilities and there was some access to the all-weather pitch. Access to recreational gym was good but prisoners on three wings could only use wing facilities, and there was no PE access for those on I wing (the drug detoxification prescribing unit). The smaller wing facilities were not always effectively monitored, and overall participation rates were low. The suspension of a PE accredited programme limited the range of qualifications offered.

Resettlement

S31 *Strategic management of resettlement was generally appropriate. The overall quality of offender management was reasonable, as was public protection work, but we identified concerns in some cases. There was too little prisoner contact with offender supervisors. Categorisation processes were generally efficient. Resettlement pathway support was generally good, and there had been significant progress towards the transition to a resettlement prison. The loss of accredited programmes was likely to reduce prisoners' ability to address their offending behaviour. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S32 *At the last inspection in 2011, we found that outcomes for prisoners in Manchester were good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.*

S33 Resettlement provision was reasonably well managed, although there were few strategic or operational links between resettlement pathways work and offender management. The prisoner needs analysis was out of date. The reducing reoffending strategy was detailed but did not identify specific groups of prisoners. The prison was making better progress than we usually see in planning for the transition to a resettlement prison. Home detention curfew assessments were good but always late. There was some useful specific support for life-sentenced prisoners, but offender supervisors did not offer support or information to remand prisoners facing a life sentence. Release on temporary licence was not used to help appropriate prisoners maintain family ties.

- S34 Offender management was reasonable. Assessment and planning for reducing offending and risk of harm using OASys (offender assessment system) assessments was effective in most cases, although not all had a current and sufficient risk management plan. In our survey, about half of prisoners said they had an offender supervisor. Offender supervisors were often redeployed and did not have sufficient contact with prisoners to motivate them to address their offending behaviour. Most prisoners had sentence plans, but objectives were not always outcome-focused, and prisoners felt much less able to meet their targets than at the previous inspection. The OASys backlog was relatively low and the quality of assessments was reasonable, but reviews were not always on time, including in some high-risk cases we inspected.
- S35 Initial public protection procedures were well managed, regularly reviewed and information was appropriately shared. The management of multi-agency public protection arrangements (MAPPA) and public protection cases was generally effective. However, in some cases the probation service had not set MAPPA management levels for prisoners soon to be released, and this had not been followed up by OMU.
- S36 Initial categorisation and subsequent reviews were prompt, drew on a good range of information, and decisions were generally appropriate. Transfers to other establishments were usually timely and took some account of prisoners' home addresses.
- S37 Custody planning for unconvicted men was due to commence in January 2015. All prisoners serving under 12 months had a basic custody screening to identify pathway needs and were signposted to services. Their needs were reassessed around six weeks before discharge, but many were unaware of the available services. Several partner agencies attended the prison and/or delivered through-the-gate work to assist prisoners on release.
- S38 Few prisoners were released without a fixed address. Housing Link, a homelessness charity, delivered a good service but it was not adequately publicised. The Salford Prison Project provided weekly debt advice, and the education department ran a budgeting and money management course. Prisoners were able to open a bank account but take-up was low.
- S39 The quality of the National Careers Service provided by Work Solutions was good. A wide variety of short courses was available to support resettlement, and inter-agency working was strong, but the 'virtual campus', giving prisoners internet access to community education, training and employment opportunities, was not yet operational. A high proportion of prisoners released in the previous three months (39%) had gone into employment, further education or training on release.
- S40 Health care discharge planning was timely and appropriate. Pre-release planning for patients with complex health problems was effective, and support for patients with palliative care needs was very good. There was a high demand for substance misuse support. The Recovery Through the Gate residential programme provided exemplary support, but it was coming to an end and not being replaced. The new Gateways programme, based in the Abstinence and Recovery Centre, was a promising initiative to provide through-the-gate support for prisoners who wanted to achieve or maintain abstinence post release.
- S41 Visits provision was good and included evening visits. There was a good range of services to support children and families, and the prison had well-developed links with appropriate community projects. The lengthy procedure for processing prisoner's property in the visitors' centre was unnecessarily delaying the start of some visits.
- S42 There were a few accredited programmes providing interventions for a limited proportion of the population, although some of these were being discontinued. There was no victim awareness course, despite some evidence of need, and no plans to introduce such a course.

Main concerns and recommendations

S43 Concern: In our survey, black and minority ethnic and Muslim prisoners were much more negative than white and non-Muslim respondents across a wide range of indicators, and many described a sense of alienation. The prison had not done enough to identify, understand and address these perceptions, and out-of-range ethnic monitoring had not led to adequate investigations or action. There were no broader forums or support groups for prisoners with protected characteristics.

Recommendation: Managers should explore and address the negative perceptions of black or minority ethnic and Muslim prisoners, including through dedicated prisoner support and consultation forums for all those with protected characteristics. Disparities in ethnic monitoring should be thoroughly and promptly investigated and addressed.

S44 Concern: Many prisoners with disabilities had an inadequate regime and accommodation that was not adapted to their needs. Despite some caring staff, support and personal provision for many prisoners with disabilities were poor. Some prisoners with acute social care needs could not be adequately managed at Manchester.

Recommendation: Prisoners with disabilities should only be held at Manchester when they can be provided with appropriate accommodation, care and support. When it is appropriate to hold them at Manchester, they should receive individual care appropriate to their needs.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Prisoners were positive about their treatment by escort staff. Person escort records were not always completed sufficiently well. Some prisoners' property did not accompany them to the prison.*
- I.2** Most prisoner escorts involved short distances to and from local courts. In our survey, more prisoners than at our last inspection said they were treated well by escort staff. The vehicles we inspected were clean and secure, with adequate stores of food and drink.
- I.3** Prisoners' property did not always accompany them during transfer and there was no effective system to monitor property left behind at other establishments. In our survey, only 70% of prisoners said that their property arrived at the same time as they did, against the comparator of 80%.
- I.4** Prisoners were not always escorted with the relevant documentation. Some person escort records were completed poorly, with important risk information missing. This meant that individual prisoners could not be accurately assessed, with an over-reliance on oral briefings and staff observations during the handover between escort and prison staff. All prisoners were handcuffed for the short distance from escort vans to reception, which was disproportionate (see recommendation I.49).

Recommendations

- I.5** **Prisoners' property should accompany them and staff should systematically follow up any concerns about missing property following transfer.**
- I.6** **Escort staff should complete person escort records in full, including risk information.**

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.7** *New arrivals were treated well in reception, but risk interviews were not confidential and routine strip-searching was disproportionate. In-depth first night assessments were good. Not all prisoners received an adequate induction.*

- 1.8** The reception area was welcoming, well maintained and staffed by a consistent staff team. The holding rooms were large and bright, and staff identified vulnerable and first-time prisoners. All new arrivals, including inter-prison transfers, were strip searched, which was disproportionate (see recommendation 1.49). Category A prisoners had a separate but cramped and poorly decorated reception area (see recommendation 1.13).
- 1.9** Reception checks on new arrivals included one-to-one interviews with prison and health care staff, and cell sharing risk assessments for new prisoners. Although interview booths had been installed they were not used for reception interviews, which were not therefore confidential. There were no Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) working in reception (see recommendation 1.33).
- 1.10** All new arrivals received written and verbal information about prison routines and regulations, and a well-designed reception booklet was available in nine languages and Braille. Most prisoners were routinely offered a free telephone call on arrival, but we met six new arrivals who had not been offered a call and had been unable to contact friends and family. Showers in reception had been refurbished since our last inspection, but few prisoners in our survey (14%) said they were offered a shower when they arrived.
- 1.11** The first night unit was in the process of moving to a new upgraded facility. Most new arrivals were accommodated on the new unit, and the cells were cleaned and prepared in advance of their arrival. First night staff spoke to all new prisoners on the wing, carried out an in-depth first night assessment and were aware of their specific needs, although there were no overnight welfare checks.
- 1.12** Not all new arrivals received induction the day after their reception. Induction took place on the old first night unit and staff were not always available to collect prisoners from the new unit. Although the induction programme was comprehensive, the session was too long and the information was poorly presented for first-time prisoners, foreign nationals and those with poor literacy. Induction information was not available in sufficient accessible formats.

Recommendations

- 1.13** **There should be a suitable reception area for category A prisoners.** (Repeated recommendation 1.10)
- 1.14** **All new arrivals should attend induction the day after their arrival, and it should be presented in ways that are accessible to first-time prisoners, foreign nationals and those with poor literacy.**

Housekeeping points

- 1.15** Reception risk interviews should be held in the private interview booths.
- 1.16** All new arrivals should be offered a free telephone call in reception, subject to risk assessment.

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.17** *The number of assaults was low but some violent incidents had been very serious. More prisoners felt unsafe than at our last inspection. Antisocial behaviour was challenged but support for victims was limited, and not all violent incidents were investigated. Vulnerable prisoners did not feel safe in all parts of the prison.*
- I.18** The number of violent incidents had increased in recent months, although the number of assaults was low for the type of prison. In the previous six months, there had been 59 assaults – 15 on staff and 44 on prisoners – and 39 fights (which was similar to other establishments). There had been a total of 10 serious assaults in the previous six months, three of which were on staff. Some violent incidents had been very serious and had included attacks with boiling liquid, improvised blades and hostage-taking.
- I.19** In our survey, more prisoners than at the previous inspection, 19% against 13%, said that they currently felt unsafe; 31% against 21% said that they had been victimised by other prisoners and 36% against 24% by staff. Bullying and violence reduction were managed by the safer custody group, along with self-harm and suicide prevention, which held productive safer prison and safer custody taskforce meetings on alternate months. The group had completed a useful investigation into the links between prisoners' early days, access to the prison shop, debt, bullying and self-harm, and a manager was addressing the report's findings. However, there had been no recent survey of prisoners' perceptions of safety.
- I.20** Violent prisoners and bullies were managed through the challenging antisocial behaviour (CAB) strategy. In the previous six months, CAB documents had been opened on 109 occasions, which was high for the type of prison. Fourteen CAB documents were open during our inspection. The strategy covered victim support and some prisoners were very positive about the support they received. For example, in our survey, one prisoner said that: 'An inmate in my cell tried to bully me. My situation was dealt with the following day when I reported it to a member of staff whom I trust'. However, fewer than 10% of CAB documents opened in the year to date were used to support victims.
- I.21** The safer custody group collated data on violent incidents from across the prison, and thoroughly investigated all serious incidents. Wing staff were responsible for investigating lower level incidents but some minor incidents were not investigated.
- I.22** Vulnerable prisoners generally felt safe, but less so in health care, during visits and on A wing (the new first night unit), where they were held with other prisoners.

Recommendations

- I.23** **The safer custody group should survey prisoners' perceptions of safety to inform its strategy, and take particular steps to identify and address the concerns of vulnerable prisoners.**

- I.24 All victims of bullying should be supported and actions to support them should be documented.**
- I.25 All incidents of violence, including low-level incidents, should be thoroughly investigated and the findings recorded.**

Self-harm and suicide prevention

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.26 *It was concerning that there had been five self-inflicted deaths since our last inspection. However, the safer custody group was actively focused on improving safety. Case management for prisoners in crisis was very good, and constant watch was used appropriately, but there were too few Listeners.*

- I.27** In the previous six months, there had been 125 incidents of self-harm involving 93 prisoners, which was lower than at similar prisons. However, 12 prisoners had died in the prison since our last inspection. Five of those deaths were self-inflicted. We found no evidence of complacency in the prison's response to these deaths. Recommendations by the Prisons and Probation Ombudsman arising from reports into the deaths in custody had been addressed. The prison had worked with academics from the University of Manchester to pilot an intervention for prisoners at risk of suicide, and the safer custody group had sought to learn from academic work on suicide and self-harm prevention in prisons.
- I.28** Although the prison did not have its own self-harm and suicide prevention policy, the safer custody group (see also paragraph I.19) was clearly focused on improving safety and had actively identified future risks. For example, it had worked with the health care department to minimise the risks posed by the proposed shortened core day, which would have meant that doses of medication could have been dispensed too close together, leading to intoxicating or overdosing.
- I.29** On the first day of our inspection, 47 prisoners were subject to assessment, care in custody and teamwork (ACCT) case management for those at risk of suicide or self-harm. Those who we spoke to were positive about their care. A case review that we observed was good. ACCT documents evidenced good assessment, care and support. Case reviews were usually multidisciplinary, with good input from the mental health in-reach team.
- I.30** Only five Listeners were in post, which was too few for the population. Despite a programme to train more, transfers out of the prison meant the Listener team was regularly understaffed. Listeners were positive about their contribution and the support they received from the Samaritans and managers. The three Listener suites were in reasonably good condition.
- I.31** There were three austere but rarely used safer custody cells, which were governed by a comprehensive policy. In the previous six months, 18 prisoners had been on constant watch – nine in the segregation unit and nine in the health care unit. A prisoner on constant watch during our inspection received appropriate care.

Recommendations

- I.32** The prison should develop a local policy setting out its procedures to reduce self-harm, based on the needs of the prison's population.
- I.33** There should be a long-term rolling programme of recruitment and training to ensure there are sufficient Listeners.

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.²

I.34 *There was no prison-specific safeguarding policy. Links with adult social services were embryonic. The prison held men that it could not care for adequately.*

- I.35** The prison did not have a local safeguarding adults policy tailored to the establishment. The health services department used the Manchester Mental Health and Social Care NHS Trust's safeguarding adults at risk procedure, guidance and policy, but these were trust-wide and not tailored to the specifics of the prison. The prison's links with the local adult social services department were embryonic. Shortly before our inspection, managers had met Manchester social services to discuss respective responsibilities under the Care Act 2014. Managers told us that there were plans for staff to shadow carers in the community and learn about assessments.
- I.36** The prison held several men with profound social care needs that it could not adequately meet, including a quadriplegic (see paragraph 2.33 and main recommendation S44).

Recommendations

- I.37** The governor should work with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.
- I.38** The prison should transfer prisoners whose care needs it cannot meet to an appropriate alternative prison.

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

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

- I.39** *Procedural security was generally well managed but a few practices were disproportionate. Security committee meetings were well attended and there were good links with other key departments, such as safer custody. The management of intelligence was very good and relationships with the local police were excellent. The security department effectively managed complex systems to identify and deal with the more covert forms of organised crime and gang activity.*
- I.40** The management of security procedures at Manchester remained complex, as the prison continued to deal with a high security population on E wing as well as the mixed population of a standard local prison. The distinct security arrangements to manage both groups of prisoners were generally effective and reflected the range of risk presented.
- I.41** Despite its age, the general condition of the prison was good and there were no obvious weaknesses in physical security. There were daily checks and routine searches of perimeter fences and walls, and routine and intelligence-led searches of communal areas and activities buildings. Dedicated security team officers were responsible for all target searching and, as at the previous inspection, we found their relationship with the rest of the prison was effective.
- I.42** Although procedural security was generally well managed, a few practices were disproportionate, such as strip searching of all prisoners in reception (see paragraph I.8), handcuffing all prisoners the short distance from escort vans to reception (see paragraph I.4), and subjecting prisoners to closed visits for issues unrelated to visits.
- I.43** Important elements of dynamic security were also in place. Relationships between staff and prisoners were positive and the interactions we observed indicated that many staff, particularly residential officers, knew the personal circumstances of their prisoners. Supervision in important areas, such as residential wings, education and prison workshops, was effective, and the prison regime was reasonably predictable.
- I.44** Management and use of intelligence were very good. The security department received just over 800 information reports a month through the prison computer-based intelligence gathering and information reporting system (Mercury). Trained security analysts processed the reports and communicated intelligence quickly to appropriate areas. Links between the security department and other key departments, such as the offender management unit and safer custody, were also very good. The security team published a detailed monthly security report, which was presented to the well-constructed security committee.
- I.45** The security team also managed intelligence systems to identify and deal with sophisticated and covert forms of organised crime, possible staff corruption and terrorist activities. There were excellent links with the local police, particularly on operations to deal with organised crime and gang-related issues.
- I.46** The security department continued to feed into decision-making processes across the prison and worked with departments to manage security risks, rather than determining final outcomes for the prison or prisoners. There were registers to identify risks associated with activities, the type of prisoner who could safely attend them and the measures needed to

manage them. We saw little evidence that the prison was risk averse in allocating activity spaces to prisoners, although there were some rational restrictions in the areas that higher risk and category A prisoners could attend. The modified free-flow system to enable supervised prisoner movements during the beginning and end of planned regime activities was well managed and proportionate.

- I.47** There was no drug supply reduction strategy, but the well-attended monthly supply reduction committee focused on key issues. In our survey, more prisoners than the comparators said it was easy to get drugs and alcohol in the prison. Unusually, there was little evidence of new psychoactive substances in the prison. Finds were mainly small quantities of tablets and cannabis. The random positive mandatory drug testing (MDT) rate for the nine months to September 2014 was low at around 3.5%, with cannabis and buprenorphine generating most positive results. Although there was substantial risk testing, too many requested suspicion drug tests were still not completed. The MDT facilities were good, but the holding rooms were dirty and some had graffiti.

Recommendations

- I.48** Prisoners should not be placed on closed visits for issues that are not related to visits.
- I.49** The strip searching and handcuffing of prisoners should be proportionate and reflect the risk presented.
- I.50** The establishment should ensure that target tests are undertaken within the required time frame. (Repeated recommendation 3.64)

Housekeeping point

- I.51** The mandatory drug testing holding rooms should be clean and free of graffiti.

Incentives and earned privileges

Expected outcomes:

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

- I.52** *The number of prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme was comparatively high, and the regime for the few prisoners on basic was reasonable. However, some prisoners had been demoted to basic without a thorough enough investigation of the facts.*

- I.53** At the time of inspection, there were around 12% of prisoners on the entry level of the IEP scheme and about 3% on basic. Just over a quarter of the population were on the enhanced level, which was more than we have recently seen in other local prisons. Our observations indicated that the IEP scheme was generally not used in a meaningful way to manage prisoner behaviour.

- I.54** Reviews for the small number of prisoners on basic took place on time but were usually cursory, and rarely focused on relevant behavioural issues. The lack of poor behaviour was often enough for promotion back to the standard level. However, we found a few cases where prisoners had been demoted to basic following an alleged single incident of poor behaviour without a thorough enough investigation of the facts.
- I.55** The regime for prisoners on basic was better than we often see. They could attend work activities, had at least one period of evening association, and had daily access to showers and telephones.

Recommendation

- I.56** **Decisions to demote prisoners to basic level should be fully justified and always based on a thorough investigation.**

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.57** *The number of adjudications was comparatively low, and hearings were conducted fairly. There were also relatively few incidents involving the use of force and its governance was good. Use of special accommodation was commendably low. Segregation was not used excessively and living conditions in the segregation unit were reasonably good, but lengths of stay were high for many and their regime was insufficient. Segregation data were not analysed sufficiently, and formal planning to address the needs of segregated prisoners was underdeveloped.*

Disciplinary procedures

- I.58** The number of formal adjudications was comparatively low at about 495 in the previous six months - a rate of about 48 adjudications per 100 prisoners, which was lower than we often see at local prisons. In the hearings we attended and the records we examined the proceedings were conducted fairly and prisoners were given the opportunity to explain fully their version of events.
- I.59** Monthly statistics on the number and nature of adjudications were presented to the senior management team and there was evidence that these were noted, categorised or used to identify and address trends. Punishments were generally fair, and there were clear examples where adjudicating governors had dismissed cases due to a lack of evidence. There was no evidence that unofficial or collective punishments were used either individually or systematically.

The use of force

- I.60** Given the size and nature of the prison, there were relatively few incidents requiring the use of force, at about 130 in the previous six months. About 60% did not involve full control and restraint techniques and most (about 70%) were spontaneous.

- I.61** Management and monitoring of the use of force were very good. A well-constructed use of force committee met monthly to oversee processes and provide governance. All incidents were discussed and a senior manager quality assured most associated documentation. Information, including the nature of the incident, its location and the ethnicity of the prisoners involved, was collated and presented for analysis. Trends were identified and appropriate action taken.
- I.62** We found that intervention was well organised, properly carried out and that documentation was completed correctly. Proper authority was recorded, and senior staff supervised most incidents. Planned interventions were video-recorded and reviewed by senior managers. There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour.
- I.63** Special accommodation had been used twice in the previous six months. We were assured that use was justified on these occasions, which lasted less than two hours each.

Segregation

- I.64** The environment in the segregation unit was reasonably good and better than we often see. The communal landings were clean, brightly decorated and well lit. The caged exercise yards were austere but prisoners had good access to them every day. Cells were clean and well furnished. Two separate unfurnished cells (special accommodation) were rarely used (see above).
- I.65** About 123 prisoners had been segregated in the previous six months, usually under prison rule 45 (for good order or discipline). Although these numbers were low for a local prison, we were concerned about the length of time prisoners were kept in segregation. We calculated that the average stay for the prisoners segregated during our inspection was about six weeks; one prisoner had been segregated for nearly six months.
- I.66** The prison's own records showed that segregation of between one and three months was not uncommon, and some had been held there for substantially longer. For example, in February 2014, some prisoners had been kept in segregation for eight to 10 months. The regime for these men was impoverished, and there was too little to prevent psychological deterioration caused by long periods of segregation. Although they had access to daily showers and a one-hour exercise period, and three prisoners held for good order and discipline had in-cell televisions, prisoners spent nearly all day locked in their cells for very long periods without anything meaningful to do.
- I.67** Day-to-day relationships between unit staff and prisoners were very good. Officers engaged positively with prisoners and clearly had an appropriate interest in their welfare. We saw many occasions when they dealt patiently and calmly with difficult situations.
- I.68** Formal planning to address the needs of segregated prisoners was being developed, but there was little to show that changes in behaviour were monitored sufficiently or that individual needs, particularly for more complex cases, were being met. There had been individual management plans for some, but behaviour targets were superficial and concentrated on compliance with segregation unit rules. Monitoring of segregation was also underdeveloped. Segregation management meetings had not taken place for months, and information about the amount of segregation and length of stays was not analysed sufficiently.

Recommendations

- 1.69** The regime for segregated prisoners should be improved and include purposeful activities to prevent psychological deterioration.
- 1.70** There should be formal and individualised care planning to help segregated prisoners return to conditions where they can interact with others and reduce their time in isolation.
- 1.71** Segregation monitoring arrangements should be improved.

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.

1.72 *The prison had insufficient strategic oversight of substance misuse issues. Psychosocial services were reasonable, but the team lacked adequate managerial support. Psychosocial support for primary alcohol users was severely restricted. Clinical provision was good, but overnight checks on the stabilisation unit were inadequate for new arrivals.*

- 1.73** There was no substance misuse committee or current strategy, and strategic oversight of substance misuse was inadequate (see recommendation 1.79). The substance treatment and recovery (STAR) team employed by the prison provided most psychosocial support services, although Manchester Mental Health and Social Care NHS Trust supported primary alcohol users. All substance misuse services were being recommissioned from April 2015. The STAR team was moving to become all civilian staff before this change. The new staff received much valued support from the remaining officers in the team, but there was insufficient specialist managerial support, accredited training and formal supervision to support their development in the role.
- 1.74** STAR workers saw and offered support to all new arrivals. During the inspection, the team was supporting 149 prisoners through one-to-one sessions and a nine-session Recovery Pathway Programme. All STAR service users and residents on B wing could have additional drug tests to help support recovery. Liaison between the Star team and other departments was reasonably good. There was no regular service user feedback to inform future provision.
- 1.75** Psychosocial support for primary alcohol users was severely restricted due to delays filling two of the three posts, and there was no provision during the inspection due to staff sickness. There were no mutual aid groups, such as Alcoholics Anonymous or Narcotics Anonymous, or peer recovery champions. The previous drug recovery programme on B wing that we commended on our last inspection had ended. Both offender programmes for substance misuse (COVAID, control of violence and anger in impulsive drinkers, and Building Skills for Recovery, see paragraph 4.49) were ending by April 2015 (see recommendation 1.80).
- 1.76** Despite the limited and reducing support available, in our survey similar numbers of prisoners to the comparator said they had received support with a drug or alcohol problem, and more than the comparator said this support was helpful. Prisoners we spoke to were also positive about the services.

- I.77** Greater Manchester West Mental Health NHS Trust provided clinical substance misuse services. All new arrivals with identified substance misuse needs saw a specialist nurse for a comprehensive assessment and commenced appropriate supportive medication in reception. They were then located on the stabilisation unit where they saw a specialist doctor for a full assessment and prescribing plan the next morning. Prisoners on this unit received good daytime monitoring, but the lack of overnight checks during the first five days of prescribing meant that signs of over-sedation could have been missed.
- I.78** During our inspection, 30 of the 100 prisoners prescribed methadone and none of the seven prescribed buprenorphine were reducing. This was appropriate given the number of short stay prisoners. Opiate substitution prescribing and administration were safe. All required reviews took place consistently and generally involved the STAR team. The mental health team provided dual diagnosis support for prisoners with both substance misuse and mental health issues.

Recommendations

- I.79** **There should be a substance misuse strategy informed by a comprehensive needs analysis, and it should contain an action plan with performance measures that are reviewed at regular substance misuse strategy meetings.**
- I.80** **Prisoners with substance misuse issues, including with alcohol, should have access to a full range of psychosocial support, including mutual aid, peer support, one-to-one and group work, provided by staff who receive adequate training, supervision and managerial support.**
- I.81** **The substance misuse service should have a mechanism for regular service user feedback to inform future service provision.** (Repeated recommendation 9.49)
- I.82** **New arrivals with drug or alcohol dependency should receive documented overnight checks from staff who have received training in substance withdrawal, signs of over-sedation and first aid to identify and respond appropriately to emergencies.**

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *The prison was overcrowded. Cells were cramped, some in-cell toilets lacked adequate screening, and some cells had broken windows. Intercoms in cells aided communication, and touch-screen kiosks helped prisoners to apply for services, but some responses were slow. Laundry services and access to telephones were adequate.*
- 2.2** On the first day of our inspection, 1,118 men were held, 116% of the prison's certified normal accommodation. Too many prisoners shared cells designed for single occupancy. Very few prisoners had privacy keys and there were no lockable cupboards (see recommendation 2.84). In some double cells, the toilet was adequately screened behind a door in an annex, but in others the only toilet screening was a shower curtain. Some cell windows were broken and prisoners improvised by filling them with cardboard from cereal packets. There had been slow progress on a programme to replace broken windows. Some window meshes were littered, and some cells were damp and unfit for habitation. A prisoner on K wing was moved from his damp cell after we brought the matter to the attention of managers (see photographs, Appendix V). Prisoners could get cleaning materials to clean their cells. We saw no offensive material displayed in cells. All cells had fire detection equipment.
- 2.3** There was a laundry on each wing and facilities were sufficient during our inspection, but washing machines and dryers were domestic rather than industrial standard and frequently broke down, which affected the cleaning of prisoners' clothes. Prisoners could get clean sheets each week.
- 2.4** Communal areas on wings were generally light and clean. On some landings, nettings, stairs and areas underneath railings were dirty. Outside exercise yards were austere but generally clean, apart from A wing, which was littered. A programme to refurbish showers was under way but too many were unchanged from our last inspection, with peeling paint and insufficient screening or ventilation.
- 2.5** Prisoners could speak to staff in wing offices from their cells via an intercom. In our survey, more prisoners than the comparator (47% against 29%) said that their cell bell (intercom) was normally answered within five minutes. On our night visit, the prison was calm and quiet.
- 2.6** All wings had a touch-screen kiosk that prisoners could access to read notices, apply for various services, book visits, order from the shop and choose meal options. While this technology allowed prisoners to apply for services more quickly, responses were often slow, especially in relation to finance and prisoner telephone accounts. Tracking of responses was insufficient.

- 2.7** Prisoner access to telephones had improved since our last inspection and there was now one telephone to approximately 17 prisoners, which was sufficient, but not all telephones had privacy hoods and prisoners reported some significant delays in adding their legal advisers' telephone numbers to their personal account (see housekeeping point 2.55). Prisoners in our groups complained of delays in receiving mail. Managers said the problems were caused by late Royal Mail deliveries.

Recommendations

- 2.8** **Two prisoners should not share accommodation designed for one.** (Repeated recommendation 2.2)
- 2.9** **All showers should be refurbished and provide appropriate privacy, cell toilets should be suitably screened and broken windows should be mended immediately.**
- 2.10** **Wing laundries should be fitted with industrial washing machines and dryers.**
- 2.11** **Prisoners should be able to make telephone calls in private protected from background noise.** (Repeated recommendation 2.12)

Housekeeping points

- 2.12** All areas of wings should be kept clean, including nettings, stairs and underneath railings.
- 2.13** Responses to prisoner applications should be prompt.

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.

2.14 *Relationships between staff and prisoners were generally good. Muslim and black and minority ethnic prisoners were more negative about the staff and some felt alienated. Personal officer work was variable. Consultation arrangements were consistent and reasonably responsive but not communicated widely enough.*

- 2.15** Most staff-prisoner interactions we observed were reasonably relaxed and friendly. Some staff demonstrated high levels of care and support, including to some particularly vulnerable prisoners, but a minority appeared distant and disinterested. Relationships between staff and prisoners on the category A unit were also reasonable. Staff use of prisoners' first or preferred names and titles were not well embedded.
- 2.16** In our survey, responses about relationships with staff from Muslim prisoners and those from a black or minority ethnic background were much more negative than non-Muslim and white prisoners. These findings were echoed in structured groups where prisoners said most staff were reasonable but a minority were unapproachable and dismissive. Some Muslim and black and minority ethnic prisoners described feelings of alienation (see also paragraphs 2.30 and 2.32 and main recommendation S43).

- 2.17** Prisoners and staff understood the personal officer scheme. In our survey, more prisoners than the comparator said they had a personal officer, but fewer than the comparator and at the last inspection thought their personal officer was helpful. Staff and prisoners told us that staff did not have sufficient time to develop constructive relationships and that they were often cross-deployed, which reduced access to personal officers and their effectiveness. Staff were generally knowledgeable about the personal circumstances of prisoners in their care but this was not always reflected in their entries in prisoners' electronic case notes, which tended to focus on negative behaviour. A minority of some of the records we sampled showed some positive engagement between personal officers and the offender management unit.
- 2.18** Prisoner consultation arrangements were generally consistent and included regular wing meetings, monthly prisoner consultative meetings and the bimonthly equality action team, which was attended by prisoner equality representatives. Although there was evidence of some changes as a result of consultations, they did not involve a broad enough range of prisoners and the outcomes were not communicated well enough to the wider population.

Recommendation

- 2.19** **The quality of personal officer arrangements and work should be improved.**

Housekeeping points

- 2.20** Staff should refer to prisoners by their preferred name.
- 2.21** Outcomes from prisoner consultation forums should be communicated effectively to the wider prisoner population.

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 characteristic³ 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.

- 2.22** *There was a clear commitment to equality and diversity but more work was required. Initial identification of prisoners from most protected groups was reasonable. Some ethnic monitoring data were out of range but the prison had not done enough to address this or the particularly negative perceptions of Muslim and black and minority ethnic prisoners. Most foreign national prisoners received good support but those with little English were marginalised. Too many detainees were held inappropriately in the prison. Despite some caring staff, arrangements for some prisoners with disabilities were inadequate. There was some support for the small number of gay or bisexual prisoners, but there had been limited individual support for a transgender prisoner.*

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Strategic management

- 2.23** There was a clear management structure for the prison's equality work. The equality team was well resourced, but outcomes for prisoners from some minority groups were affected by the cross-deployment of the two dedicated equality officers. The prison had no specific policy on what it would deliver for prisoners from different minority groups.
- 2.24** Monthly equality action team meetings were generally chaired by the deputy governor and were well attended, including prisoner representation. Discussion was mostly purposeful and action-focused. The meeting considered data monitoring the treatment of prisoners, but by ethnicity only. The data showed consistent and clear over-representation of black and minority ethnic prisoners in the use of force, adjudications, segregation and the basic regime, but these findings were not investigated robustly enough to address any underlying reasons for inequitable treatment (see main recommendation S43).
- 2.25** There were 15 prisoner equality representatives at the time of the inspection, although not all were clear about their role, they were not publicised well enough and many prisoners were not aware of them. Displays on equality and diversity were limited and inconsistent across the wings. There were no specific support or consultation groups for minority group prisoners (see main recommendation S43).
- 2.26** In the previous six months, 152 discrimination incident reports (DIRFs) had been submitted, mostly concerning race, religious beliefs and disability. Investigations were mostly thorough, including complaints about staff, and many were upheld in favour of the prisoner. Responses to DIRFs were broadly appropriate and generally empathic towards the complainant even when not upheld.
- 2.27** The prison had reasonable systems for identifying new arrivals from protected groups, in particular those with disabilities, but those from Gypsy, Romany and Traveller backgrounds and those who identified as gay or bisexual were often reluctant to disclose this. There was too little engagement with outside support agencies for protected groups.

Recommendations

- 2.28** **The prison should develop a strategy to ensure that the needs of all minority groups are identified and addressed, all aspects of equality and diversity are promoted, and outside support agencies are engaged.**
- 2.29** **The prison should gather data on the equality of treatment for all protected characteristics, and should explore and address any problems that are consistently identified.**

Protected characteristics

- 2.30** Approximately a quarter of the population were black or minority ethnic, and many of their survey responses indicated that they felt treated less positively than white prisoners. In our survey, around 3% of prisoners, potentially equating to about 30 prisoners, said they were from a Gypsy, Romany or Traveller background, but the prison was only aware of six individuals from this group. In structured groups and in discussions throughout the inspection, some prisoners said they felt they were treated unfairly as a result of their ethnic background. There was some evidence for these perceptions in the consistently out-of-range ethnic monitoring data (see paragraph 2.24), which had not been sufficiently investigated or

addressed, even though they had also been highlighted in the most recent measuring the quality of prison life (MQPL) survey (see main recommendation S43).

- 2.31** Around 12% of the population were foreign national prisoners. There was very little translated information and, while professional interpreting was used for the few new arrivals with little or no English, their language needs were subsequently neglected, and some described feeling isolated. Prisoners were allowed to make a free telephone call monthly if they did not receive visits. Home Office staff visited the prison fortnightly and surgeries were well attended, but there was no independent immigration advice. Eleven detainees were being held solely under immigration powers, the longest for 15 months. Facilities for this group were substantially worse than they would have experienced in a dedicated immigration removal centre. The equality officer responsible for foreign national prisoners was properly focused on the increased anxiety and vulnerability for detainees and spent much of his time assisting them.
- 2.32** Approximately 16% of the population were Muslims. In our survey, Muslim prisoners were less positive than non-Muslims across a wide range of indicators. As with black and minority ethnic prisoners, many felt they were treated in a discriminatory way and that staff lacked of cultural awareness.
- 2.33** Around 24% of the population declared a disability and initial identification was reasonably good. The prison was not meeting the needs of some prisoners who had severe disabilities. Cells were small and cramped, with little evidence of specific adaptations or adjustments. There were too few wheelchairs for those who needed them, wheelchair access was poor and showers were not always accessible. Some prisoners with significant mobility needs were held on landings that could only be reached by steep and narrow stairs, severely restricting their ability to access basic services. Although some staff were extremely caring and their help was valued by prisoners, staff and managers felt powerless without significant capital investment to make the adaptations and adjustments required. However, it was inexcusable that some prisoners with acute disabilities, including wheelchair users, were sometimes prevented from having daily showers and a meaningful regime, including access to the gym and library. There were paid prisoner carers, who were appreciated by those they helped, but some carers were sometimes providing substantial social care, including assisting with showering and personal hygiene needs (see also paragraph 1.36).
- 2.34** Thirty-three prisoners had personal emergency evacuation plans (PEEPs). Staff generally knew about prisoners who needed assistance during an emergency, and cell doors often had signs indicating the need for assistance. Individual care plans for those who needed them were not always developed or shared with wing staff, and joint working between the equality team, health staff and residential staff was underdeveloped.
- 2.35** About 10% of the population were over 50 with a small number over retirement age. Older prisoners were generally more positive than younger respondents in our survey. No specific support was available to them. Prisoners over retirement age or unfit to work due to a disability were not unlocked routinely during the working part of the day, due to an inconsistent approach by some staff. Those over retirement age had to pay for their televisions, but could take reasonable retirement pay if they chose not to work.
- 2.36** Young adults were not often held at Manchester, but there were two at the time of the inspection. One of those we spoke to said he felt cared for but there was no policy or specific provision for young adults.
- 2.37** The prison was only aware of two prisoners who identified as gay or bisexual, although in our survey 3% had identified as such (over 30 prisoners). Regular support groups had been facilitated when there were more who wanted to attend, but these had ceased due to

transfer-outs and, despite efforts to re-engage this group, there was currently nothing in place for them.

- 2.38** During the inspection we were told that one prisoner identified as transgender. When we spoke to her, she said that, other than some individual support from the doctor and the equality officer, there was no specific support to allow her to live as a woman. We referred this case to the governor and were assured that an individual care plan would be introduced.

Recommendations

- 2.39** **The provision and support for foreign national prisoners with little or no English should be improved, and detainees should not be held in prisons after the completion of their sentences.**
- 2.40** **The provision for older prisoners should be improved.**

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.

- 2.41** *The chaplaincy provided good support for a wide range of faiths, the chaplains were visible and prisoners said they were helpful and accessible.*

- 2.42** Faith provision was good with the chaplaincy fully integrated into prison life. The times of services were well advertised around the prison, and if prisoners could not attend they could contact the chaplaincy to arrange a personal visit. Chaplains were accessible to new arrivals on the first night unit and during induction.
- 2.43** The chaplaincy provided pastoral care and support for a variety of faiths. It consisted of six chaplains supported by volunteers and sessional chaplains when necessary. The chapel, multi-faith room and worship areas were well equipped with suitable facilities and faith resources, but the multi-faith room was not large enough to accommodate all the Muslim prisoners wishing to participate in Friday prayers.
- 2.44** The chaplaincy provided support to prisoners and their families as part of palliative care; it had arranged a recent memorial service for a prisoner who had died during his sentence. We observed sensitive preparations for a meeting with a prisoner who had been bereaved, including access to support so that he would not be left alone in his cell overnight.

Recommendation

- 2.45** **All prisoners who wish to do so should be able to attend Friday prayers.**

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.

2.46 *The administration and monitoring of complaints were well managed, but quality assurance was not identifying poor or dismissive responses.*

2.47 The complaints process was managed reasonably well. Prisoners were encouraged to solve disputes informally with their personal officers before making complaints. Responses to complaints were mostly prompt, and the tone and content were usually adequate, but a minority were unhelpful, rude and judgemental and had not been identified through quality assurance. There was efficient and effective monitoring with detailed monthly reports to the senior management team, and regular analysis of trends and recurring subjects.

2.48 Complaint forms were readily available on all wings and collected daily, but information about the Independent Monitoring Board and confidential access complaint forms were not available to all prisoners during our inspection.

Recommendation

2.49 All responses to complaints should be polite and address the relevant issues.

Housekeeping point

2.50 Independent Monitoring Board and confidential access complaint forms should be readily available to all prisoners.

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 *Legal services were generally adequate, but bail information provision had lapsed. Legal visits were held in a good facility and accessible.*

2.52 In our survey, responses on the provision of legal services were better than the comparators, except for access to bail information. All new arrivals should have been screened to provide legal aid and bail information but this provision had lapsed since August 2014 due to insufficient trained staff. We were told that, in the absence of national training, a small group of officers who worked on K wing (which held trial and remand prisoners) had received some legal services training from the local Citizens Advice Bureau and Law Society.

- 2.53** There was good access to legal visits in an appropriate facility. Although prisoners could telephone their legal advisers, there were often long delays in processing the telephone numbers for new arrivals (see paragraph 2.7). Some 'Access to justice' laptops were issued to prisoners to assist with their legal cases.

Recommendation

- 2.54 All prisoners should be able to access adequate bail services.**

Housekeeping point

- 2.55** Prisoners' legal telephone numbers should be processed quickly.

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.

- 2.56** *Health services were reasonably good and most prisoners were satisfied with the quality of health care. Clinical governance remained good, but staff shortages and restrictions in the prison regime had affected some services. Primary care services were appropriate, but prisoners waited too long for the GP. The refurbished health centre waiting rooms were sometimes overcrowded and prisoners waited too long before and after appointments. Staff on the inpatient unit provided compassionate care for patients with complex health needs. Some aspects of medicines management were poor. Health promotion and dental services were very good. The integrated mental health service provided a good service, but too many patients had excessive delays before transfer to mental health units.*

Governance arrangements

- 2.57** Manchester Mental Health and Social Care NHS Trust provided the health services. A recent health needs assessment had informed the new service specification from April 2015, but the new provider had not yet been agreed. Working relationships between the commissioners, prison and provider were very good. Well-attended clinical governance and partnership board meetings covered all essential areas. Learning from serious incidents, service user feedback and audits was shared with health staff and informed service delivery.
- 2.58** Experienced clinical managers led service delivery and improvement. The health team had a rich skill mix, but long delays in the security clearance of new staff had increased waiting times for some services. Managers were actively addressing this issue and staff shortages were mainly filled by regular staff. Nurses were available 24 hours a day.
- 2.59** Staff had good access to professional development, but many were out of date with computer-based mandatory training due to problems using the system. Too few staff had formal clinical or managerial supervision.

- 2.60** Health staff were clearly identifiable and the health interactions we observed were very good. The clinical records we examined were generally very good, but formal care planning for some prisoners with complex health needs was inadequate. Health staff used an appropriate range of policies, including communicable disease management and safeguarding.
- 2.61** Most services were provided from the main health centre, but regular clinics also ran on several wings. The main health care centre was a good environment, but most of the wing clinical rooms were dirty and did not meet infection control standards. The two waiting areas had been refurbished to a high standard since our last inspection, but redecoration was already required. The waiting rooms were frequently overcrowded; on one morning we saw 37 prisoners in a waiting room with seating for 12. Prisoners waited for long periods in the main health centre before and after appointments due to limited escorting staff. Non-attendance at appointments was low and was monitored effectively. The comprehensive health information booklet offered to new arrivals was too long for most prisoners to read and remember.
- 2.62** Suitable well-checked emergency equipment was strategically placed across the prison. Many custodial staff were first aid trained, and all staff had easy access to external defibrillators. An ambulance was called promptly in emergencies.
- 2.63** Older prisoners received annual comprehensive health checks and prompt access to age-related screening. Access to mobility and health aids was satisfactory.
- 2.64** Many prisoners were unaware of the trust complaint system and Patient Advice and Liaison Service (PALS), and used the prison complaints system instead to make health care complaints, which was not sufficiently confidential. There had been 126 health complaints submitted through the prison system in the nine months to September 2014. Most health complaints were included in prisoners' clinical notes, which was inappropriate. Some of the responses we sampled were too curt and did not address all the issues raised.
- 2.65** The health promotion worker had developed excellent prison-specific health promotion resources with service users and had run various health groups on the wings, but recent regime restrictions and custodial staffing shortages had curtailed this until January 2015. Waiting times for smoking cessation services were short. Access to immunisations and screening for blood-borne viruses was good. Barrier protection was easily available and well promoted.

Recommendations

- 2.66** Health staff should have easy access to regular recorded supervision and all required mandatory training.
- 2.67** All clinical areas should be fully compliant with current infection control standards.
- 2.68** Prisoners should not routinely wait in health care for excessive periods before and after appointments, and the waiting facilities should be adequate for the number waiting.
- 2.69** Prisoners should be able to complain about health services through a well-publicised confidential system, and all responses to complaints should be prompt and fully address all the issues raised.

Good practice

2.70 *The dedicated health promotion service helped prisoners improve their health in prison.*

Delivery of care (physical health)

- 2.71** All new arrivals received an initial health assessment in reception, including a learning disability screen, and appropriate referrals were made. There was a further comprehensive nurse assessment, including required immunisation and blood-borne virus testing, within 72 hours for most arrivals. However, the partial relocation of the first night centre and reduced custodial staff availability (see paragraphs 1.11 and 1.12) meant this was delayed for some prisoners.
- 2.72** In our survey, more prisoners than the comparator were satisfied with the overall quality of health services. There was an extensive range of primary care clinics, but prisoners waited too long for routine GP appointments, the optician and sexual health services. Nurses with specialist training provided regular clinics for lifelong conditions, and GPs supported more complex cases.
- 2.73** Prisoners with severe mental or physical health issues were located on the 19-bed inpatient unit. The unit had an appropriate staff skill mix and admission was based on clinical need. The unit also contained an enhanced physical care suite, which was a positive resource for prisoners who needed greater physical care. We observed several instances where staff on the unit provided compassionate care for patients with complex health needs. Health staff liaised well with internal and external health professionals and uniformed officers. The regime helped promote patients' recovery, and all those we spoke to were positive about their care.
- 2.74** The in-house X-ray facilities and effective telemedicine reduced the need for external health care appointments, which were well managed by an officer in security in partnership with health staff.

Recommendation

2.75 **Waiting times for primary care services, including the GP and optician, should not exceed clinically acceptable waiting times in the community.**

Pharmacy

- 2.76** Medicines were generally supplied promptly by the in-house pharmacy. Most prisoners said they received their medication promptly, but we found two instances where delays in confirming community prescribing meant prisoners had not received their medication for up to 10 days. There was a full range of policies and procedures, and errors, near misses and drug alerts were managed effectively. There was an agreed prescribing formulary. Regular audits, including antibiotics prescribed, controlled drugs and tradable drugs, were discussed at the medicines management meeting. The pharmacist provided regular clinics.
- 2.77** All medicine administration took place from the wing clinical rooms. Medicines were transferred to the wing in locked containers, but one nurse reported feeling vulnerable when transporting medicines unaccompanied through areas where prisoners were unlocked. Most medicines were stored securely, but not all medicine trolleys were secured to the wall when not in use, and we found broken locks on a fridge and drug cupboard containing highly

tradable medication. We observed an unaccompanied civilian cleaner in the room with the unlocked drug cupboard, and a prisoner receiving treatment in a room with an unlocked drug trolley containing unsecured medicine cabinet keys. In-possession, stock and named-patient medication were not adequately separated in drug cupboards and trolleys, and we saw several examples of poor stock control and unlabelled medicines given in possession, creating significant risk.

- 2.78** All prescribed medicines were recorded on SystemOne (the electronic clinical information system), although paper charts were used for supervised medication. Record keeping was good and systems to follow up non-attendance were generally effective. Medicines were administered twice daily on most wings and three times daily on the substance misuse stabilisation wing, which meant that prescribing was sometimes dictated by the treatment times rather than the clinical needs of the patient. Lunchtime medication for prisoners receiving medication for alcohol dependence was not sent with them to court, which put them at risk of becoming unwell while there. Some wing staff dispensed medicines into unlabelled plastic pots before the prisoner was present, which contravened professional practice. Sedative medication was given too early. Officer observation and management of medicine queues was good.
- 2.79** Two-thirds of medication was given in possession, but in-possession risk assessments were not consistently recorded and those we saw did not adequately document the decision-making process. Prisoners in shared cells did not have secure storage facilities for medication (see also paragraph 2.2).
- 2.80** The range of medicines that nurses could administer without a prescription through patient group directions or 'special sick' supplies was too limited, which could lead to delays in treatment.

Recommendations

- 2.81** Information about prisoners' medication prescribed in the community should be confirmed consistently and dispensed promptly.
- 2.82** Medicines should be administered at an appropriate time for maximum clinical effect, and dispensed, administered and stored in line with professional standards.
- 2.83** In-possession medication risk assessments, which consider the risks of the patient and the drug, should be completed consistently and accessible to health care staff.
- 2.84** Prisoners in shared cells should have lockable cabinets in which to store in-possession medication.
- 2.85** Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored.

Housekeeping points

- 2.86** Medication should be transported through the prison safely and securely.

- 2.87** Prisoners who require regular prescribed medication while at court should have a correctly labelled supply and clear administration instructions sent with them for court staff to administer.

Dentistry

- 2.88** A local dental practice provided eight dentist clinics a week and waiting times were short. Appointments were prioritised appropriately on clinical need. A full range of NHS-equivalent dental treatment was available. The dental consultation and clinical records we saw were very good. Effective oral health promotion was provided.
- 2.89** All dental tools were cleaned and sterilised off-site. The dental surgery met infection control standards, all equipment was appropriately maintained and dental waste received professional disposal.

Delivery of care (mental health)

- 2.90** In our survey, more prisoners than at the last inspection reported mental health problems, although more prisoners with these problems than the comparator (51% against 44%) said they had been helped. The mental health team was well integrated into the prison. Most custodial staff received no mental health awareness training, although training for staff on the segregation and special interventions units was effective.
- 2.91** New arrivals were screened for mental health issues and appropriate referrals made. Prisoners could also self-refer or be referred by staff. The integrated mental health team supported 155 prisoners with mental health issues. The team had a rich skill mix, including sufficient clinical psychology and consultant psychiatrist input. The primary mental health team provided good support despite some staff shortages. The day care centre offered peer support groups to individuals with emotional, primary and severe mental health problems. Counselling was available through the chaplaincy. There was evidence of good levels of contact, and care planning was of a good standard.
- 2.92** Too many prisoners continued to experience excessive delays in being transferred to external mental health facilities.

Recommendations

- 2.93** **There should be mental health awareness training for custody staff.**
- 2.94** **Patients requiring mental health inpatient care should be transferred expeditiously.** (Repeated recommendation 5.85)

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.

2.95 *Despite some poor prisoner perceptions about the food, we found the quality and quantity were adequate. There was some poor management of serveries. Catering consultation was reasonable and responsive.*

2.96 A published menu cycle catered for different dietary needs and preferences, and was varied and balanced. At least one substantial hot meal was provided every day, and fresh fruit and vegetables were readily available. Meals were generally served too early and, except at weekends, breakfast packs were issued the day before they were to be consumed. Opportunities for prisoners to dine out of cell were limited.

2.97 In our survey and structured groups, prisoners were negative about the food. Formal complaints about food were infrequent, and we received no complaints at the point of service. The quality and quantity of food we saw served were adequate. However, some aspects of servery management were poor: servers were not always aware of the arrangements for serving halal food, did not always use designated tools and did not routinely take food temperatures before service. The kitchen was generally clean and well equipped, with adequate arrangements for halal food.

2.98 Consultation about the food was regular and resulted in changes to menus: there were twice-yearly food surveys and a member of the catering team attended the monthly prisoner consultative meeting.

Recommendations

2.99 **Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten.**

2.100 **Prisoners should be able to dine out of cell.**

Housekeeping point

2.101 Managers should ensure that servery workers deliver a consistent service.

Purchases

Expected outcomes:

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

2.102 *Prisoners could buy a reasonable range of goods from the prison shop but sometimes had to wait too long to receive their first order.*

2.103 Prisoners could order from a list of over 300 items covering diverse needs. They could make a full shop order through the wing kiosks (see paragraph 2.6) from Fridays to Sundays but orders were not delivered until Thursday mornings. This meant that some new arrivals could wait more than a week before receiving a full order, leading to possible debt and bullying problems (see also paragraph 1.19). However, new arrivals were advanced the cost of a reception pack and could buy more of these until their first order arrived. An advance of earnings was available to those who could not afford to buy packs. Prisoners could shop from catalogues, for which they were not charged a fee, and could order newspapers and magazines every week.

Recommendation

2.104 **New arrivals should be able to receive a full shop order within their first 72 hours.**

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.⁴

- 3.1** *Most prisoners received between four and eight hours out of their cell on weekdays and about four or five hours at weekends. This included some evening association. However, association was sometimes cancelled and there was routine slippage in the regime.*
- 3.2** The time that prisoners could spend out of cell had reduced since our last inspection (when we found an average of 10 hours a day), but still compared reasonably well with similar prisons. A revised 'interim' core day (the published activity schedule for prisoners), introduced because of staff shortages, indicated that a fully employed prisoner could achieve just over nine hours a day out of their cell Monday to Friday and about six hours a day at the weekend. This included three periods of weekday evening association for each wing. In reality, fully employed prisoners could achieve about eight hours out of cell on weekdays and about six hours at the weekend.
- 3.3** The time out of cell averaged at only about four to five hours a day for a significant number of prisoners who worked part time or were temporarily not required for work, and even less for some unemployed prisoners who had as little as two hours out of cell during weekdays.
- 3.4** Unlock times described in the core day were usually adhered to but we found regular slippage due to late unlocking, particularly in the afternoons, and cancellations of evening association were not uncommon. During roll checks in the morning and afternoon of the core day we found between 30% and 38% of the population locked in their cells, which was too high.

Recommendation

- 3.5 All prisoners should be able to spend a reasonable and predictable amount of time out of their cell and be able to access a full prison regime every day.**

⁴ 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.

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.

3.6 *There were sufficient activity places for most of the population. The leadership and management of learning and skills required improvement. The overall quality of education and vocational training was good, as were outcomes for learners. The prison had improved vocational training facilities and introduced new courses but the range of training was limited. Too many prisoners were switched to another course, released or transferred out of the prison before they could complete their course. There was effective English and mathematics provision. Library facilities and access were good..*

3.7 *Ofsted⁵ made the following assessments about the learning and skills and work provision:*

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

Management of learning and skills and work

3.8 The prison had reviewed its learning, skills and work provision using local and national data to support prisoners' successful resettlement in their release areas. However, it had yet to complete a prisoner needs analysis to inform further developments.

3.9 Since the previous inspection, the prison had introduced training in hospitality and catering and new facilities, including a bakery and printing workshop, and had expanded the textiles workshops. The commercial activity had been developed to provide prisoners with valuable experience of working to demanding deadlines and standards. Skills development was not always accredited, but accreditation in the workshops was being piloted, with more extensive outreach provision from the education provider. The range and variety of courses was generally adequate.

3.10 The quality of education and vocational training provision from The Manchester College was good and included robust quality assurance to assess the quality of taught sessions and improve standards. However, effective arrangements to assess the quality of teaching and learning in other provision were not yet fully embedded. The data collected by the prison were too limited, and there was insufficient detailed analysis to inform performance management and curriculum development.

⁵ 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>.

- 3.11** The self-assessment process was generally inclusive and appropriate. However, the associated action plan did not detail actions and targets to identify the expected impact on learners and address all key performance shortfalls. The quality improvement group focused on operational matters rather than evaluating and improving performance.

Recommendations

- 3.12** There should be a survey of prisoners' learning and skills needs to inform development of the provision.
- 3.13** There should be effective quality assurance arrangements for all taught sessions.
- 3.14** The prison should systematically analyse a wider range of data to inform learning and skills and work performance management and curriculum development.
- 3.15** The quality improvement group should rigorously monitor, evaluate and improve performance.

Housekeeping point

- 3.16** Self-assessment action plans should include sufficiently detailed actions and targets to raise standards across the provision.

Provision of activities

- 3.17** There were sufficient purposeful places to occupy 90% of the population required to engage in activities, and vulnerable prisoners were fully employed, but category A prisoners had a more limited range of education and work. Allocation to activities was fair and effective, and informed by targets for prisoners, including those in available sentence plans. Pay rates were low but not a disincentive to participation in activities. The unemployment rate was 12%.
- 3.18** At the time of the inspection, 402 prisoners attended accredited education part time, including English and mathematics from entry to level 2, English for speakers of other languages (ESOL) at entry level, information and communication technology (ICT), and business studies at level 1 and 2. Personal and social development courses included basic food preparation, cookery, art and design, and peer mentoring. There were 10 prisoners following distance learning or Open University programmes who were well supported in their studies by the college; a further 10 were waiting for their distance learning applications to be approved. There were sound arrangements to provide English and mathematics support for most prisoners in non-classroom settings, and 56 were receiving support at the time of the inspection.
- 3.19** Most of the prison's 80 full-time-equivalent vocational training places were offered by The Manchester College and led to qualifications in bakery skills at level 2, industrial cleaning at level 1 and 2, performing manufacturing operations at level 1, peer mentoring at level 2 or a pre-release course from entry to level 1. The Manchester College provided hospitality and catering at level 1, with a level 2 programme delivered by Salford College.
- 3.20** The prison offered 423 full-time-equivalent work places, including in waste management, textiles, printing workshops and the laundry. Most orderly work was wing cleaning, with additional duties in the gym, kitchens, servery and stores. The breadth of work was adequate

for the category B prisoners and provided appropriate opportunities for many to engage in progressively more challenging tasks.

Recommendation

- 3.21 The prison should increase the range of available education and work for category A prisoners.**

Quality of provision

- 3.22** The quality of teaching, coaching, learning and assessment was good. In education, the best sessions had enthusiastic and skilled tutors who planned lessons well and accommodated individual needs, skills and levels of attainment. Tutors used a variety of teaching and learning strategies to engage and motivate prisoners, and feedback on classroom and marked work was mostly constructive and developmental.
- 3.23** Tutors participated in regular and useful training to improve professional practice. The education provider had recognised the need to improve the impact and effectiveness of individual learning plans and ensure that all target setting was consistently specific, measurable and time bound. Prisoners received effective specialist support in education classes, but there were no arrangements for formal diagnostic assessments.
- 3.24** Vocational training theory sessions were well planned and tutors used a wide variety of appropriate resources to extend and reinforce learning. Theory was well linked to practical sessions and promoted learners' progress effectively. In printing, waste management and the laundry, prisoners' development of employability and complex practical skills was good. Portfolios were usually of a good standard, with assessment and progress recorded well and closely tracked. However, English and mathematics initial assessment results were not always used to inform individual learning. There was good quality support in workshops for those needing to improve their English and mathematics skills, but this was not provided in all work areas where needed.
- 3.25** Vocational training staff were highly qualified and knowledgeable. Resources and facilities for vocational training and work were mostly good and well used. The modern equipment and resources in the bakery were excellent and provided a good learning environment.
- 3.26** Induction focused too much on establishing prisoners' skills levels in English and mathematics and did not explain or promote the full range of education, training and work provision available, or its value and potential benefits. Prisoners did not routinely receive a copy of the prospectus.

Recommendations

- 3.27 Target setting should be improved and used in conjunction with specialist diagnostic assessment and English and mathematics skills tests to plan individual learning.**
- 3.28 All prisoners should receive appropriate English and mathematics support while working.**
- 3.29 Induction should effectively promote prisoners' understanding of the available learning and skills provision.**

Education and vocational achievements

- 3.30** A high proportion of prisoners who completed a vocational or classroom course subsequently gained their target award. There were good progression rates for English and mathematics learners completing their first programme and starting a higher-level programme in the same subject. Success rates on most vocational courses were high, particularly for the baking and industrial cleaning courses. Rates were low for the diploma in hospitality and catering programme, although most of those who left early gained unit accreditation to continue training on release. Too many prisoners on classroom programmes were switched to another course, released or transferred out of the prison before they had completed their course. A minority of courses were too long for the largely short-stay population.
- 3.31** Prisoners on education courses made good progress in improving their social and personal skills and confidence in their abilities to succeed. The standard of learners' written work and their overall attainment was generally at the level expected. Artworks crafted by category A prisoners were often of a very high standard, creatively and technically.
- 3.32** On vocational training courses and in most work areas, prisoners demonstrated a good pace of practical skill development, and they had a good understanding of the products and/or materials they were using. Prisoners working in the bakery displayed excellent and complex production skills. Prisoners in the laundry and printing workshops managed their time well and worked diligently to achieve demanding deadlines and standards of finished product. Attendance and punctuality overall continued to be managed well and behaviour was good.

Recommendation

- 3.33** **The prison should investigate and address the reasons why prisoners leave classroom-based courses before completing them.**

Library

- 3.34** The library was provided by Manchester City Council Library Services. Prisoners had good access to the library from their wings or by participation in education. Opening hours were extensive, including weekday mornings and evenings and Saturday mornings, and prisoner visits and loan rates were very high. Three enthusiastic and qualified library staff, an orderly and a designated prison officer worked well together to maintain a high quality service, although there was currently no qualification option for the orderly.
- 3.35** The range of fiction and non-fiction was extensive and varied, and stock included CDs, easy readers, graphic novels, foreign language titles and legal texts. Prisoners had access to Prison Service Instructions and an inter-library loan service. A regular newsletter promoting the service was distributed widely around the prison. The stock loss rate was high, at 6%. Computers were due to be reinstalled.
- 3.36** Strategies to promote literacy were adequate. There were 20 mentors on the Shannon Trust's Toe-by-Toe reading mentoring scheme, but only eight learners. Few prisoners took part in the Six Book Challenge (where participants choose and read six books).

Housekeeping points

- 3.37** The library orderly should receive appropriate accredited training.

- 3.38** The rate of library stock loss should be reduced.

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.

3.39 *The main gym was well managed and maintained, but smaller facilities throughout the prison were not always effectively monitored. Prisoners had generally good access to recreational PE. Participation rates overall were low. Remedial PE and sessions for specific groups were provided. An accredited PE programme had been suspended.*

3.40 The PE department was well managed and staffed by nine full-time PE staff supported by seven orderlies. All staff were appropriately qualified and experienced. The main gym included a well-maintained sports hall, weights room and cardiovascular suite, and prisoners could also use an all-weather pitch. There were 11 smaller facilities with weights and/or cardiovascular equipment throughout the prison, but these areas were not always effectively monitored.

3.41 Access to recreational PE was good for most prisoners. However, prisoners on three wings could only use wing facilities, and those on I wing (the substance misuse stabilisation wing) had no access to recreational gym. Our survey indicated that overall participation rates were low, and this was confirmed in the prison's own findings. There were sufficient shower and changing facilities in the main gym, which had been upgraded following our previous recommendation.

3.42 Prisoners received an adequate induction to PE that included a suitable health and fitness assessment. Links with health care were good and well used by PE staff to provide remedial PE, covering weight management, mental health, drug dependency and physical injury needs. In addition, sessions were offered for specific groups, such as over-50s and those with physical disabilities. PE staff promoted wider healthy living and lifestyles.

3.43 Twenty full-time learning places were available on four courses. Success rates for the community sports leader award were high, and satisfactory for other courses. An accredited programme that effectively supported employment in the fitness industry had recently been suspended.

Recommendations

- 3.44** **The prison should ensure that all prisoners have access to the main gym, raise participation rates in PE, and effectively monitor the use of PE facilities throughout the prison.**
- 3.45** **Prisoners should be offered courses that support employment in the fitness industry.**

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 *Resettlement provision was reasonably well managed but links between resettlement pathways and offender management were insufficient. The prisoner needs analysis was out of date. The reducing reoffending strategy was detailed, but did not incorporate offender management or specific groups of prisoners. Progress had been made in planning for the transition to a resettlement prison.*

4.2 Resettlement provision was reasonably well managed overall. However, there were insufficient strategic and operational links between resettlement pathways work and offender management. For example, nobody from the offender management unit (OMU) routinely attended the bimonthly reducing reoffending meetings – these were chaired by the head of reducing reoffending, considered pathways work in some detail and were well attended, including by community partners and guest speakers.

4.3 The prisoner needs analysis had been completed 18 months previously and was out of date. The reducing reoffending strategy was detailed but did not identify specific groups of prisoners, such as indeterminate sentence prisoners, remands or those with protected characteristics, and did not incorporate offender management.

4.4 Release on temporary licence (ROTL) was not used to maintain family ties for the many category C and small number of category D prisoners at the establishment.

4.5 The prison was making better progress than we usually see in planning for the transition to a resettlement prison. It had already established some good links with community partners, had an offender resettlement unit and had developed a plan to ensure the correct quota of prisoners in the last months of their sentence would be retained at the establishment. A NOMS area 'through the gate' coordinator had been assigned to the prison.

Recommendations

4.6 **The reducing reoffending strategy should be based on an up-to-date needs analysis, incorporate offender management, and identify and address the needs of specific groups of prisoners.**

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

Housekeeping point

- 4.8** The offender management unit should be represented by a senior member at reducing reoffending meetings.

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 was reasonable. Assessment and planning for reducing offending and risk of harm were effective in most cases. Offender supervisors did not have sufficient contact with prisoners. Most prisoners had sentence plans, but objectives were not always outcome-focused. The OASys (offender assessment system) backlog was low but reviews were not always timely. Public protection was generally well managed. Home detention curfew (HDC) assessments were good but always late. Categorisation processes were generally efficient. There was some useful specific support for lifers, but no support or information to remand prisoners facing a life sentence.*

- 4.10** The OMU was well established and generally fulfilling its responsibilities effectively. There were 16 dedicated prison offender supervisors, 7.5 probation offender supervisors and 17.5 case administration posts (although three were vacant). The department managed 746 sentenced prisoners, of whom 158 were serving under 12 months, 256 were out of scope for offender management, and 332 were in scope (including life-sentenced prisoners). Probation offender supervisors were supported by and received supervision from a senior probation officer based off-site. Prison offender supervisors did not receive supervision, although they said that the regular OMU team meetings were helpful and effective in providing guidance and support.
- 4.11** In our survey, 47% of respondents said that they had a named offender supervisor in the prison, against the comparator of 30%, and 69% against 61% said they had an offender manager in the community. However, our groups and the 12 cases we examined in detail confirmed that offender supervisors had insufficient meaningful contact with prisoners to motivate and support them to address their offending behaviour. Prison offender supervisors had consistently been redeployed to other duties, losing 600 hours in August 2014 and 243 hours in September.
- 4.12** Assessment and planning for reducing offending and risk of harm, using OASys assessments, were effective in the majority of cases. The OASys backlog was relatively low at 15 for out-of-scope and 18 for in-scope cases, and there had been sufficient and timely assessments in three-quarters of the cases we inspected. In our survey, more prisoners than the comparator said they had a sentence plan, but the number had still deteriorated the last inspection. Most of the sentence plans we saw were closely linked to key factors associated with the likelihood of reoffending and risk of harm, but not all had outcome-focused objectives. Significantly, far fewer prisoners than at the last inspection, 49% against 76%, felt they could achieve their sentence plan objectives at the prison.
- 4.13** Risk of serious harm screening and analysis were reasonable but around a third of the cases we inspected did not have a current and sufficient risk management plan. In addition, OASys

reviews were not always timely, including in two high risk cases we saw where there should have been a prompt reassessment following serious incidents.

- 4.14** There had been 91 applications for HDC in the previous six months, of which 44 had been successful. Assessments were good; they drew on a wide and appropriate range of information, reports were detailed and they were signed off by a senior manager. However, all decisions were late, so successful applicants were released beyond their HDC eligibility date, some by several weeks.
- 4.15** Offender supervisors maintained a relevant and detailed prisoner contact log, but this was not recorded on the Prison Service IT system and therefore was not accessible to other relevant staff working with prisoners.

Recommendations

- 4.16** **Offender supervisors should have regular and meaningful contact with prisoners, which should motivate and support them to address their offending behaviour.**
- 4.17** **There should be management monitoring to ensure that all elements of offender management are timely and of a sufficient standard, including OASys (offender assessment system) reviews, risk management plans and sentence plan objectives.**
- 4.18** **All releases on home detention curfew should be timely.**
- 4.19** **All staff contact with prisoners should be recorded on one system to ensure that all parties are aware of and share relevant information.**

Public protection

- 4.20** Initial public protection procedures were well managed by a discrete team in the OMU. All new arrivals were screened using relevant information sources, including the police national computer and the violent and sexual offenders register (VISOR), which four staff in the OMU were trained to use. The prison had an agreement with the Manchester courts to receive copies of restraining orders. Prisoners were made aware of monitoring restrictions, which were regularly reviewed at an effective weekly risk management review meeting and shared with appropriate departments, such as visits. There were 82 prisoners subject to monitoring restrictions, 23 due to child protection concerns and 59 for harassment issues.
- 4.21** The prison was managing a complex and high-risk population, including 143 active VISOR cases, 110 child protection cases, seven multi-agency public protection arrangements (MAPPAs) level 2 and three level 3 cases. MAPPA arrangements were generally effective, but for some prisoners due for release in the next six weeks, the offender manager in the community had made no contact with the prison to set the MAPPA level. Offender supervisors had not followed this up. Reports for MAPPA meetings were completed by offender supervisors and were of a sufficient standard. An effective monthly inter-departmental risk management meeting monitored the progression of level 2 and 3 MAPPA cases, and coordinated actions around release and managing cases into the community stage of the sentence.

Recommendation

- 4.22 The management level in multi-agency public protection arrangements (MAPPA) cases should be confirmed six months in advance of the prisoner's release date.**

Categorisation

- 4.23** There were 18 category A/high risk category A prisoners, 171 category B, 537 category C and 11 category D prisoners. Categorisation reviews were undertaken by offender supervisors, were generally timely and drew on a good range of information, and the decisions we looked at were generally appropriate. Transfers to other establishments were usually timely and waiting lists were well managed. Transfer decisions took some account of prisoners' home addresses and family circumstances. However, some sex offenders were unable to progress because of the shortage of places nationally for sex offender treatment.

Indeterminate sentence prisoners

- 4.24** There were 93 indeterminate sentence prisoners, made up of 63 lifers and 30 prisoners subject to indeterminate sentences for public protection. Offender supervisors did not make contact with remand prisoners facing a likely life sentence, which was a missed opportunity to discuss immediate needs and answer questions (see also recommendation 4.16).
- 4.25** Most lifers and longer term prisoners were housed on one wing, which prisoners felt was positive and mutually supportive. Designated lifer family days were valued by participants, and a lifer forum had met sporadically over the previous year. The lack of contact with offender supervisor and the limited offending behaviour programme places hindered the ability of some lifers to progress through their sentence plan (see recommendation 4.16).

Recommendation

- 4.26 Prisoners facing a likely life sentence should be identified on remand and given information and support as required.**

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** *Many prisoners were unaware of the available resettlement services.. Accommodation services were appropriate but not promoted adequately. The quality of the National Careers Service was good, but the 'virtual campus' was not yet operational. A high proportion of prisoners went into employment, further education or training on release. The 'recovery through the gate' programme provided exemplary support for prisoners with substance misuse needs, but was coming to an end. There was reasonable debt and money management support. Visits provision was good and support for children and families work was well developed. A few accredited programmes provided interventions for a limited number of prisoners.*

- 4.28** Custody planning for unconvicted prisoners was due to commence in January 2015. All prisoners serving under 12 months were given a basic custody screening by offender supervisors to identify pathway needs, and were signposted to services delivered through the resettlement unit. Needs were reassessed around six weeks before discharge at a multi-agency surgery, although the prison acknowledged that doing this earlier would allow more time to address outstanding needs. In our survey, prisoners were less aware than the comparators of most pathways services, including accommodation, benefits and finances.
- 4.29** There was a good focus on building partnerships with community agencies, led by a designated community engagement manager. The prison was represented at a range of external meetings, including the local reducing reoffending strategy group, and had links with integrated offender management teams in the community. A team of staff who had volunteered for the role was delivering a prevention project in local primary schools, and the prison was leading on a pre-sentence restorative justice project in partnership with the local courts. Several partner agencies also attended the prison and/or delivered 'through the gate' work, including housing providers, the Salford Prison Project and Jobcentre Plus.

Recommendation

- 4.30 All resettlement pathways services available to prisoners should be better publicised throughout the prison.**

Accommodation

- 4.31** Housing Link, a homelessness charity, provided a range of accommodation services, but they were not promoted adequately across the prison (see recommendation 4.30). Housing Link screened all new arrivals to identify need and assist with such matters as the maintenance of or closing down of tenancies. They also attended the pre-release surgeries six weeks before prisoners were due to be released to address any outstanding accommodation needs where possible. Only 8% of prisoners released in the previous six months left without an address, which was relatively low for the type of prison. We were told that most went to permanent rather than supported accommodation, such as hostels.

Education, training and employment

- 4.32** There was a good range and variety of short courses to prepare prisoners close to their release dates. Links with employers, external referral agencies and local colleges were well developed and used to support resettlement. The quality of the National Careers Service provided by the Manchester Growth Company through Work Solutions was good. However, prisoner attendance at appointments arranged with the National Career Service and other agencies was often poor due to clashes with regime activities.
- 4.33** Staff from the National Careers Service, 'through the gate' and Achieve North West projects worked closely to provide a wide range of services for prisoners before and on release, including help with completing job applications, curriculum vitae and disclosure letters. They ensured that prisoners were able to access voluntary work, employment, courses in the community and additional training.
- 4.34** The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not available. According to the prison's data, in the previous three months 9% of prisoners released went into full-time education and training and 30% into employment.

Recommendation

4.35 The virtual campus should be available to prisoners.

Housekeeping point

4.36 Prisoners should be able to attend arranged appointments with staff and agencies involved with education, training and employment.

Health care

4.37 Health care discharge arrangements were timely and appropriate, including effective planning for prisoners with complex physical and mental health needs. Prisoners received a week's supply of medication, where appropriate, and were given a discharge summary, with a copy sent to their GP. All prisoners received helpful community health contact numbers. Support for patients with palliative care needs was very good, with excellent links with local Macmillan nurses and external palliative care services.

Drugs and alcohol

4.38 Discharge planning for substance misusers started early and continuing prescribing was arranged. Substance misuse workers provided harm reduction advice to all service users before release. The intensive eight-week residential Recovery Through the Gate programme prepared prisoners with substance misuse issues to develop recovery pathways in the prison and on release. However, the programme was ending, leaving a significant gap. A promising new through-the-gate Gateways programme for sentenced prisoners, based in the Abstinence and Recovery Centre (see paragraph 4.45), was due to start and would provide valuable support for prisoners who wanted to achieve or maintain abstinence post-release.

Finance, benefit and debt

4.39 The Salford Prison Project provided weekly debt advice to prisoners and was a well-used service. A useful budgeting and money management course was also available in education. Prisoners could open a bank account, although take-up of this had been low at around 12 in the previous six months. There was also a pilot project with Salford Credit Union and 12 prisoners which, if successful, would make credit union accounts available to all prisoners.

Children, families and contact with the outside world

4.40 In our survey, more prisoners than the comparator said they had been helped by staff to maintain contact with family and friends. The prison provided a range of innovative children and families services in partnership with external organisations, and there were regular joint meetings to discuss the development of this work and share information from visiting families. The category A visits area had been improved, with baby changing facilities and a play area with toys, but visitors with disabilities continued to have poor access.

4.41 In our survey, fewer prisoners than at our last inspection said they were informed of their visits entitlement on arrival. However, the visits booking system through the wing kiosks (see paragraph 2.6) was flexible and administered well.

- 4.42** The English Churches Housing group managed a well-run and fully equipped visitors' centre supported by a team of dedicated staff and long serving volunteers. The team had strong links with local community projects and worked closely with the local 'Out There' project, which provided support to families of prisoners in the community and coordinated the prison visitors' forum. The forum met regularly in the community to discuss individual and collective concerns, which were shared with the prison through the visitors' centre. The local Mothers' Union ran a regular coffee morning in the visitors' centre, which discussed the impact of prison on family life.
- 4.43** Visits were well organised and started on time, and included two evening slots a week. Searches of visitors were carried out respectfully, and staff in the visits hall were helpful and polite. Recent national changes limiting the amount of property that prisoners were allowed meant that all property brought in by visitors was checked and processed before a visit, which caused unnecessary delays and potential late arrival at the gate to get into a visit. All prisoners were still required to wear a coloured bib during visits.
- 4.44** In addition to social visits, the prison organised 16 family days a year, including four visits for adults only, introduced at the request of families, although these were available to enhanced-level prisoners only. Between May and October 2014, 155 children and 65 prisoners had attended six family days, which were organised around specific themes or festivals. Prisoners with family living more than 100 miles away could have extended visits of two hours.
- 4.45** POPs (Partners of Prisoners and Families Support Group) employed 2.5 paid family link workers supported by volunteers, who were based in the Abstinence and Recovery Centre close to the prison. They provided support to prisoners and their families in the community who had been affected by drug and alcohol-related problems. The team had an average monthly caseload of 50 and had worked with 180 families to date in 2014. Referrals were usually made by Listeners or prison staff but prisoners and their families could also self-refer. There were no specific parenting courses in the establishment, but 72 men had taken part in the Storybook Dads scheme, recording bedtime stories for their children, in the last 12 months.

Recommendation

- 4.46 All prisoners should have access to family visits.** (Repeated recommendation 9.63)

Housekeeping point

- 4.47** The use of bibs for prisoners during visits should cease. (Recommendation 9.58 repeated as a housekeeping point)

Attitudes, thinking and behaviour

- 4.48** As the prison's needs analysis was out of date, staff could not be sure of the offending behaviour needs of the population (see recommendation 4.6). A few accredited programmes were delivered, but the lack of places limited the number of prisoners who could benefit from them.
- 4.49** The Healthy Relationships Programme, a designated domestic violence programme, was delivered four times a year with 28 completions. The Thinking Skills Programme was delivered eight times a year, with 72 completions. The COVAID (control of violence and anger in impulsive drinkers) programme had been delivered once since April 2014, and a

second course commenced during the inspection, with nine successful completions. Twenty-one prisoners had successfully completed the Building Skills for Recovery (BSR) programme since April 2014. However both COVAID and BSR were due to end in 2015. Resolve, a cognitive-behavioural intervention for violent offenders, had been delivered three times with 27 completions.

- 4.50** There was no designated victim awareness course, despite some evidence of need in the cases we inspected, and no plans to introduce such a course.

Recommendation

- 4.51 A victim awareness course should be available to prisoners requiring it.**

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 Managers should explore and address the negative perceptions of black or minority ethnic and Muslim prisoners, including through dedicated prisoner support and consultation forums for all those with protected characteristics. Disparities in ethnic monitoring should be thoroughly and promptly investigated and addressed. (S43)
- 5.2 Prisoners with disabilities should only be held at Manchester when they can be provided with appropriate accommodation, care and support. When it is appropriate to hold them at Manchester, they should receive individual care appropriate to their needs. (S44)

Recommendation

To the Home Office and NOMS

- 5.3 The provision and support for foreign national prisoners with little or no English should be improved, and detainees should not be held in prisons after the completion of their sentences. (2.39)

Recommendation

To NOMS and the governor

- 5.4 The prison should transfer prisoners whose care needs it cannot meet to an appropriate alternative prison. (1.38)

Recommendation

To Prisoner Escort and Custody Services

- 5.5 Escort staff should complete person escort records in full, including risk information. (1.6)

Recommendations

To the governor

Courts, escort and transfers

- 5.6 Prisoners' property should accompany them and staff should systematically follow up any concerns about missing property following transfer. (1.5)

Early days in custody

- 5.7 There should be a suitable reception area for category A prisoners. (1.13, repeated recommendation 1.10)

- 5.8** All new arrivals should attend induction the day after their arrival, and it should be presented in ways that are accessible to first-time prisoners, foreign nationals and those with poor literacy. (1.14)

Bullying and violence reduction

- 5.9** The safer custody group should survey prisoners' perceptions of safety to inform its strategy, and take particular steps to identify and address the concerns of vulnerable prisoners. (1.23)
- 5.10** All victims of bullying should be supported and actions to support them should be documented. (1.24)
- 5.11** All incidents of violence, including low-level incidents, should be thoroughly investigated and the findings recorded. (1.25)

Self-harm and suicide

- 5.12** The prison should develop a local policy setting out its procedures to reduce self-harm, based on the needs of the prison's population. (1.32)
- 5.13** There should be a long-term rolling programme of recruitment and training to ensure there are sufficient Listeners. (1.33)

Safeguarding

- 5.14** The governor should work with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.37)

Security

- 5.15** Prisoners should not be placed on closed visits for issues that are not related to visits. (1.48)
- 5.16** The strip searching and handcuffing of prisoners should be proportionate and reflect the risk presented. (1.49)
- 5.17** The establishment should ensure that target tests are undertaken within the required time frame. (1.50, repeated recommendation 3.64)

Incentives and earned privileges

- 5.18** Decisions to demote prisoners to basic level should be fully justified and always based on a thorough investigation. (1.56)

Discipline

- 5.19** The regime for segregated prisoners should be improved and include purposeful activities to prevent psychological deterioration. (1.69)
- 5.20** There should be formal and individualised care planning to help segregated prisoners return to conditions where they can interact with others and reduce their time in isolation. (1.70)
- 5.21** Segregation monitoring arrangements should be improved. (1.71)

Substance misuse

- 5.22** There should be a substance misuse strategy informed by a comprehensive needs analysis, and it should contain an action plan with performance measures that are reviewed at regular substance misuse strategy meetings. (1.79)
- 5.23** Prisoners with substance misuse issues, including with alcohol, should have access to a full range of psychosocial support, including mutual aid, peer support, one-to-one and group work, provided by staff who receive adequate training, supervision and managerial support. (1.80)
- 5.24** The substance misuse service should have a mechanism for regular service user feedback to inform future service provision. (1.81, repeated recommendation 9.49)
- 5.25** New arrivals with drug or alcohol dependency should receive documented overnight checks from staff who have received training in substance withdrawal, signs of over-sedation and first aid to identify and respond appropriately to emergencies. (1.82)

Residential units

- 5.26** Two prisoners should not share accommodation designed for one. (2.8, repeated recommendation 2.2)
- 5.27** All showers should be refurbished and provide appropriate privacy, cell toilets should be suitably screened and broken windows should be mended immediately. (2.9)
- 5.28** Wing laundries should be fitted with industrial washing machines and dryers. (2.10)
- 5.29** Prisoners should be able to make telephone calls in private protected from background noise. (2.11, repeated recommendation 2.12)

Staff-prisoner relationships

- 5.30** The quality of personal officer arrangements and work should be improved. (2.19)

Equality and diversity

- 5.31** The prison should develop a strategy to ensure that the needs of all minority groups are identified and addressed, all aspects of equality and diversity are promoted, and outside support agencies are engaged. (2.28)
- 5.32** The prison should gather data on the equality of treatment for all protected characteristics, and should explore and address any problems that are consistently identified. (2.29)
- 5.33** The provision for older prisoners should be improved. (2.40)

Faith and religious activity

- 5.34** All prisoners who wish to do so should be able to attend Friday prayers. (2.45)

Complaints

- 5.35** All responses to complaints should be polite and address the relevant issues. (2.49)

Legal rights

5.36 All prisoners should be able to access adequate bail services. (2.54)

Health services

- 5.37** Health staff should have easy access to regular recorded supervision and all required mandatory training. (2.66)
- 5.38** All clinical areas should be fully compliant with current infection control standards. (2.67)
- 5.39** Prisoners should not routinely wait in health care for excessive periods before and after appointments, and the waiting facilities should be adequate for the number waiting. (2.68)
- 5.40** Prisoners should be able to complain about health services through a well-publicised confidential system, and all responses to complaints should be prompt and fully address all the issues raised. (2.69)
- 5.41** Waiting times for primary care services, including the GP and optician, should not exceed clinically acceptable waiting times in the community. (2.75)
- 5.42** Information about prisoners' medication prescribed in the community should be confirmed consistently and dispensed promptly. (2.81)
- 5.43** Medicines should be administered at an appropriate time for maximum clinical effect, and dispensed, administered and stored in line with professional standards. (2.82)
- 5.44** In-possession medication risk assessments, which consider the risks of the patient and the drug, should be completed consistently and accessible to health care staff. (2.83)
- 5.45** Prisoners in shared cells should have lockable cabinets in which to store in-possession medication. (2.84)
- 5.46** Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored. (2.85)
- 5.47** There should be mental health awareness training for custody staff. (2.93)
- 5.48** Patients requiring mental health inpatient care should be transferred expeditiously. (2.94, repeated recommendation 5.85)

Catering

- 5.49** Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten. (2.99)
- 5.50** Prisoners should be able to dine out of cell. (2.100)

Purchases

5.51 New arrivals should be able to receive a full shop order within their first 72 hours. (2.104)

Time out of cell

- 5.52** All prisoners should be able to spend a reasonable and predictable amount of time out of their cell and be able to access a full prison regime every day. (3.5)

Learning and skills and work activities

- 5.53** There should be a survey of prisoners' learning and skills needs to inform development of the provision. (3.12)
- 5.54** There should be effective quality assurance arrangements for all taught sessions. (3.13)
- 5.55** The prison should systematically analyse a wider range of data to inform learning and skills and work performance management and curriculum development. (3.14)
- 5.56** The quality improvement group should rigorously monitor, evaluate and improve performance. (3.15)
- 5.57** The prison should increase the range of available education and work for category A prisoners. (3.21)
- 5.58** Target setting should be improved and used in conjunction with specialist diagnostic assessment and English and mathematics skills tests to plan individual learning. (3.27)
- 5.59** All prisoners should receive appropriate English and mathematics support while working. (3.28)
- 5.60** Induction should effectively promote prisoners' understanding of the available learning and skills provision. (3.29)
- 5.61** The prison should investigate and address the reasons why prisoners leave classroom-based courses before completing them. (3.33)

Physical education and healthy living

- 5.62** The prison should ensure that all prisoners have access to the main gym, raise participation rates in PE, and effectively monitor the use of PE facilities throughout the prison. (3.44)
- 5.63** Prisoners should be offered courses that support employment in the fitness industry. (3.45)

Strategic management of resettlement

- 5.64** The reducing reoffending strategy should be based on an up-to-date needs analysis, incorporate offender management, and identify and address the needs of specific groups of prisoners. (4.6)
- 5.65** Release on temporary licence should be used for the purpose of maintaining family ties for suitably assessed category C and D prisoners. (4.7, repeated recommendation 9.66)

Offender management and planning

- 5.66** Offender supervisors should have regular and meaningful contact with prisoners, which should motivate and support them to address their offending behaviour. (4.16)

- 5.67** There should be management monitoring to ensure that all elements of offender management are timely and of a sufficient standard, including OASys (offender assessment system) reviews, risk management plans and sentence plan objectives. (4.17)
- 5.68** All releases on home detention curfew should be timely. (4.18)
- 5.69** All staff contact with prisoners should be recorded on one system to ensure that all parties are aware of and share relevant information. (4.19)
- 5.70** The management level in multi-agency public protection arrangements (MAPPA) cases should be confirmed six months in advance of the prisoner's release date. (4.22)
- 5.71** Prisoners facing a likely life sentence should be identified on remand and given information and support as required. (4.26)

Reintegration planning

- 5.72** All resettlement pathways services available to prisoners should be better publicised throughout the prison. (4.30)
- 5.73** The virtual campus should be available to prisoners. (4.35)
- 5.74** All prisoners should have access to family visits. (4.46, repeated recommendation 9.63)
- 5.75** A victim awareness course should be available to prisoners requiring it. (4.51)

Housekeeping points

Early days in custody

- 5.76** Reception risk interviews should be held in the private interview booths. (1.15)
- 5.77** All new arrivals should be offered a free telephone call in reception, subject to risk assessment. (1.16)

Security

- 5.78** The mandatory drug testing holding rooms should be clean and free of graffiti. (1.51)

Residential units

- 5.79** All areas of wings should be kept clean, including nettings, stairs and underneath railings. (2.12)
- 5.80** Responses to prisoner applications should be prompt. (2.13)

Staff-prisoner relationships

- 5.81** Staff should refer to prisoners by the preferred name. (2.20)
- 5.82** Outcomes from prisoner consultation forums should be communicated effectively to the wider prisoner population. (2.21)

Complaints

- 5.83** Independent Monitoring Board and confidential access complaint forms should be readily available to all prisoners. (2.50)

Legal rights

- 5.84** Prisoners' legal telephone numbers should be processed quickly. (2.55)

Health services

- 5.85** Medication should be transported through the prison safely and securely. (2.86)
- 5.86** Prisoners who require regular prescribed medication while at court should have a correctly labelled supply and clear administration instructions sent with them for court staff to administer. (2.87)

Catering

- 5.87** Managers should ensure that servery workers deliver a consistent service. (2.101)

Learning and skills and work activities

- 5.88** Self-assessment action plans should include sufficiently detailed actions and targets to raise standards across the provision. (3.16)
- 5.89** The library orderly should receive appropriate accredited training. (3.37)
- 5.90** The rate of library stock loss should be reduced. (3.38)

Strategic management of resettlement

- 5.91** The offender management unit should be represented by a senior member at reducing reoffending meetings. (4.8)

Reintegration planning

- 5.92** Prisoners should be able to attend arranged appointments with staff and agencies involved with education, training and employment. (4.36)
- 5.93** The use of bibs for prisoners during visits should cease. (4.47, recommendation 9.58 repeated as a housekeeping point)

Example of good practice

- 5.94** The dedicated health promotion service helped prisoners improve their health in prison. (2.70)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Hindpal Singh Bhui	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Fionnuala Gordon	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Catherine Shaw	Head of research, development and thematics
Helen Ranns	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Majella Pearce	Substance misuse inspector
Maureen Jamieson	Health services inspector
Barry Cohen	Pharmacist
Sue Melvin	Pharmacist
Kathleen Byrne	Care Quality Commission
Nigel Bragg	Ofsted inspector
Nick Crombie	Ofsted inspector
Neil Edwards	Ofsted inspector
Keith Humphreys	Offender management inspector
Sue McGrath	Offender management 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 arrangements had improved. Satisfactory first night procedures were backed up by an appropriate induction. Prisoners reported feeling much safer and the number of violent incidents had reduced but anti-bullying procedures did not work effectively. Levels of self-harm had decreased but there were still a high number of self-inflicted deaths and a need to concentrate more on learning lessons and to provide more consistent support for men at risk. Security and discipline arrangements were proportionate. Use of force was reasonable and well monitored. Drug dependent prisoners received effective clinical support. Sources of drug supply were tackled and the mandatory drug testing rate was relatively low. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

An effective anti-social behaviour strategy should be introduced that identifies and deals with the root causes of poor behaviour, ensures that alleged bullies are challenged and monitored and victims supported. (HP46)

Partially achieved

A regularly reviewed consolidated action plan should include recommendations from investigations into all deaths in custody and serious incidents of self-harm, including coroners' rule 43 letters, to help ensure that lessons are learned, agreed actions are maintained and similar occurrences avoided. (HP47)

Achieved

Recommendations

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

Not achieved

Arrangements for moving prisoners from vans to reception should be improved so that they spend the minimum amount of time on cellular vehicles. (1.4)

Partially achieved

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

Partially achieved

There should be a suitable reception area for category A prisoners. (1.10)

Not achieved

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

Achieved

Prisoners should be offered a shower in reception or on their first night. (1.20)

Achieved

Prisoners should be able to order canteen goods within 24 hours of arrival. (1.23)

Achieved

Foreign national prisoners who do not speak English should be given the same information as that provided to other prisoners on the induction programme. (1.25)

Not achieved

Prisoners should be fully occupied for the duration of the induction programme. (1.27)

Not achieved

All areas of the prison should be represented at violence reduction meetings. (3.1)

Achieved

Minutes of violence reduction meetings should record analysis and discussion about underlying reasons for violence and bullying and action should be taken. (3.2)

Achieved

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

Achieved

A thorough risk assessment should be undertaken for any young person accommodated with older adult men on all wings, and should address specific possible risks associated with accommodation on a vulnerable prisoner unit. This should be recorded. (3.21)

Achieved

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

Achieved

All areas of the prison should be represented at safer prisons meetings. (3.25)

Achieved

All staff should receive assessment, care in custody and teamwork (ACCT) refresher training. (3.26)

Not achieved.

Care suites should be provided on all wings. (3.28)

Not achieved

There should be investigations into apparent self-inflicted deaths within a week of release from custody, to establish learning. (3.31)

Achieved

Assessment care in custody and teamwork reviews should be multidisciplinary and have a consistent case manager. (3.42)

Partially achieved

Night managers should be familiar with all emergency contingency plans and ensure access for emergency vehicles at all times. (3.43)

Achieved

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

Achieved

The establishment should ensure that target tests were undertaken within the required time frame. (3.64)

Not achieved (recommendation repeated I.49)

The incentives and earned privilege (IEP) policy should be impact assessed, to ensure that it is fair for all segments of the population (That is, older prisoners, black and minority ethnic prisoners, Muslim prisoners, vulnerable prisoners and prisoners with disabilities). (7.28)

Achieved

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

Partially achieved

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

Achieved

The showers on the second landing of the segregation unit should be refurbished to an acceptable standard for use. (7.20)

Achieved

All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls. (7.21)

Achieved

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

Partially achieved

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

Partially achieved

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

Not achieved

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

Not achieved (recommendation repeated I.79)

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2011, relationships were much improved but formal personal officer work was not sufficiently well developed. The prison was generally clean and well kept. The incentives and earned privileges system was satisfactory. Food was of reasonable quality but some meals were served cold. There was insufficient promotion of diversity and equality. Outcomes for black and minority prisoners were reasonable and there were some good services for foreign national prisoners but support for prisoners with disabilities was poor. Chaplains were active in the life of the prison. Health services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The specific needs of older, gay, transgender and bisexual prisoners and those with disabilities should be identified and addressed. (HP48)

Not achieved

Recommendations

Broken windows should be mended immediately. (2.1)

Not achieved

Two prisoners should not share accommodation designed for one. (2.2)

Not achieved (recommendation repeated 2.8)

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

Not achieved

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

Not achieved

Prisoners' consultative meetings should include representation from a variety of departments.

Actions should be recorded and published. (2.8)

Achieved

The dog kennels should be removed to a place not directly outside prisoners' accommodation. (2.9)

Not achieved

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

Not achieved (recommendation repeated 2.11)

Window meshes should be regularly cleaned and outside areas kept free of rubbish and bird excrement. (2.19)

Not achieved

There should be at least one telephone for every 20 prisoners. (2.20)

Achieved

All applications should be recorded and the logs used to track the timeliness and outcome. (3.48)

Not achieved

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

Not achieved

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

Not achieved

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

Partially achieved

There should be monitoring of all minority groups in relation to access to the regime and issues of discipline and treatment. A multidisciplinary team, led by a senior manager, should ensure appropriate action is taken. (4.1)

Partially achieved

All staff should be trained in diversity and race equality awareness. (4.3)

Not achieved

Diversity complaints against staff should not be investigated by their wing colleagues. (4.8)

Achieved

The role and identity of diversity staff and prisoner equality group members should be publicised around the prison. (4.9)

Not achieved

Images around the prison should reflect the diversity of its population. (4.10)

Not achieved

The race relations management team should investigate the reasons behind the poorer survey responses from Muslim prisoners. (4.11)

Not achieved

There should be forums for black and minority ethnic prisoners to enable them to air their views and receive support. (4.13)

Not achieved

Independent quality assurance of racist incident report forms should reflect current best practice. Outcomes from the process should be clearly recorded, and follow-up actions identified and carried out. (4.15)

Not achieved

Race equality impact assessments should be updated for key policies. (4.16)

Achieved

The racist and discriminatory prisoner log should include interventions or action taken to address identified issues. (4.18)

Not achieved

There should be effective links between the race equality officer and the public protection team to identify and manage prisoners identified as racist. (4.19)

Achieved

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

Partially achieved

The foreign nationals policy should be updated and have an accompanying action plan to chart progress. (4.33)

Not achieved

Foreign national support and information groups should be held at least monthly, with interpreters where necessary, and be open to all foreign national prisoners. (4.46)

Achieved

Translated information should be distributed systematically according to need. (4.47)

Not achieved

The number of older prisoners and those with disabilities should be monitored and analysed to ensure that their needs are appropriately addressed, and prisoners should be consulted about their individual needs and care. (4.49)

Not achieved

The disability policy should be reviewed following consultation with prisoners with disabilities. (4.51)

Not achieved

Up-to-date lists of prisoners with disabilities or mobility problems should be available to all wing staff, and a personal evacuation plan should be in place for all prisoners who need one. (4.52)

Not achieved

There should be dedicated adapted cells on all wings. (4.53)

Not achieved

Less able prisoners should have access to shower cubicles or baths that have been adapted for use. (4.54)

Not achieved

A timetable should be set and monitored to implement the action plan for reasonable adjustments so that prisoners with disabilities can access all the facilities and services provided by the prison. (4.57)

Not achieved

There should be forums for older prisoners. (4.59)

Not achieved

The needs of older prisoners and those with disabilities should be the responsibility of residential staff and the diversity team, as well as health services staff. (4.60)

Partially achieved

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

No longer relevant

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

Not achieved

Responses to complaints should fully address the specific matters raised. (3.49)

Partially achieved

National training, including regular refresher training, should be provided for legal services officers.

(3.54)

Achieved

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

Not achieved

The waiting rooms in the main health care centre should be refurbished to provide appropriate seating. (5.1)

Partially achieved

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

Achieved

Inpatient beds should not form part of the prison's certified normal accommodation. (5.8)

No longer relevant

The rates of prisoners failing to attend appointments should be regularly monitored and investigations undertaken to establish the cause for non-attendance. (5.16)

Achieved

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

Achieved

Specialist clinical psychology services for patients with personality disorders and mental health issues should be introduced. (5.78)

Achieved

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

Not achieved (recommendation repeated 2.95)

Food temperatures should be taken and recorded at the point of serving. (8.1)

Not achieved

Breakfast should be served on the morning it is eaten. (8.3)

Partially achieved

Fruit should be provided freely to all prisoners. (8.4)

Achieved

Catering staff should be represented at wing consultation meetings, and issues raised by prisoners should be followed up and actions recorded. (8.6)

Achieved

Opportunities should be provided for prisoners to dine in association; if prisoners are required to eat in their cells, toilets should be fully screened. (8.8)

Partially achieved

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

No longer relevant

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

Not achieved

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

Achieved

Purposeful activity

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

At the last inspection in 2011, time out of cell was excellent for a local prison. There were sufficient activities and most men were purposefully occupied, although there were still a lot of cleaning jobs. Training opportunities were reasonably good, education provision was very good and prisoners were very positive about their involvement. There was good access to the library and reasonable PE facilities. Outcomes for prisoners were good against this healthy prison test.

Recommendations

There should be a wider range of activities available to category A prisoners. (6.1)

Not achieved

All prisoners should have access to one hour a day in the fresh air. (6.6)

Achieved

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

Achieved

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

Achieved

Additional accreditation should be provided for prisoners working in the textiles workshop to recognise their personal effectiveness and acquired basic work skills. (6.26)

Partially achieved

Recognised training and accreditation should be provided for peer mentors working in vocational and production workshops. (6.27)

Achieved

Managers should consider providing progression through credit accumulation between similar trade areas such as construction skills courses. (6.31)

No longer relevant

Additional vocational training should be provided to replace the painting and decorating course. (6.32)

Achieved

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

Achieved

There should be robust systems on the wings to ensure that access to the gym is fair and equitable.

(6.41)

Partially achieved

Privacy screens should be provided in the PE shower, toilet and changing room areas. (6.48)

Achieved

The wing-based cardiovascular rooms should be better used to provide recreational PE for prisoners. (6.49)

Partially achieved

PE sessions for specific groups such as older prisoners should be introduced. (6.50)

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, there was good senior strategic overview of resettlement, which recognised the importance of involving community partners. A new needs analysis was under way. Offender management and sentence planning had been introduced for men serving short sentences. Public protection arrangements were sound. Reintegration services were reasonably good except for those with financial problems. Some innovative family work was delivered. A good range of programmes was run, including for those with alcohol problems, and some innovative 'through the gate' programmes. Outcomes for prisoners were good against this healthy prison test.

Main recommendation

Custody planning should be introduced for un-convicted men to ensure that resettlement and other needs are identified and met systematically. (HP49)

Not achieved

Recommendations

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

Achieved

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

Not achieved

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

Not achieved

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

Achieved

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

Achieved

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

Achieved

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

Not achieved (repeated as housekeeping point 4.47)

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

Achieved

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

Partially achieved

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

Not achieved (recommendation repeated 4.46)

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

Not achieved (recommendation repeated 4.7)

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

Not achieved

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

Achieved

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

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.

Status	18–20 yr olds	21 and over	%
Sentenced	1	686	61.3
Recall	0	83	7.4
Convicted unsentenced	0	164	14.6
Remand	1	178	16
Detainees	0	6	0.5
Total	2	1118	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	1	366	32.8
Less than six months	0	75	6.7
six months to less than 12 months	0	65	5.8
12 months to less than 2 years	0	133	11.9
2 years to less than 4 years	0	146	13
4 years to less than 10 years	0	149	13.3
10 years and over (not life)	0	92	8.2
ISPP (indeterminate sentence for public protection)	0	30	2.7
Life	1	62	8.3
Total	2	1118	100

Age	Number of prisoners	%
Under 21 years	2	0.2
21 years to 29 years	395	35.3
30 years to 39 years	366	32.7
40 years to 49 years	240	21.4
50 years to 59 years	85	7.6
60 years to 69 years	21	1.9
70 plus years: maximum age=88	11	1.0
Total	1120	100

Nationality	18–20 yr olds	21 and over	%
British	2	988	88.4
Foreign nationals	0	127	11.3
Total	2	1118	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	378	33.8
Category A/high risk cat A	0	8/10 = 18	1.6
Category B	1	170	15.3
Category C	0	537	47.9
Category D	0	11	1.0
Other (provisional category A)	1	4	0.4
Total	2	1118	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	2	799	71.5
Irish	0	17	1.5
Gypsy/Irish Traveller	0	6	0.5
Other white	0	33	2.9
Mixed			
White and black Caribbean	0	26	2.3
White and black African	0	3	0.3
White and Asian	0	4	0.4
Other mixed	0	12	1.1
Asian or Asian British			
Indian	0	14	1.3
Pakistani	0	64	5.7
Bangladeshi	0	13	1.2
Chinese	0	2	0.2
Other Asian	0	22	2.0
Black or black British			
Caribbean	0	42	3.8
African	0	31	2.8
Other black	0	20	1.8
Other ethnic group			
Arab	0	3	0.3
Other ethnic group	0	4	0.4
Not stated	0	3	0.3
Total	2	1118	100

Religion	18–20 yr olds	21 and over	%
Church of England	0	168	15
Roman Catholic	1	252	22.6
Other Christian denominations	0	95	8.5
Muslim	0	172	15.4
Sikh	0	6	0.5
Hindu	0	3	0.3
Buddhist	0	15	1.3
Jewish	0	4	0.4
Other	0	8	0.7
No religion	1	372	33.3
Not stated	0	23	2.1
Total	2	1118	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.1	155	13.8
1 month to 3 months	0	0	209	18.7
3 months to six months	0	0	148	13.2
Six months to 1 year	0	0	132	11.8
1 year to 2 years	0	0	70	6.3
2 years to 4 years	0	0	34	3.0
4 years or more	0	0	4	0.4
Total	1	0.1	752	67.1

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	1	405	36.3
Total	1	405	36.3

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	114	31.1
1 month to 3 months	0	0	100	27.2
3 months to six months	1	0.3	112	30.5
six months to 1 year	0	0	32	8.7
1 year to 2 years	0	0	6	1.6
2 years to 4 years	0	0	1	0.3
4 years or more	0	0	1	0.3
Total	1	0.1	366	32.7

Main offence	18–20 yr olds	21 and over	%
Violence against the person	0	238	21.2
Sexual offences	0	126	11.2
Burglary	0	95	8.5
Robbery	0	108	9.6
Theft and handling	0	55	4.9
Fraud and forgery	0	66	5.9
Drugs offences	0	167	14.9
Other offences	2	266	23.8
Total	2	1121	100

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. 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 27 October 2014, the prisoner population at HMP Manchester was 1,112. Using the method described above, questionnaires were distributed to a sample of 239 prisoners.

We received a total of 212 completed questionnaires, a response rate of 89%. This included three questionnaires completed via interview. Ten respondents refused to complete a questionnaire, nine questionnaires were not returned and eight were returned blank.

Wing/Unit	Number of completed survey returns
A	19
B	27
C	23
D	28
E (vulnerable prisoners)	20
E (category A prisoners)	4

G	25
H	16
I	7
K	38
Health care	3
Segregation unit	2

Presentation of survey results and analyses

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

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 significant⁶ 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 Manchester in 2014 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2006.
- The current survey responses from HMP Manchester in 2014 compared with the responses of prisoners surveyed at HMP Manchester in 2011.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British and those who are foreign nationals.
- A comparison within the 2014 survey between the responses of Muslim and non-Muslim prisoners.
- A comparison within the 2014 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 2014 survey between those who are aged 50 and over and those under 50.

⁶ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	1 (0%)
	<i>21 - 29</i>	73 (35%)
	<i>30 - 39</i>	70 (33%)
	<i>40 - 49</i>	43 (20%)
	<i>50 - 59</i>	17 (8%)
	<i>60 - 69</i>	5 (2%)
	<i>70 and over</i>	1 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	125 (60%)
	<i>Yes - on recall</i>	21 (10%)
	<i>No - awaiting trial</i>	36 (17%)
	<i>No - awaiting sentence</i>	26 (12%)
	<i>No - awaiting deportation</i>	1 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	63 (31%)
	<i>Less than 6 months</i>	14 (7%)
	<i>6 months to less than 1 year</i>	19 (9%)
	<i>1 year to less than 2 years</i>	22 (11%)
	<i>2 years to less than 4 years</i>	21 (10%)
	<i>4 years to less than 10 years</i>	24 (12%)
	<i>10 years or more</i>	21 (10%)
	<i>IPP (indeterminate sentence for public protection)</i>	4 (2%)
	<i>Life</i>	14 (7%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)	
	<i>Yes</i>	24 (11%)
	<i>No</i>	185 (89%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	199 (96%)
	<i>No</i>	8 (4%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	198 (95%)
	<i>No</i>	11 (5%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	130 (64%)	<i>Asian or Asian British - Chinese</i> 1 (0%)
	<i>White - Irish</i>	9 (4%)	<i>Asian or Asian British - other</i> 1 (0%)
	<i>White - other</i>	11 (5%)	<i>Mixed race - white and black Caribbean</i> 4 (2%)
	<i>Black or black British - Caribbean</i>	13 (6%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	4 (2%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	5 (2%)	<i>Mixed race - other</i> 2 (1%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 3 (1%)
	<i>Asian or Asian British - Pakistani</i>	13 (6%)	<i>Other ethnic group</i> 3 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		6 (3%)
	<i>No</i>		193 (97%)
Q1.10	What is your religion?		
	<i>None</i>	50 (24%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	52 (25%)	<i>Jewish</i> 0 (0%)
	<i>Catholic</i>	61 (29%)	<i>Muslim</i> 34 (16%)
	<i>Protestant</i>	3 (1%)	<i>Sikh</i> 0 (0%)
	<i>Other Christian denomination</i>	4 (2%)	<i>Other</i> 3 (1%)
	<i>Buddhist</i>	3 (1%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		201 (97%)
	<i>Homosexual/Gay</i>		5 (2%)
	<i>Bisexual</i>		1 (0%)
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.)		
	<i>Yes</i>		50 (24%)
	<i>No</i>		158 (76%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		11 (5%)
	<i>No</i>		197 (95%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		71 (34%)
	<i>No</i>		139 (66%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		112 (53%)
	<i>No</i>		99 (47%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	141 (67%)
	<i>2 hours or longer</i>	49 (23%)
	<i>Don't remember</i>	19 (9%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	141 (67%)
	Yes	28 (13%)
	No	36 (17%)
	Don't remember	5 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	141 (67%)
	Yes	5 (2%)
	No	55 (26%)
	Don't remember	8 (4%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	121 (58%)
	No	71 (34%)
	Don't remember	17 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	156 (74%)
	No	46 (22%)
	Don't remember	8 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	38 (18%)
	Well	97 (46%)
	Neither	47 (22%)
	Badly	14 (7%)
	Very badly	11 (5%)
	Don't remember	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that applies to you.)	
	Yes, someone told me	122 (58%)
	Yes, I received written information	2 (1%)
	No, I was not told anything	71 (34%)
	Don't remember	15 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	146 (70%)
	No	50 (24%)
	Don't remember	13 (6%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	45 (21%)
	<i>2 hours or longer</i>	148 (70%)
	Don't remember	17 (8%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	150 (73%)
	No	46 (22%)
	Don't remember	10 (5%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		26 (12%)
	<i>Well</i>		111 (52%)
	<i>Neither</i>		38 (18%)
	<i>Badly</i>		20 (9%)
	<i>Very badly</i>		13 (6%)
	<i>Don't remember</i>		4 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that applies to you.)		
	<i>Loss of property</i>	31 (15%)	<i>Physical health</i> 36 (17%)
	<i>Housing problems</i>	43 (21%)	<i>Mental health</i> 44 (21%)
	<i>Contacting employers</i>	8 (4%)	<i>Needing protection from other prisoners</i> 19 (9%)
	<i>Contacting family</i>	52 (25%)	<i>Getting phone numbers</i> 57 (28%)
	<i>Childcare</i>	6 (3%)	<i>Other</i> 10 (5%)
	<i>Money worries</i>	49 (24%)	<i>Did not have any problems</i> 56 (27%)
	<i>Feeling depressed or suicidal</i>	40 (19%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		55 (28%)
	<i>No</i>		87 (44%)
	<i>Did not have any problems</i>		56 (28%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that applies to you.)		
	<i>Tobacco</i>		164 (78%)
	<i>A shower</i>		29 (14%)
	<i>A free telephone call</i>		162 (77%)
	<i>Something to eat</i>		133 (63%)
	<i>PIN phone credit</i>		81 (39%)
	<i>Toiletries/ basic items</i>		87 (41%)
	<i>Did not receive anything</i>		5 (2%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that applies to you.)		
	<i>Chaplain</i>		118 (57%)
	<i>Someone from health services</i>		139 (67%)
	<i>A Listener/Samaritans</i>		67 (32%)
	<i>Prison shop/ canteen</i>		35 (17%)
	<i>Did not have access to any of these</i>		35 (17%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that applies to you.)		
	<i>What was going to happen to you</i>		97 (49%)
	<i>What support was available for people feeling depressed or suicidal</i>		92 (46%)
	<i>How to make routine requests (applications)</i>		76 (38%)
	<i>Your entitlement to visits</i>		74 (37%)
	<i>Health services</i>		98 (49%)
	<i>Chaplaincy</i>		90 (45%)
	<i>Not offered any information</i>		43 (22%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		141 (69%)
	<i>No</i>		52 (25%)
	<i>Don't remember</i>		11 (5%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	67 (33%)
	<i>Within the first week</i>	100 (49%)
	<i>More than a week</i>	18 (9%)
	<i>Don't remember</i>	19 (9%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	67 (33%)
	<i>Yes</i>	81 (39%)
	<i>No</i>	40 (19%)
	<i>Don't remember</i>	18 (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>	88 (43%)
	<i>Within the first week</i>	27 (13%)
	<i>More than a week</i>	62 (31%)
	<i>Don't remember</i>	26 (13%)

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>	32 (16%)	56 (28%)	27 (13%)	46 (23%)	22 (11%) 19 (9%)
	<i>Attend legal visits?</i>	41 (21%)	75 (38%)	37 (19%)	17(9%)	7 (4%) 19 (10%)
	<i>Get bail information?</i>	11(6%)	21 (12%)	29 (16%)	34 (19%)	25 (14%) 60 (33%)
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>					24 (12%)
	<i>Yes</i>					78 (38%)
	<i>No</i>					102 (50%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					101 (49%)
	<i>No</i>					17 (8%)
	<i>Don't know</i>					88 (43%)
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>	136 (67%)	62 (31%)	5(2%)		
	<i>Are you normally able to have a shower every day?</i>	145 (71%)	57 (28%)	1 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	145 (71%)	55 (27%)	4(2%)		
	<i>Do you normally get cell cleaning materials every week?</i>	147 (74%)	48 (24%)	5 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	95 (47%)	66 (33%)	41 (20%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	123 (61%)	75 (37%)	4 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	50 (25%)	75 (37%)	76 (38%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					2 (1%)
	<i>Good</i>					30 (14%)
	<i>Neither</i>					50 (24%)
	<i>Bad</i>					62 (30%)
	<i>Very bad</i>					63 (30%)

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>	13 (6%)
	Yes	85 (41%)
	No	110 (53%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	121 (59%)
	No	31 (15%)
	<i>Don't know</i>	53 (26%)
Q4.8	Are your religious beliefs respected?	
	Yes	106 (51%)
	No	32 (16%)
	<i>Don't know/ N/A</i>	68 (33%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	123 (59%)
	No	17 (8%)
	<i>Don't know/ N/A</i>	67 (32%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	39 (19%)
	Very easy	40 (20%)
	Easy	54 (27%)
	Neither	13 (6%)
	Difficult	16 (8%)
	Very difficult	8 (4%)
	<i>Don't know</i>	32 (16%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	149 (72%)
	No	42 (20%)
	<i>Don't know</i>	15 (7%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are <i>applications</i> dealt with fairly?	30 (16%) 82 (43%) 78 (41%)
	Are <i>applications</i> dealt with quickly (within seven days)?	30 (17%) 47 (27%) 96 (55%)
Q5.3	Is it easy to make a complaint?	
	Yes	93 (48%)
	No	46 (24%)
	<i>Don't know</i>	56 (29%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are <i>complaints</i> dealt with fairly?	93 (48%) 28 (14%) 73 (38%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	93 (51%) 25 (14%) 65 (36%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	41 (22%)
	No	146 (78%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	87 (44%)
	<i>Very easy</i>	10 (5%)
	<i>Easy</i>	19 (10%)
	<i>Neither</i>	37 (19%)
	<i>Difficult</i>	24 (12%)
	<i>Very difficult</i>	19 (10%)

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>	28 (14%)
	<i>Yes</i>	91 (44%)
	<i>No</i>	60 (29%)
	<i>Don't know</i>	26 (13%)
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>	28 (14%)
	<i>Yes</i>	87 (43%)
	<i>No</i>	62 (31%)
	<i>Don't know</i>	24 (12%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	24 (12%)
	<i>No</i>	178 (88%)
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>	161 (83%)
	<i>Very well</i>	5 (3%)
	<i>Well</i>	8 (4%)
	<i>Neither</i>	10 (5%)
	<i>Badly</i>	5 (3%)
	<i>Very badly</i>	6 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	147 (73%)
	<i>No</i>	55 (27%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	143 (71%)
	<i>No</i>	58 (29%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	61 (30%)
	<i>No</i>	144 (70%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	14 (7%)
	<i>Never</i>	52 (25%)
	<i>Rarely</i>	49 (24%)
	<i>Some of the time</i>	54 (26%)
	<i>Most of the time</i>	21 (10%)
	<i>All of the time</i>	16 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	96 (47%)
	<i>In the first week</i>	44 (22%)
	<i>More than a week</i>	32 (16%)
	<i>Don't remember</i>	32 (16%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	96 (48%)
	<i>Very helpful</i>	29 (15%)
	<i>Helpful</i>	32 (16%)
	<i>Neither</i>	15 (8%)
	<i>Not very helpful</i>	15 (8%)
	<i>Not at all helpful</i>	12 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	84 (42%)		
	<i>No</i>	118 (58%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	36 (18%)		
	<i>No</i>	159 (82%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that applies to you.)			
	<i>Never felt unsafe</i>	118 (61%)	<i>At meal times</i>	11 (6%)
	<i>Everywhere</i>	23 (12%)	<i>At health services</i>	12 (6%)
	<i>Segregation unit</i>	5 (3%)	<i>Visits area</i>	11 (6%)
	<i>Association areas</i>	17 (9%)	<i>In wing showers</i>	16 (8%)
	<i>Reception area</i>	14 (7%)	<i>In gym showers</i>	2 (1%)
	<i>At the gym</i>	4 (2%)	<i>In corridors/stairwells</i>	9 (5%)
	<i>In an exercise yard</i>	12 (6%)	<i>On your landing/wing</i>	19 (10%)
	<i>At work</i>	11 (6%)	<i>In your cell</i>	11 (6%)
	<i>During movement</i>	19 (10%)	<i>At religious services</i>	2 (1%)
	<i>At education</i>	4 (2%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	64 (31%)		
	<i>No</i>	141 (69%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	29 (14%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (7%)
	<i>Sexual abuse</i>	3 (1%)
	<i>Feeling threatened or intimidated</i>	31 (15%)
	<i>Having your canteen/property taken</i>	7 (3%)
	<i>Medication</i>	5 (2%)
	<i>Debt</i>	6 (3%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	8 (4%)
	<i>Your religion/religious beliefs</i>	5 (2%)
	<i>Your nationality</i>	8 (4%)
	<i>You are from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	7 (3%)
	<i>You were new here</i>	8 (4%)
	<i>Your offence/ crime</i>	9 (4%)
	<i>Gang related issues</i>	9 (4%)
Q8.6	Have you been victimised by staff here?	
	Yes	71 (36%)
	No	129 (65%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	26 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (8%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	28 (14%)
	<i>Medication</i>	6 (3%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	11 (6%)
	<i>Your religion/religious beliefs</i>	7 (4%)
	<i>Your nationality</i>	11 (6%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	5 (3%)
	<i>You were new here</i>	8 (4%)
	<i>Your offence/ crime</i>	5 (3%)
	<i>Gang related issues</i>	6 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	104 (60%)
	Yes	18 (10%)
	No	50 (29%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	27 (14%)	8 (4%)	43 (22%)	26 (13%)	54 (27%)	41 (21%)
	The nurse	24 (13%)	21 (11%)	71 (37%)	24 (13%)	31 (16%)	19 (10%)
	The dentist	36 (19%)	4 (2%)	20 (10%)	20 (10%)	39 (20%)	74 (38%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	28 (14%)	16 (8%)	64 (32%)	37 (19%)	24 (12%)	29 (15%)
	The nurse	24 (13%)	27 (14%)	63 (33%)	38 (20%)	18 (9%)	20 (11%)
	The dentist	62 (33%)	19 (10%)	31 (16%)	32 (17%)	15 (8%)	29 (15%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						18 (9%)
	<i>Very good</i>						17 (9%)
	<i>Good</i>						60 (31%)
	<i>Neither</i>						41 (21%)
	<i>Bad</i>						28 (14%)
	<i>Very bad</i>						32 (16%)
Q9.4	Are you currently taking medication?						
	Yes						100 (49%)
	No						104 (51%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						104 (51%)
	<i>Yes, all my meds</i>						36 (18%)
	<i>Yes, some of my meds</i>						31 (15%)
	<i>No</i>						31 (15%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						76 (38%)
	No						126 (62%)
Q9.7	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).						
	<i>Do not have any emotional or mental health problems</i>						126 (64%)
	Yes						37 (19%)
	No						35 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	57 (28%)
	No	145 (72%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	38 (19%)
	No	162 (81%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	41 (21%)
	<i>Easy</i>	35 (18%)
	<i>Neither</i>	17 (9%)
	<i>Difficult</i>	5 (3%)
	<i>Very difficult</i>	8 (4%)
	<i>Don't know</i>	91 (46%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	11 (6%)
	<i>Easy</i>	21 (11%)
	<i>Neither</i>	20 (10%)
	<i>Difficult</i>	11 (6%)
	<i>Very difficult</i>	15 (8%)
	<i>Don't know</i>	118 (60%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	15 (8%)
	<i>No</i>	184 (92%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	12 (6%)
	<i>No</i>	187 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	140 (73%)
	<i>Yes</i>	31 (16%)
	<i>No</i>	20 (10%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	162 (84%)
	<i>Yes</i>	17 (9%)
	<i>No</i>	15 (8%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	147 (80%)
	<i>Yes</i>	30 (16%)
	<i>No</i>	6 (3%)

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	31 (16%)	32 (16%)	65 (33%)	22 (11%)	29 (14%)	21 (11%)
	Vocational or skills training	52 (29%)	13 (7%)	43 (24%)	28 (15%)	24 (13%)	22 (12%)
	Education (including basic skills)	46 (24%)	17 (9%)	61 (32%)	32 (17%)	18 (10%)	14 (7%)
	Offending behaviour programmes	66 (35%)	10 (5%)	37 (20%)	29 (16%)	22 (12%)	23 (12%)
Q11.2	Are you currently involved in the following? (Please tick all that applies to you.)						
	<i>Not involved in any of these</i>					61 (31%)	
	Prison job					89 (46%)	
	Vocational or skills training					12 (6%)	
	Education (including basic skills)					38 (20%)	
	Offending behaviour programmes					16 (8%)	

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	55 (31%)	52 (30%)	51 (29%)	17 (10%)
	Vocational or skills training	71 (53%)	24 (18%)	25 (19%)	14 (10%)
	Education (including basic skills)	64 (44%)	34 (23%)	30 (21%)	17 (12%)
	Offending behaviour programmes	71 (50%)	29 (21%)	24 (17%)	17 (12%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				27 (13%)
	<i>Never</i>				40 (20%)
	<i>Less than once a week</i>				53 (26%)
	<i>About once a week</i>				68 (34%)
	<i>More than once a week</i>				14 (7%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				46 (23%)
	<i>Yes</i>				94 (47%)
	<i>No</i>				58 (29%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				53 (27%)
	<i>0</i>				51 (26%)
	<i>1 to 2</i>				61 (31%)
	<i>3 to 5</i>				25 (13%)
	<i>More than 5</i>				9 (5%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				39 (20%)
	<i>0</i>				36 (18%)
	<i>1 to 2</i>				68 (34%)
	<i>3 to 5</i>				29 (14%)
	<i>More than 5</i>				28 (14%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				12 (6%)
	<i>0</i>				5 (2%)
	<i>1 to 2</i>				21 (10%)
	<i>3 to 5</i>				112 (55%)
	<i>More than 5</i>				53 (26%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)				
	<i>Less than 2 hours</i>				39 (19%)
	<i>2 to less than 4 hours</i>				44 (22%)
	<i>4 to less than 6 hours</i>				41 (20%)
	<i>6 to less than 8 hours</i>				35 (17%)
	<i>8 to less than 10 hours</i>				10 (5%)
	<i>10 hours or more</i>				14 (7%)
	<i>Don't know</i>				19 (9%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	83 (41%)
	No	119 (59%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	94 (47%)
	No	108 (53%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	66 (33%)
	No	136 (67%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	27 (13%)
	<i>Very easy</i>	37 (18%)
	<i>Easy</i>	70 (35%)
	<i>Neither</i>	18 (9%)
	<i>Difficult</i>	25 (12%)
	<i>Very difficult</i>	19 (9%)
	<i>Don't know</i>	5 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	63 (32%)
	Yes	94 (47%)
	No	43 (22%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that applies to you.)	
	<i>Not sentenced/ NA</i>	106 (53%)
	<i>No contact</i>	39 (20%)
	<i>Letter</i>	20 (10%)
	<i>Phone</i>	9 (5%)
	<i>Visit</i>	45 (23%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	90 (47%)
	No	101 (53%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	63 (31%)
	Yes	59 (29%)
	No	80 (40%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	143 (72%)
	<i>Very involved</i>	13 (7%)
	<i>Involved</i>	16 (8%)
	<i>Neither</i>	8 (4%)
	<i>Not very involved</i>	9 (5%)
	<i>Not at all involved</i>	9 (5%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that applies to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (73%)
	<i>Nobody</i>			18 (9%)
	<i>Offender supervisor</i>			21 (11%)
	<i>Offender manager</i>			15 (8%)
	<i>Named/ personal officer</i>			9 (5%)
	<i>Staff from other departments</i>			11 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (72%)
	<i>Yes</i>			28 (14%)
	<i>No</i>			11 (6%)
	<i>Don't know</i>			18 (9%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (72%)
	<i>Yes</i>			15 (8%)
	<i>No</i>			28 (14%)
	<i>Don't know</i>			14 (7%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (71%)
	<i>Yes</i>			20 (10%)
	<i>No</i>			18 (9%)
	<i>Don't know</i>			20 (10%)
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>			13 (7%)
	<i>No</i>			80 (42%)
	<i>Don't know</i>			98 (51%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>			21 (11%)
	<i>No</i>			167 (89%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (please tick all that applies to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	47 (26%)	30 (16%)	106 (58%)
	Accommodation	49 (26%)	33 (18%)	105 (56%)
	Benefits	43 (23%)	36 (20%)	104 (57%)
	Finances	44 (25%)	22 (12%)	112 (63%)
	Education	49 (28%)	32 (18%)	97 (54%)
	Drugs and alcohol	55 (31%)	47 (26%)	78 (43%)
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			63 (32%)
	<i>Yes</i>			66 (34%)
	<i>No</i>			65 (34%)

Appendix V: Photographs

Damp inhabited cells



Two person cell



Main comparator and comparator to last time



Prisoner survey responses HMP Manchester 2014

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		212	5881	212	196
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	5%	1%	1%
1.3	Are you sentenced?	70%	66%	70%	69%
1.3	Are you on recall?	10%	9%	10%	7%
1.4	Is your sentence less than 12 months?	16%	21%	16%	16%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	6%
1.5	Are you a foreign national?	12%	13%	12%	9%
1.6	Do you understand spoken English?	96%	97%	96%	
1.7	Do you understand written English?	95%	96%	95%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	26%	24%	26%	24%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	3%
1.1	Are you Muslim?	16%	11%	16%	10%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	4%
1.12	Do you consider yourself to have a disability?	24%	24%	24%	22%
1.13	Are you a veteran (ex-armed services)?	5%	5%	5%	
1.14	Is this your first time in prison?	34%	32%	34%	30%
1.15	Do you have any children under the age of 18?	53%	54%	53%	59%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	23%	21%	23%	18%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	41%	37%	41%	
2.3	Were you offered a toilet break?	7%	9%	7%	
2.4	Was the van clean?	58%	58%	58%	
2.5	Did you feel safe?	74%	75%	74%	
2.6	Were you treated well/very well by the escort staff?	64%	66%	64%	60%
2.7	Before you arrived here were you told that you were coming here?	58%	65%	58%	
2.7	Before you arrived here did you receive any written information about coming here?	1%	3%	1%	
2.8	When you first arrived here did your property arrive at the same time as you?	70%	80%	70%	70%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	21%	43%	21%	
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	78%	73%	78%
3.3	Were you treated well/very well in reception?	65%	62%	65%	63%

Main comparator and comparator to last time

Key to tables

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When you first arrived:				
3.4 Did you have any problems?	73%	75%	73%	73%
3.4 Did you have any problems with loss of property?	15%	15%	15%	17%
3.4 Did you have any housing problems?	21%	20%	21%	26%
3.4 Did you have any problems contacting employers?	4%	5%	4%	8%
3.4 Did you have any problems contacting family?	25%	32%	25%	29%
3.4 Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	6%
3.4 Did you have any money worries?	24%	23%	24%	19%
3.4 Did you have any problems with feeling depressed or suicidal?	19%	22%	19%	26%
3.4 Did you have any physical health problems?	18%	18%	18%	
3.4 Did you have any mental health problems?	21%	22%	21%	
3.4 Did you have any problems with needing protection from other prisoners?	9%	7%	9%	12%
3.4 Did you have problems accessing phone numbers?	28%	31%	28%	27%
For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	39%	33%	39%	
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	78%	81%	78%	92%
3.6 A shower?	14%	32%	14%	13%
3.6 A free telephone call?	77%	57%	77%	74%
3.6 Something to eat?	63%	73%	63%	76%
3.6 PIN phone credit?	39%	55%	39%	
3.6 Toiletries/ basic items?	41%	60%	41%	
SECTION 3: Reception, first night and induction continued				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	57%	45%	57%	
3.7 Someone from health services?	67%	68%	67%	
3.7 A Listener/Samaritans?	32%	33%	32%	
3.7 Prison shop/ canteen?	17%	21%	17%	4%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	49%	43%	49%	62%
3.8 Support was available for people feeling depressed or suicidal?	46%	39%	46%	61%
3.8 How to make routine requests?	38%	36%	38%	48%
3.8 Your entitlement to visits?	37%	37%	37%	55%
3.8 Health services?	50%	46%	50%	61%
3.8 The chaplaincy?	46%	40%	46%	56%
3.9 Did you feel safe on your first night here?	69%	73%	69%	70%
3.10 Have you been on an induction course?	67%	76%	67%	80%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	58%	52%	58%	65%

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3.12	Did you receive an education (skills for life) assessment?	57%	73%	57%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	44%	38%	44%	48%
4.1	Attend legal visits?	59%	54%	59%	69%
4.1	Get bail information?	18%	19%	18%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	41%	38%	38%
4.3	Can you get legal books in the library?	49%	37%	49%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	67%	52%	67%	60%
4.4	Are you normally able to have a shower every day?	71%	75%	71%	88%
4.4	Do you normally receive clean sheets every week?	71%	74%	71%	75%
4.4	Do you normally get cell cleaning materials every week?	74%	54%	74%	74%
4.4	Is your cell call bell normally answered within five minutes?	47%	29%	47%	54%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	61%	61%	65%
4.4	Can you normally get your stored property, if you need to?	25%	21%	25%	31%
4.5	Is the food in this prison good/very good?	16%	21%	16%	23%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	48%	41%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	53%	59%	72%
4.8	Are your religious beliefs are respected?	52%	49%	52%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	49%	59%	60%
4.10	Is it easy/very easy to attend religious services?	47%	43%	47%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	72%	74%	72%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	51%	52%	51%	61%
5.2	Do you feel applications are dealt with quickly (within seven days)?	33%	38%	33%	40%
5.3	Is it easy to make a complaint?	48%	51%	48%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	28%	30%	28%	28%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	28%	28%	28%	30%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	20%	22%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	15%	19%	15%	21%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	41%	44%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	42%	43%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	8%	12%	5%
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?	38%	36%	38%	

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SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	73%	74%	73%	73%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	70%	71%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	30%	27%	30%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	17%	18%	15%
7.5	Do you have a personal officer?	53%	39%	53%	51%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	59%	66%	59%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	42%	42%	42%	40%
8.2	Do you feel unsafe now?	19%	19%	19%	13%
8.4	Have you been victimised by other prisoners here?	31%	28%	31%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	14%	12%	14%	11%
8.5	Hit, kicked or assaulted you?	7%	8%	7%	6%
8.5	Sexually abused you?	2%	2%	2%	2%
8.5	Threatened or intimidated you?	15%	15%	15%	
8.5	Taken your canteen/property?	3%	7%	3%	4%
8.5	Victimised you because of medication?	2%	6%	2%	
8.5	Victimised you because of debt?	3%	4%	3%	
8.5	Victimised you because of drugs?	2%	4%	2%	5%
8.5	Victimised you because of your race or ethnic origin?	4%	3%	4%	3%
8.5	Victimised you because of your religion/religious beliefs?	2%	3%	2%	2%
8.5	Victimised you because of your nationality?	4%	3%	4%	
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	4%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
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?	3%	3%	3%	2%
8.5	Victimised you because you were new here?	4%	6%	4%	9%
8.5	Victimised you because of your offence/crime?	4%	6%	4%	3%
8.5	Victimised you because of gang related issues?	4%	5%	4%	6%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	36%	30%	36%	24%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	11%	13%	10%

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8.7	Hit, kicked or assaulted you?	8%	5%	8%	6%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	14%	12%	14%	
8.7	Victimised you because of medication?	3%	5%	3%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	1%	3%	1%	3%
8.7	Victimised you because of your race or ethnic origin?	6%	4%	6%	7%
8.7	Victimised you because of your religion/religious beliefs?	4%	4%	4%	4%
8.7	Victimised you because of your nationality?	6%	3%	6%	
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%	1%	1%	
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	3%	2%	3%	2%
8.7	Victimised you because you have a disability?	3%	3%	3%	2%
8.7	Victimised you because you were new here?	4%	5%	4%	10%
8.7	Victimised you because of your offence/crime?	3%	5%	3%	3%
8.7	Victimised you because of gang related issues?	3%	3%	3%	4%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	27%	32%	27%	28%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	26%	22%	26%	28%
9.1	Is it easy/very easy to see the nurse?	48%	45%	48%	50%
9.1	Is it easy/very easy to see the dentist?	12%	9%	12%	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?	47%	39%	47%	48%
9.2	The nurse?	54%	52%	54%	65%
9.2	The dentist?	40%	29%	40%	35%
9.3	The overall quality of health services?	43%	35%	43%	47%
9.4	Are you currently taking medication?	49%	51%	49%	46%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	68%	60%	68%	
9.6	Do you have any emotional well being or mental health problems?	38%	38%	38%	32%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	51%	44%	51%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	28%	33%	28%	28%

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10.2	Did you have a problem with alcohol when you came into this prison?	19%	22%	19%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	33%	39%	22%
10.4	Is it easy/very easy to get alcohol in this prison?	16%	14%	16%	
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	8%	8%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	9%	6%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	61%	60%	61%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	53%	57%	53%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	83%	75%	83%	81%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	49%	30%	49%	
11.1	Vocational or skills training?	31%	30%	31%	
11.1	Education (including basic skills)?	42%	45%	42%	
11.1	Offending behaviour programmes?	25%	18%	25%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	46%	43%	46%	57%
11.2	Vocational or skills training?	6%	9%	6%	10%
11.2	Education (including basic skills)?	20%	25%	20%	26%
11.2	Offending behaviour programmes?	8%	7%	8%	12%
11.3	Have you had a job while in this prison?	69%	68%	69%	84%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	43%	39%	43%	37%
11.3	Have you been involved in vocational or skills training while in this prison?	47%	56%	47%	69%
	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?	38%	46%	38%	51%
11.3	Have you been involved in education while in this prison?	56%	66%	56%	79%
	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%	51%	42%	56%
11.3	Have you been involved in offending behaviour programmes while in this prison?	50%	52%	50%	73%
	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?	41%	42%	41%	49%
11.4	Do you go to the library at least once a week?	41%	30%	41%	43%
11.5	Does the library have a wide enough range of materials to meet your needs?	48%	33%	48%	
11.6	Do you go to the gym three or more times a week?	17%	27%	17%	17%
11.7	Do you go outside for exercise three or more times a week?	29%	42%	29%	29%
11.8	Do you go on association more than five times each week?	26%	44%	26%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	9%	7%	10%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	41%	31%	41%	48%

Main comparator and comparator to last time

Key to tables

		HMP Manchester 2014	Local prisons comparator	HMP Manchester 2014	HMP Manchester 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				
12.2	Have you had any problems with sending or receiving mail?	47%	49%	47%	48%
12.3	Have you had any problems getting access to the telephones?	33%	34%	33%	37%
12.4	Is it easy/ very easy for your friends and family to get here?	53%	37%	53%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	69%	61%	69%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	42%	41%	42%	
13.2	Contact by letter?	21%	29%	21%	
13.2	Contact by phone?	10%	13%	10%	
13.2	Contact by visit?	48%	37%	48%	
13.3	Do you have a named offender supervisor in this prison?	47%	30%	47%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	43%	35%	43%	51%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	53%	57%	53%	55%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	34%	44%	34%	
13.6	Offender supervisor?	40%	32%	40%	
13.6	Offender manager?	28%	27%	28%	
13.6	Named/ personal officer?	17%	11%	17%	
13.6	Staff from other departments?	21%	18%	21%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	49%	53%	49%	76%
13.8	Are there plans for you to achieve any of your targets in another prison?	26%	25%	26%	
13.9	Are there plans for you to achieve any of your targets in the community?	34%	33%	34%	
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?	11%	12%	11%	17%
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?	22%	29%	22%	
13.12	Accommodation?	24%	36%	24%	
13.12	Benefits?	26%	39%	26%	
13.12	Finances?	17%	24%	17%	
13.12	Education?	25%	29%	25%	
13.12	Drugs and alcohol?	38%	44%	38%	
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?	50%	47%	50%	52%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Manchester 2014

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

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		53	150	24	185	32	176
1.3	Are you sentenced?	62%	73%	50%	72%	64%	71%
1.5	Are you a foreign national?	25%	6%			31%	8%
1.6	Do you understand spoken English?	91%	98%	91%	97%	91%	97%
1.7	Do you understand written English?	94%	95%	83%	96%	88%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			59%	22%	85%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	2%	10%	2%	3%	3%
1.1	Are you Muslim?	51%	3%	42%	13%		
1.12	Do you consider yourself to have a disability?	12%	28%	25%	24%	12%	27%
1.13	Are you a veteran (ex-armed services)?	4%	6%	9%	5%	3%	6%
1.14	Is this your first time in prison?	40%	32%	63%	30%	53%	30%
2.6	Were you treated well/very well by the escort staff?	45%	71%	42%	67%	35%	70%
2.7	Before you arrived here were you told that you were coming here?	45%	64%	35%	61%	32%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	46%	84%	54%	75%	44%	79%
3.3	Were you treated well/very well in reception?	45%	73%	54%	66%	44%	69%
3.4	Did you have any problems when you first arrived?	78%	71%	83%	72%	72%	73%
3.7	Did you have access to someone from health care when you first arrived here?	61%	69%	65%	68%	53%	70%
3.9	Did you feel safe on your first night here?	50%	77%	50%	71%	51%	73%
3.10	Have you been on an induction course?	67%	67%	83%	65%	73%	66%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	49%	42%	38%	44%	35%	46%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	61%	70%	48%	69%	49%	70%
4.4	Are you normally able to have a shower every day?	69%	72%	75%	71%	55%	74%
4.4	Is your cell call bell normally answered within five minutes?	34%	51%	39%	48%	39%	49%
4.5	Is the food in this prison good/very good?	10%	19%	21%	15%	9%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	46%	37%	41%	24%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	64%	31%	64%	36%	64%
4.8	Do you feel your religious beliefs are respected?	48%	51%	65%	49%	51%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	62%	35%	62%	53%	61%
5.1	Is it easy to make an application?	65%	75%	58%	74%	53%	76%
5.3	Is it easy to make a complaint?	39%	51%	22%	52%	31%	52%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	48%	9%	49%	33%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	48%	26%	46%	38%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	8%	17%	10%	20%	10%
7.1	Do most staff, in this prison, treat you with respect?	54%	80%	68%	73%	59%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	61%	76%	48%	74%	53%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	19%	13%	19%	15%	19%
7.4	Do you have a personal officer?	58%	53%	54%	53%	47%	55%
8.1	Have you ever felt unsafe here?	52%	38%	46%	41%	58%	38%
8.2	Do you feel unsafe now?	29%	15%	22%	18%	31%	16%
8.3	Have you been victimised by other prisoners?	33%	31%	44%	30%	35%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	16%	13%	16%	16%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	2%	9%	3%	10%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	1%	9%	2%	10%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	3%	17%	2%	7%	4%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	5%	0%	4%	0%	4%
8.6	Have you been victimised by a member of staff?	53%	29%	41%	35%	53%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	25%	11%	23%	13%	25%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	20%	1%	10%	5%	28%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	1%	10%	3%	19%	1%
8.7	Have you been victimised because of your nationality? (By staff)	14%	3%	23%	4%	19%	3%
8.7	Have you been victimised because you have a disability? (By staff)	4%	2%	0%	3%	0%	3%
9.1	Is it easy/very easy to see the doctor?	26%	25%	32%	25%	22%	27%
9.1	Is it easy/ very easy to see the nurse?	40%	52%	57%	47%	37%	51%
9.4	Are you currently taking medication?	38%	52%	52%	49%	39%	52%
9.6	Do you feel you have any emotional well being/mental health issues?	38%	38%	35%	38%	31%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	34%	41%	26%	41%	41%	38%
11.2	Are you currently working in the prison?	46%	46%	37%	47%	34%	49%
11.2	Are you currently undertaking vocational or skills training?	10%	5%	5%	6%	10%	6%
11.2	Are you currently in education (including basic skills)?	25%	17%	26%	19%	37%	16%
11.2	Are you currently taking part in an offending behaviour programme?	8%	8%	0%	9%	0%	10%
11.4	Do you go to the library at least once a week?	46%	40%	54%	38%	44%	40%
11.6	Do you go to the gym three or more times a week?	22%	16%	4%	19%	19%	17%
11.7	Do you go outside for exercise three or more times a week?	34%	28%	28%	29%	35%	28%
11.8	On average, do you go on association more than five times each week?	20%	28%	26%	26%	22%	27%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	9%	4%	7%	7%	7%
12.2	Have you had any problems sending or receiving mail?	47%	47%	48%	47%	39%	48%
12.3	Have you had any problems getting access to the telephones?	38%	30%	32%	33%	45%	30%

Diversity analysis



Key question responses (disability and age over 50) HMP Manchester 2014

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		50	158	23	187
1.3	Are you sentenced?	65%	72%	69%	70%
1.5	Are you a foreign national?	12%	12%	9%	12%
1.6	Do you understand spoken English?	96%	96%	91%	97%
1.7	Do you understand written English?	88%	97%	87%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	13%	31%	17%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	1%	0%	4%
1.1	Are you Muslim?	8%	19%	13%	17%
1.12	Do you consider yourself to have a disability?			22%	24%
1.13	Are you a veteran (ex-armed services)?	4%	6%	9%	5%
1.14	Is this your first time in prison?	22%	38%	44%	33%
2.6	Were you treated well/very well by the escort staff?	63%	65%	86%	61%
2.7	Before you arrived here were you told that you were coming here?	62%	56%	48%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	73%	91%	70%
3.3	Were you treated well/very well in reception?	64%	65%	87%	62%
3.4	Did you have any problems when you first arrived?	92%	66%	74%	72%
3.7	Did you have access to someone from health care when you first arrived here?	68%	67%	59%	69%
3.9	Did you feel safe on your first night here?	56%	73%	69%	69%
3.10	Have you been on an induction course?	48%	73%	59%	69%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	46%	48%	43%
4.4	Are you normally offered enough clean, suitable clothes for the week?	60%	70%	79%	65%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally able to have a shower every day?	71%	72%	69%	71%
4.4	Is your cell call bell normally answered within five minutes?	44%	49%	61%	45%
4.5	Is the food in this prison good/very good?	15%	16%	23%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	42%	44%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	58%	61%	59%
4.8	Do you feel your religious beliefs are respected?	48%	52%	61%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	61%	61%	59%
5.1	Is it easy to make an application?	73%	72%	77%	72%
5.3	Is it easy to make a complaint?	43%	49%	50%	47%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	44%	41%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	42%	36%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	12%	14%	11%
7.1	Do most staff, in this prison, treat you with respect?	83%	70%	82%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	66%	73%	79%	70%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	18%	17%	18%
7.4	Do you have a personal officer?	52%	54%	54%	53%
8.1	Have you ever felt unsafe here?	49%	39%	44%	41%
8.2	Do you feel unsafe now?	20%	18%	9%	20%
8.3	Have you been victimised by other prisoners?	42%	28%	39%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	23%	13%	22%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	4%	9%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	3%	4%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	4%	13%	3%
8.5	Have you been victimised because of your age? (By prisoners)	4%	1%	9%	1%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	1%	0%	4%
8.6	Have you been victimised by a member of staff?	39%	34%	28%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	14%	18%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	7%	4%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	3%	4%	3%
8.7	Have you been victimised because of your nationality? (By staff)	7%	5%	4%	6%
8.7	Have you been victimised because of your age? (By staff)	5%	2%	4%	2%
8.7	Have you been victimised because you have a disability? (By staff)	9%	1%	0%	3%
9.1	Is it easy/very easy to see the doctor?	36%	23%	23%	26%
9.1	Is it easy/ very easy to see the nurse?	56%	47%	35%	50%
9.4	Are you currently taking medication?	85%	38%	83%	45%
9.6	Do you feel you have any emotional well being/mental health issues?	77%	25%	23%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	37%	54%	37%
11.2	Are you currently working in the prison?	34%	50%	54%	44%
11.2	Are you currently undertaking vocational or skills training?	5%	6%	0%	7%
11.2	Are you currently in education (including basic skills)?	18%	20%	4%	22%
11.2	Are you currently taking part in an offending behaviour programme?	7%	9%	10%	8%
11.4	Do you go to the library at least once a week?	39%	42%	36%	41%
11.6	Do you go to the gym three or more times a week?	2%	22%	4%	19%
11.7	Do you go outside for exercise three or more times a week?	31%	28%	28%	29%
11.8	On average, do you go on association more than five times each week?	33%	24%	35%	25%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	6%	17%	6%
12.2	Have you had any problems sending or receiving mail?	48%	46%	32%	48%
12.3	Have you had any problems getting access to the telephones?	40%	29%	22%	34%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

