

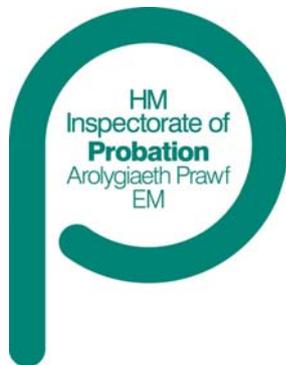
Report on an unannounced inspection of

HMP Liverpool

by HM Chief Inspector of Prisons

11–22 May 2015

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



Crown copyright 2015

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

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

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

This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

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

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	31
Section 3. Purposeful activity	47
Section 4. Resettlement	55
Section 5. Summary of recommendations and housekeeping points	63
Section 6. Appendices	71
Appendix I: Inspection team	71
Appendix II: Progress on recommendations from the last report	73
Appendix III: Care Quality Commission Requirement Notice	81
Appendix IV: Prison population profile	85
Appendix V: Summary of prisoner questionnaires and interviews	89
Appendix VI: Inspection photographs	105

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Liverpool is an old, traditional, local prison, holding nearly 1,400 adult male prisoners. We last inspected Liverpool in late 2013 when we described a well-led prison that was doing a reasonable job despite the very great challenges of working in a 19th century infrastructure and managing in an inner-city context, where the prison population presented considerable complexities and risk. Liverpool was, and remains, a tough prison to run successfully. We returned early to follow up that inspection because of emerging concerns regarding the very poor state of health provision – concerns that were confirmed and are addressed in this report.

Overall this is a disappointing report with outcomes not sufficiently good across all four of our healthy prison tests. This, in particular, reflects a deterioration in outcomes that determine the quality of respect in the prison and in the prison's approach to resettlement. The very poor quality of the environment at Liverpool remained a fundamental challenge. Outside areas were dirty with litter strewn on the ground and the accommodation was dirty, overcrowded and poorly equipped. Access to amenities such as showers, bedding and laundries was better, but staff were not attentive in answering cell call bells when needed, and prisoners had limited confidence in the application system that was meant to deal with simple requests. We describe relationships between staff and prisoners as benign – staff and prisoners rubbed along fine, but not with much purpose.

Work to support equality was reasonable, well planned, and supported by useful community partnerships, but effectiveness was undermined by staff shortages. Peer supporters were a useful help but consultation with minority groups was limited and outcomes overall could be mixed. The chaplaincy provided a reasonable service despite currently having no full time staff.

The quality of health provision had deteriorated dramatically during 2014 and was now the subject of remedial interventions by the commissioners, the prison and a new primary care provider. Provision was inspected jointly with the Care Quality Commission and our overall assessment was that while decline had been arrested and though there were now discernable improvements, there was still a long way to go before outcomes were acceptable. We were assured that the prison and providers were clear about the main problems and were now working effectively to address them.

Liverpool also remained a prison that was not safe enough. Newly arrived prisoners were received well but overcrowding meant that some did not make it to the first night centre and could therefore miss out on vital assessments. Vulnerable prisoners (often sex offenders) who were located on the first night centre felt unsafe because of their proximity to mainstream prisoners. Induction arrangements were poor. Levels of violence were lower than at comparable prisons and had remained fairly static apart from a worrying three-fold increase in the number of assaults on staff. In our survey of prisoners, more than at comparable establishments suggested they felt unsafe. The prison was working on some good initiatives to improve this situation, including some useful joint work with police to tackle gang culture.

Security measures were proportionate, although nearly half of the prisoners thought it was easy to get drugs in the prison and random testing suggested that illicit drug usage was comparatively high. There was also emergent evidence of the increased use of new psychoactive substances. Disciplinary procedures were applied proportionately but, of concern, use of force was nearly double that seen at similar prisons. Oversight and accountability for the use of force was weak and managers were unaware of some questionable practice. We were not assured that individual instances where force was used were always justified. Staff working in the segregation unit had managed some very challenging behaviour well, but the environment and regime were very poor.

A particular concern was the number of deaths over the previous 14 months – 10 in total, followed by another shortly after our departure. Three of these deaths had been confirmed as self-inflicted. We were assured that the prison was addressing the recommendations of the Prisons and Probation

Ombudsman who had investigated the deaths; and the number of self-harmers and those at risk subject to case management was slightly reduced. The quality of case management was inconsistent and often weak, however, which was not good enough bearing in mind the evident risks faced.

The prison's daily routine was chaotic and unpredictable and too many prisoners spent too long locked in cell – 44% during the working day. There was sufficient work or education to provide all prisoners with a part-time or full-time place but not all places were fully utilised and activity was often interrupted. The range and quality of education was good but there was insufficient vocational training. The quality of teaching was good and although too few prisoners completed their courses, success rates were high among those who did. Success rates among those in vocational training was also high. Both the library and physical education required improvement.

As well as being a local prison, Liverpool had also been designated a resettlement prison and yet the management of resettlement and reducing reoffending work had deteriorated and was weak. Coordination between offender management work and the new community rehabilitation company was very new and half of eligible prisoners did not have an offender supervisor. Those that did had limited contact. We were not assured that all public protection measures were applied with sufficient rigour. Demand for resettlement services was high and good use was made of peer supporters to aid others in their resettlement. Outcomes across the various resettlement pathways – notably accommodation and support for children and families – were reasonable.

Throughout this report we have noted a series of backward steps. The prison has many longstanding problems to deal with and we acknowledge that urgent issues concerning health and, to an extent, the numbers of deaths in custody, were being addressed. We did not think that HMP Liverpool was a fundamentally poor prison and we saw pockets of really good work. Managers and staff needed, however, to get a better grip on issues – such as providing enough space on the first night centre; sorting out the chaos that was the daily routine so that prisoners could properly access what was otherwise a reasonable provision of activity; and a determined effort to clean the place up – and focus on outcomes and delivery. We have made a number of recommendations that we hope will aid this process.

Nick Hardwick
HM Chief Inspector of Prisons

September 2015

Fact page

Task of the establishment

HMP Liverpool is a local category B prison serving the Merseyside area.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

North-West

Number held

1,191

Certified normal accommodation

1,175

Operational capacity

1386

Date of last full inspection

14–26 October 2013

Brief history

HMP Liverpool was built in 1855 to replace a much older establishment. It holds remand and convicted prisoners, in addition to a vulnerable prisoner population.

Short description of residential units

- A: First night centre
- B: Generic wing with four landings and the segregation unit on B1
- F: Generic wing with five landings
- G: Generic wing with five landings
- H: Generic wing with a drug recovery unit located on H2
- I: Generic wing with five landings
- K: Vulnerable prisoner unit
- J: Generic wing with a reintegration unit on J1 for prisoners on the basic level of the incentives and earned privileges scheme and a drug rehabilitation landing on J2.

Name of governor/director

Peter Francis

Escort contractor

GEOAmey

Health service providers

Primary care services and inpatient services – Lancashire Care Foundation Trust
 GP services – Indigo Locum Services and Lancashire Care Foundation Trust
 Dental services – Liverpool Community Health Trust
 Pharmacy provider – Lloyds
 Mental health and clinical substance misuse services – Mersey Care NHS Trust
 Psychosocial services – The Lifelines Project

Learning and skills providers

The Manchester College, N-ergy

Independent Monitoring Board chair

Margaret McKinney

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.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 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 procedures were generally good but not all prisoners had access to the full range of support. Too many prisoners, and particularly vulnerable prisoners, felt unsafe. Levels of violence were comparatively low and the prison was working hard to make the prison safer. Assessment, care in custody and teamwork (ACCT) processes were often weak. Oversight of use of force was poor and the levels high. Security measures were broadly proportionate and work on gangs was excellent. More needed to be done to tackle the availability of alcohol and drugs. Measures to manage prisoners on the basic level of the incentives and earned privileges scheme were not yet effective. The segregation unit was bleak, with an inadequate regime for those who remained there for a prolonged period. Substance misuse provision was mostly reasonable but some poor alcohol detoxification processes presented a risk. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S2** At the last inspection in October 2013 we found that outcomes for prisoners in HMP Liverpool were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, six had been partially achieved and five had not been achieved.
- S3** Transfers to the prison were usually short and video-link facilities were used well to reduce the necessity for court productions.
- S4** The reception area was stark but clean. Reception staff were welcoming and prisoners were processed courteously, but often spent too long in reception before transfer to the first night wing. All new prisoners underwent a private interview and there was a good focus on vulnerabilities but Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were not always used systematically.
- S5** Cells for prisoners on the dedicated first night and induction wing were clean and reasonably well equipped, and Insiders (prisoners who introduce new arrivals to prison life) and Listeners provided valuable first night information and assistance. Some prisoners were not located on the first night wing, however, and they missed out on this indispensable support.
- S6** The quality of induction was poor and it was not tracked, so we were not assured that all prisoners, particularly vulnerable prisoners, received it.
- S7** Our survey results indicated that more prisoners than at comparator prisons felt unsafe. Vulnerable prisoners on the first night wing were not adequately separated from the general population and most felt unsafe.
- S8** Levels of violence, including fights and assaults, were lower than at comparator prisons. The strategic management of safer custody was good, with action-focused meetings and a dynamic approach to reducing violence and making the prison safer. Sophisticated joint working with the police helped to manage and reduce the risk posed by the significant gang culture. Support for victims of bullying and antisocial behaviour was underdeveloped and led to many prisoners seeking sanctuary on the vulnerable prisoner landings.

- S9 There had been 10 deaths in custody since the previous inspection, including three confirmed self-inflicted deaths, followed by a further death in the week following the inspection. Published Prisons and Probation Ombudsman recommendations had been accepted and implemented, and were reviewed regularly. Levels of self-harm and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management procedures for those at risk of suicide or self-harm were lower than at comparator prisons. In light of the number of deaths in custody we were concerned to find that the quality of ACCT documents were variable; some were very good but too many lacked consistent case management, and had inadequately completed care plans and insufficient multidisciplinary or timely reviews. There was good availability of Listeners and they told us that they were well supported and had good access around the prison.
- S10 Despite the implementation of the Social Care Act 2015, there had yet to be any needs assessment for prisoners with potential safeguarding issues and there were no formal arrangements with adult social services.
- S11 Security measures were generally proportionate. Links with other departments were good, particularly with safer custody. Security information was analysed well but not all intelligence led to searching or suspicion-led drug testing. Drugs and alcohol were easily available and new psychoactive substances (NPSs) presented significant new challenges. The random mandatory drug testing positive rate was relatively high, although this did not reflect true drug use as NPSs and most diverted medication were undetectable. The drug and alcohol strategy was out of date and the action plan did not address all the identified risks.
- S12 Some prisoners on the basic level of the incentives and earned privileges scheme were located on the J1 reintegration landing. An innovative model to deliver individualised and structured support to improve behaviour was planned but had not been implemented, leaving the regime on J1 akin to that of a segregation unit.
- S13 The number of adjudications was relatively low. Monitoring, analysis and quality assurance was thorough. The level of use of force was almost double that at comparator prisons and that at the time of the previous inspection. Most incidents involved full use of restraint. Baton use was also high. Oversight and monitoring of use of force and special accommodation were poor and as a result managers were unaware of some concerning practice. Too many records of incidents and use of special accommodation were incomplete, making it difficult to ascertain whether force had been justified on all occasions. Most planned interventions we viewed showed staff wearing balaclavas, which were not authorised and were inappropriately used for incidents managed at a local level.
- S14 Use of segregation was lower than at comparator prisons but too many prisoners were segregated awaiting adjudication. Staff managed some challenging behaviour and knew the prisoners on the unit well but written records were mostly observational. The environment on the segregation unit, particularly the exercise yard, was poor. Many cells were damaged and some were dirty. Some prisoners had stays of over three months, and the regime, particularly for those staying for such long periods, was inadequate. The quality of care planning and reviews was poor and there was no formal reintegration planning, and prisoners we spoke to did not know what was planned for them or how they could return to normal location.
- S15 Clinical management for most prisoners with substance misuse issues was sound but prisoners withdrawing from alcohol lacked overnight clinical monitoring, which presented a substantial risk. Prisoners on most locations were able to access a wide range of positive interventions, including individual and group work, but vulnerable prisoners had less access. The 'journey to recovery' (J2R) landing provided a positive therapeutic regime for prisoners wanting to abstain but was let down by its location and lack of visible officer presence.

Respect

S16 *The overall cleanliness of the prison was poor, as was the condition of many cells. Staff–prisoner relationships were respectful but benign. The applications process was poor. We found no evidence of discrimination on the grounds of race or religion, although outcomes for prisoners with some other protected characteristics were mixed. Legal advice was not available. Access to religious services was problematic. Complaints were generally well managed. Primary health care provision remained a serious concern but mental health services had improved. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S17 *At the last inspection in October 2013 we found that outcomes for prisoners in HMP Liverpool were reasonably good against this healthy prison test. We made 28 recommendations in the area of respect.² At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved and 20 had not been achieved.*

S18 The overall cleanliness of the prison was poor and exercise yards were particularly dirty and heavily littered. Many cells were overcrowded, and had broken windows and insufficient or broken furniture. Prisoners had little access to cell cleaning materials. Laundry facilities were good and showers, with the exception of those on the J1 landing, were in a good condition but not all prisoners could shower every day. The management of the application process was poor; replies were not tracked and many prisoners said that they did not receive them.

S19 Most prisoners said that staff treated them respectfully but few said that staff routinely spoke to them during association. The personal officer scheme was ineffective. Staff and prisoners got along reasonably well, but relationships were mostly benign and staff were not sufficiently proactive in dealing with prisoners' issues. Relationships were further undermined by a lack of continuity of staff on the wings.

S20 There was a good model for the strategic management of equality, which benefited from strong support from Sefton Council for Voluntary Service, but staff shortages had reduced the effectiveness of the provision. The equality action team had good input from well-trained prisoner representatives and gave appropriate attention to monitoring data. There were too few forums to support and consult with prisoners from protected groups. Neither prisoners nor the prison's monitoring data indicated any discrimination of prisoners on the basis of their ethnicity or religion.

S21 Despite the best efforts of the equality team, some foreign national prisoners facing complex deportation proceedings did not have access to independent legal representation. For the few non-English-speaking prisoners, there was insufficient use of professional interpreting services or translated material, leaving some feeling isolated.

S22 Some prisoners with disabilities had received good support but there was some unmet need. Care plans were not in place and procedures for the evacuation of prisoners with disabilities were poor. Older prisoners were relatively positive about their care but there were few activities for them. There was insufficient support for gay, bisexual and transgender prisoners.

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

- S23 Despite significant staffing problems, faith provision in key areas was adequate and prisoners commented favourably on the chaplaincy. Prisoners were not consistently able to access religious services.
- S24 The number of complaints submitted was similar to that at other prisons but many were for low-level issues that should have been resolved informally. Most responses to complaints were fair and respectful.
- S25 There were no legal advice service but there was some support to help remanded prisoners make bail applications.
- S26 Primary health care services had deteriorated drastically and in late 2014 key elements of this service had been judged to be unsafe. The commissioners, prison and a new primary care provider had jointly instigated a rigorous improvement programme and some areas, including governance, had started to improve, although many, including staffing, secondary screening, chronic disease management and integrated working between health services, still had a significant way to go.
- S27 Waiting times and non-attendance rates for many primary care services, including the GP, were excessive. The inpatient unit did not offer a sufficiently therapeutic environment and the needs of those with complex needs were not being met. The governance of pharmacy services had improved but medication management was unsatisfactory. Inadequate supervision of medication queues offered too many opportunities for diversion. Dental services were generally good. Primary mental health provision had improved considerably and, overall, the range and quality of mental health services were good, although they were not sufficiently integrated.
- S28 With the exception of breakfast packs, which were far too small, the food provided was of reasonable quality and quantity, but lunch was served too early. The service of food required closer supervision.
- S29 Newly arrived prisoners could make shop orders on arrival, which helped to reduce the likelihood of debt.

Purposeful activity

- S30** *The daily regime was chaotic and arbitrary. The amount of time out of cell was poor, and unacceptable for some. Improvements to the learning and skills and work provision had yet to have a full impact. Most prisoners were allocated an activity but regime delays and interruptions meant that many failed to attend routinely. The quality of teaching and learning was mostly good. For those who completed courses, success rates were high. The quality of both the library and PE provision was poor and access was problematic. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S31** *At the last inspection in October 2013 we found that outcomes for prisoners in HMP Liverpool were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, two had been partially achieved and four had not been achieved.*

- S32 The daily regime was unpredictable and confused. There were frequent curtailments and cancellations, exacerbated by delays in medicine administration. Far too many prisoners (almost half the population) were locked up during the day during our roll checks. The amount of time unlocked was poor. Most prisoners received a maximum of around five hours out of cell during the working day, and this could be far less, as little as one hour, for some. There were no evening association periods and those at weekends were very short.
- S33 The regime for vulnerable prisoners on the dedicated vulnerable prisoner wing had improved but for vulnerable prisoners who were located elsewhere the regime was unacceptably poor.
- S34 Some good initiatives had been introduced to improve learning and skills and work provision but these had yet to have a full impact. There were sufficient activity places for most prisoners to be employed at least part-time. Allocation to activities was effective but too many prisoners failed to attend routinely owing to regime delays and other appointments interrupting the working day. Performance management was used effectively to improve teaching and learning through staff development. There was good emphasis on improving prisoners' literacy and numeracy. There were insufficient vocational training places, particularly for vulnerable prisoners, and too few progression opportunities for longer-term prisoners. Some workshop activities were mundane and uninspiring.
- S35 The quality of teaching, learning and assessment was good overall. Learners were well engaged in learning and interacted effectively with tutors and peers. Good use was made of peer mentors to support learners.
- S36 Success rates were high for those who stayed on programmes but too many prisoners did not complete their courses. There was insufficient accreditation of work skills in production workshops.
- S37 The library service was poor. There was little promotion of the facility and it was underused. Little use was made of the library to promote and encourage literacy.
- S38 PE provision was poor. Too many sessions were cancelled owing to staff redeployment. The sports hall was not used effectively. There was too much focus on weights and there were not enough group activities in recreational sessions. No PE vocational courses were offered.

Resettlement

- S39** *The strategic management of resettlement was weak. The quality of offender assessment system (OASys) assessments was generally good. Most eligible prisoners had an assessment but too few prisoners had an offender supervisor, contact with offender supervisors was very limited and there was too little emphasis on progressive transfers. Some key public protection measures were poor. Demand for resettlement services was high and prisoners' needs were assessed and actioned on arrival. Good use was made of peer workers. Resettlement pathway services were mostly reasonable and work to find prisoners accommodation on release and support children and families was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S40 *At the last inspection in October 2013 we found that outcomes for prisoners in HMP Liverpool were reasonably good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, four had been partially achieved, seven had not been achieved and one was no longer relevant.*

- S41 The strategic management of resettlement had deteriorated, with no up-to-date strategy or meetings to oversee delivery.
- S42 The profile of resettlement was not high enough across the prison and coordination between the offender management unit and the new community rehabilitation company providers was not yet well enough developed. Resettlement links with the community were strong and the Merseyside Offender Mentoring Project provided a positive 'through-the-gate' initiative.
- S43 Half of the eligible prisoners did not have an allocated offender supervisor. The recent backlog of offender assessment system (OASys) assessments had reduced considerably but the cross-deployment of offender supervisors limited their contact with prisoners, including high risk of harm cases. The quality of OASys assessments was mostly good. Home detention curfew processes were sound and decisions defensible but the timeliness of release was not monitored.
- S44 For prisoners who presented public protection issues, the application of contact restrictions sometimes took too long, leaving some victims at risk. Multi-agency public protection arrangements (MAPPA) levels were not always reviewed far enough ahead of release, which potentially limited multi-agency planning, but the management of those identified as level two and three cases was good.
- S45 Too many categorisation reviews were late and there was a large backlog of transfer applications. A reasonable number of prisoners were transferred each week but few of these were prioritised based on sentence plan targets and their need to progress. Some category B prisoners, especially sex offenders, waited too long to move on.
- S46 Demand for resettlement services was high, with over 200 prisoners released each month. Offender supervisors assessed prisoners' resettlement needs on arrival and made referrals, and there was good use of peer workers to identify immediate needs, but pre-release reviews and planning were not yet being delivered.
- S47 In our survey, almost a quarter of prisoners said they had had a housing problem on arrival. Shelter provided an excellent service, with a wide range of support and evidence of positive outcomes.
- S48 There were good links with external partners for employment and further training opportunities on release. The national careers service provided good CV and interview preparation but the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used systematically for job searches. Tracking to identify prisoners who moved into education, training or employment on release was weak.
- S49 Health care pre-release arrangements for most prisoners were reasonable and there was good input for those with complex needs. There was good preparation for release for prisoners with substance use problems, with most being linked with their local drug intervention programme teams.
- S50 Prisoners with finance and debt issues could access a range of support and many had been helped to open bank accounts before release.
- S51 There was good provision under the children and families pathway. Regular meetings with visitors resulted in improvements to the visits experience. The visitors centre provided a welcoming environment and advice to visitors. A wide range of family visits was available.

Parenting courses and some excellent individual support had been provided for prisoners with family difficulties.

- S52 The available accredited offending behaviour programmes did not meet need and vulnerable prisoners had no access to them. There were some useful and innovative non-accredited programmes.

Main concerns and recommendations

- S53 Concern: Use of force generally had increased considerably and was almost double that at similar prisons. Baton use and use of the special cell were also high. The recording of use of force was weak and oversight was inadequate, making it difficult to assess whether force was justified on all occasions. We identified some concerning practice including the use of balaclavas.

Recommendation: All use of force should be fully recorded. Managerial oversight should ensure that all uses of force are analysed, patterns and trends are identified and acted on, and that force is always justified and proportionate.

- S54 Concern: Living conditions were poor and many cells designed for one held two people. Many were in a poor state of repair, with broken windows. Levels of cleanliness were mixed and prisoners complained of difficulties in obtaining sufficient cleaning materials. Communal areas were shabby; some exercise yards were stark and most were dirty and heavily littered.

Recommendation: The prison environment should be improved to provide all prisoners with clean and decent living conditions. (Repeated recommendation S53)

- S55 Concern: Health provision had deteriorated sharply. Some remedial action had been taken but prisoners waited too long for a routine GP appointment and they did not have consistent timely access to the full range of primary care services such as chronic disease management, clinics and screening programmes, which put their health at risk.

Recommendation: Prisoners should have consistent access to the full range of primary care services, including GP appointments, chronic diseases management clinics and screening programmes within community-equivalent waiting times.

- S56 Concern: The daily regime was chaotic and unpredictable. Unlock periods were regularly cancelled and education and learning were routinely interrupted by regime delays and appointments. Prisoners spent too little time unlocked – some as little as one hour a day.

Recommendation: The daily regime should be published and adhered to.

- S57 Concern: Only half of eligible prisoners had an allocated offender supervisor. Even those with an offender supervisor had limited contact with them and there was too little focus on encouraging and monitoring sentence plan targets, managing risk and achieving progressive transfers.

Recommendation: All eligible prisoners should have an offender supervisor who provides them with regular, focused contact to manage risk, encourage and monitor the achievement of sentence plan targets and secure progressive transfers.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Transfers to the prison were short. Most prisoners said that escort staff had treated them well and that they had felt safe during the journey. The court video-link facility was used well.*
- I.2** Escort vehicles we saw were reasonably clean. Most prisoners arriving at the prison came from local courts or prisons and had had a journey of less than two hours. In our survey, more than at comparator prisons said that they had been offered refreshments and toilet breaks en route.
- I.3** Prisoners disembarked from escort vehicles promptly and were not handcuffed. Most prisoners told us that escort staff had treated them well and that they had felt safe during the journey. All prisoners we spoke to who were being transferred to or from the establishment had been told about the move on the morning of their transfer and had not had enough time to notify friends or family.
- I.4** There was a well-used court video link, which reduced the number of escorts to courts across the country.

Recommendation

- I.5** **Unless there are overriding security reasons, prisoners should be given 24 hours' notice of planned transfers.**

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.6** *The reception area and holding rooms were clean but stark. Newly arrived prisoners were treated courteously. Prisoners had a private interview to assess vulnerabilities but spent too long in reception before being transferred to the first night and induction wing. Dedicated first night cells were clean, and reasonably well equipped and prepared. The first night information provided was good but not all prisoners benefited from first night processes and vulnerable prisoners felt unsafe. The induction process was poor and not all prisoners received it.*

- I.7** The reception area was clean but stark. Staff were courteous to prisoners, put them at ease and managed the processes respectfully. In our survey, prisoners were positive about their experience in reception but fewer than at comparator establishments said that they had spent less than two hours there (25% versus 42%), and we met prisoners who had been in reception for over four hours before being transferred to the first night and induction wing.
- I.8** Showers in reception lacked privacy. Vulnerable prisoners were not offered a shower there and often missed the chance to have one when located on the first night wing.
- I.9** All prisoners (including those arriving on transfer) were strip-searched in reception, which was unnecessary. All new arrivals received a health screen and a private interview which focused on vulnerabilities, but Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were not used routinely.
- I.10** There was no information in languages other than English and there was little use of professional telephone interpreting services in reception.
- I.11** On arrival on the first night wing, all new prisoners received a private interview with a Listener or Insider (a prisoner who introduces new arrivals to prison life), which provided valuable first night information and support. Cells for prisoners on their first night were clean and reasonably well equipped. Staff on the first night wing knew the location of newly arrived prisoners, had received an adequate briefing and conducted regular checks during the night. As a result of overcrowding, some prisoners were not accommodated on the first night wing; they did not receive the same level of support and information or access to adequately prepared cells.
- I.12** In our survey, less than half of vulnerable prisoners said that had felt safe on their first night. They were located on the first night wing and were separated from other prisoners during association periods but a large number of general movements within the first night wing resulted in many prisoners mingling, which left vulnerable prisoners feeling unsafe.
- I.13** The quality of the induction course was poor. In our survey, only 45% of those who attended this said that it had covered everything they needed to know. We observed an induction course which was poorly delivered and gave incorrect and out-of-date information.
- I.14** Attendance at the induction was not tracked and it was impossible to determine how many prisoners completed it. Staff told us that the induction for vulnerable prisoners was delivered on the vulnerable prisoner wing. We were not assured that this happened consistently, and in our survey only 25% of vulnerable prisoners said that they had attended the course.

Recommendations

- I.15** Prisoners should not be held in reception for long periods.
- I.16** All showers in reception should be private and vulnerable prisoners should be able to access them.
- I.17** Information should be available in a range of languages and a professional telephone interpreting service should be used when necessary.
- I.18** Vulnerable prisoners should be adequately separated from other prisoners on the first night wing.

- I.19 All prisoners should complete the induction programme, attendance should be tracked and the course content should be up to date and comprehensive.**

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.20 *The strategic management of safer custody was good and staff were well sighted on the high level of risk posed by gangs. The new 'Dave' process for managing the most violent and persistently antisocial prisoners was a good initiative. Measures to support victims of violence were underdeveloped. Liaison with the wider prison and with the local police was excellent.*

- I.21** In our survey, more prisoners than at comparator prisons said that they felt unsafe. This was especially so for vulnerable prisoners located on the first night wing (see section on early days in custody) and those who considered themselves to have a disability.
- I.22** Levels of violence, including fights and assaults between prisoners, were lower than at similar prisons and had remained relatively static since the previous inspection. By contrast, the number of assaults on staff had increased almost threefold. The adjudication and incentives and earned privileges (IEP) processes were well utilised to manage day-to-day poor behaviour, and the relatively new anti-bullying/social behaviour management process was straightforward and specific, and was effective at ensuring that the heightened management of the most serious and prolifically antisocial prisoners remained active and dynamic.
- I.23** The strategic management of safer custody was good, with a well-constructed policy supported by a range of regular and well-attended meetings focusing on current and emerging risks and identifying the actions required to make the prison safer.
- I.24** Liaison with the local police was among the most effective we have seen, with excellent two-way communication ensuring widespread sharing of sophisticated key information relating to the complex gang culture in the catchment area of the prison.
- I.25** The safer custody team was proactive in carrying out early interventions with known gang members soon after reception, to minimise potential flashpoints and attempt to manage the locations of prisoners. Several innovative measures had been implemented, such as co-hosted (staff and prisoners) information/training events about gangs, guns and knives; a weapons amnesty; the use of external theatre groups to deliver victim-related drama productions; and a high level of mediation between potential protagonists to reduce the likelihood of violence.
- I.26** Support for victims of violence and antisocial behaviour was underdeveloped and, in practice, victims were located on either the dedicated vulnerable prisoner wing (K wing) or on B5, which was used as an overflow vulnerable prisoner wing. There were no management plans to address issues of vulnerability, promote a return to normal location or ensure progression to other prisons as an integral element of the sentence planning process. The regime for most on the vulnerable prisoner wing had improved with the recent addition of a new activities and workshop area, but for those on B wings and the induction wing it was extremely poor (see section on time out of cell).

Recommendation

- I.27** **Victims of bullying should be offered support in order to remain on normal location wherever possible.**

Good practice

- I.28** *Innovative measures to manage gang issues had been implemented including co-hosted (staff and prisoners) information/training events about gangs, guns and knives; a weapons amnesty and the use of external theatre groups to deliver victim-related drama productions.*

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.29** *At the time of the inspection there had been 10 deaths in custody since the previous inspection, including three confirmed self-inflicted deaths, but this was followed by a further death in the week following the inspection. The quality of assessment, care in custody and teamwork (ACCT) documentation was inconsistent and too often poor. Access to Listeners was good.*

- I.30** At the time of this inspection, there had been 10 deaths at the prison since the previous inspection, but this was followed by a further death in the week following the inspection. Three of these had been confirmed as self-inflicted. The prison had received two reports from the Prisons and Probation Ombudsman relating to self-inflicted deaths and had accepted their recommendations in full and incorporated them into the safer Liverpool (safer custody) meeting. Recommendations from previous deaths, both from natural causes and self-inflicted, were regularly reviewed at these meetings.
- I.31** Levels of self-harm and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management procedures were slightly lower than at comparator prisons. There were 59 prisoners subject to ACCT procedures during the inspection. In light of the number of self-inflicted deaths we were concerned to find the quality of ACCT documents were variable; although some were very good, far too many were poor, with inconsistent case management and late reviews that were not sufficiently multidisciplinary. In many cases, care maps were inadequate and failed to record outcomes, with many actions (especially referrals to mental health services) listed as 'ongoing'. In many cases, care maps were inadequate and failed to record outcomes, with many actions (especially referrals to mental health services) listed as 'ongoing.' Daily contact recording was reasonable, with the exception of handover information and night entries that were too often repetitive and predictable.
- I.32** A daily bulletin was issued to all staff to inform them of new prisoners subject to ACCT processes, and the weekly complex case reviews involved a wide range of staff in the planning and delivery of care to some very vulnerable prisoners.

- I.33** In our survey, more prisoners than at comparator prisons said that they had had access to a Listener both on arrival and at any time thereafter. Each wing had a Listener suite and Listeners told us that they were well supported by the prison and by the Samaritans and had relatively free access around the residential units to support other prisoners.

Recommendation

- I.34** **More effective assessment, care in custody and teamwork (ACCT) procedures should be developed to include consistent and trained case managers and clear care plans that identify what individual support key workers should provide.** (Repeated recommendation I.44)

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.35** *Adult safeguarding measures were underdeveloped and there was no prison-wide safeguarding policy in operation.*

- I.36** There had been no assessment of need and no formal structures had been introduced to ensure the safeguarding of 'at risk' adults. The health care provider had begun to run training sessions for its staff but these were not available to the wider prison. We saw at least one prisoner (located in the inpatient unit) with significant unmet needs, for whom we made a safeguarding referral.

- I.37** Initial contact had been made with the local community safeguarding board but this had not yet resulted in any specific actions. At the time of the inspection, there were no procedures in place to ensure equivalence of care in accordance with the Social Care Act 2015.

Recommendation

- I.38** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.** (Repeated recommendation I.51)

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

Security

Expected outcomes:

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

I.39 *Security measures were generally proportionate. Attention was paid to ensuring that prisoners were kept safe and that those in conflict were kept apart. Links with other departments were good and a reasonable amount of security information was analysed well, although not always acted on swiftly. Longer-term targets reflected current issues. Mandatory drug testing rates were relatively high, and there had been large finds of novel psychoactive substances, but the prison was dealing with the issue robustly. Supervision of medication administration was inadequate.*

I.40 Physical security measures were generally proportionate to the risks posed.

I.41 Security staff contributed to prisoners' risk assessments for activities and these did not unduly restrict prisoners' access to activities. Attention was paid to the safety of individual prisoners, with excellent intelligence gathering and early identification of gang issues. Preventative measures were taken to keep prisoners in conflict apart (see also section on bullying and violence reduction).

I.42 Security information was analysed well and quick assessments were made of required actions, but intelligence-led searching was not carried out in all cases where the need had been identified, owing to the redeployment of staff.

I.43 Key departments were represented at the monthly security meeting and relevant longer-term objectives were set to reflect the current threats around drugs, gang issues and mobile telephones. There were good relationships with other departments, particularly safer custody, with effective exchange of information between these departments. The prison received some support from the local police and also from the North-West region Titan team, which provided police support for security and anti-corruption matters.

I.44 At the time of the inspection, there were 10 prisoners subject to closed visits restrictions and over 100 banned visitors. Not all those on closed visits had been placed under the restrictions for visits-related illicit activity, and procedures for managing those banned from visiting were poor. During the inspection, reviews were carried out, resulting in a substantial reduction in the number of banned visitors and the removal of closed visit restrictions for prisoners placed on these for non-visits-related activity.

I.45 In our survey, more prisoners than at comparator prisons said that it was easy to get illegal drugs (46% versus 34%) and alcohol (23% versus 15%) at the prison, the latter also being far higher than at the time of the previous inspection (9%).

I.46 The average random mandatory drug testing positive rate over the previous six months was 14.3%, against a target of 13.5% and a comparator of 10%. This did not reflect true drug use as new psychoactive substances (NPSs; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects; see below) and most diverted medication were undetectable. The main illegal drug of choice was cannabis, with some use of heroin and benzodiazepines. The number of completed suspicion tests was low (18–20 per month, from

a total of 30-40 drug-related information reports) and completed tests yielded a positive rate of between 50% and 70%.

- I.47** There had been increasingly regular and large finds of NPSs, coupled with several reported instances of prisoners presenting with the effects of having taken these, some of which had been reported as being Spice (man-made drug that mimics the effects of cannabis but is much stronger, with no discernible odour, and cannot be detected by drug tests). The prison was dealing with the issue robustly through a specific strategy which included the education of prisoners and staff, and a clear protocol for dealing with prisoners suspected of taking these substances.
- I.48** In our survey, the number of prisoners who said that they had developed a problem with diverted medication was in line with the comparator. The supervision of administration of controlled drugs and also general medicines by discipline staff was variable and too often insufficiently vigilant (see section on health services).
- I.49** The drug and alcohol strategy was out of date. The supply and reduction action plan was updated regularly and outlined suitable key objectives but it did not address all the identified risks – such as ‘throw-overs’ and tradable medicines – and lacked timescales.

Recommendations

- I.50** **The supervision of administration of controlled and general medication by discipline officers should be consistent and involve greater vigilance to reduce diversion.** (Repeated recommendation I.67)
- I.51** **The drug and alcohol strategy and action plan should be updated to reflect and manage robustly the major challenges of drug (both illegal and legal) and alcohol availability.**

Incentives and earned privileges⁴

Expected outcomes:

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

- I.52** *Incentives and earned privileges entries in prisoner records were mostly meaningful. Some prisoners on the basic level received little attention, however, and some were located to the J1 landing in order to deliver structured support to improve their behaviour. The latter had not been fully implemented, however, so there was little difference between the regime on this landing and that of the segregation unit.*

- I.53** The published IEP scheme was out of date and made no mention of the new entry level. In our survey, perceptions of the fairness of the system and the likelihood of it encouraging changes in behaviour were similar to those at comparator prisons. Prisoners were moved between levels according to their behaviour. We saw regular examples of IEP entries in

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

prisoner records, often reviewing their status, but there were files of prisoners on the basic level with no entries at all, even after a week on this level.

- I.54** Some prisoners on the basic level were located on the J1 reintegration landing, which aimed to deliver individualised and structured support to improve behaviour. The theory and intention of J1 was good, and it had the potential to provide a positive programme for dealing with some challenging behaviour and promote reintegration but in reality it had not been achieved. In practice, prisoners on this landing received little, if any, individual work, and spent long periods locked up with no access to association so the regime was akin to that of a segregation unit.

Recommendation

- I.55 Prisoners on the basic level of the incentives and earned privileges scheme, including those located on the J1 landing, should receive individualised support with a clear focus on changing their behaviour and promoting reintegration.**

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.56** *The number of adjudications was relatively low and charges were appropriate. There was good quality assurance. Levels of use of force had increased considerably and were high. Management oversight of use of force was poor and too many incident reports were missing. Use of special accommodation was poorly documented. Segregation was not overused but the environment and regime were poor. Reviews and care and reintegration planning were weak. Staff-prisoner relationships on the unit were reasonable and staff knew the prisoners well but written records were mostly observational.*

Disciplinary procedures

- I.57** The number of adjudications was lower than at comparator prisons and similar to that at the time of the previous inspection. Charges were appropriate and mainly for disobedience and possession of unauthorised articles. Adjudications were monitored thoroughly and analysed by the quarterly segregation and adjudication review group, and the deputy governor carried out quality assurance of individual records.
- I.58** The adjudication documentation we reviewed showed that prisoners were able to give their account of events. Records were generally detailed and gave a good account of the proceedings. Punishments were proportionate and in accordance with the published tariff.

The use of force

- I.59** The number of incidents of use of force was almost double that at comparator prisons and also that at the time of the previous inspection, with 310 incidents in the previous six months. Most incidents involved the full use of restraint. Baton use was also high. Oversight of the use of force was poor, with no formal meeting where it could be monitored,

discussed and analysed (see main recommendation S53). We found some concerning practice which we brought to the attention of staff (see below).

- I.60** Too many individual officers' incident reports were missing, making it difficult to ascertain whether the use of force had been justified in every instance. Planned incidents were video-recorded and the recordings we viewed showed that they often involved very challenging individuals and were sometimes poorly managed. For example, in one incident a prisoner was given no chance to comply with staff instructions before a fully equipped team wearing balaclavas entered his cell. He was actively resistant but was eventually left naked in a gated cell despite manager's approval for him to have his own clothes. In another incident, there was no accompanying documentation to support staff actions. An officer overseeing this incident stood at the cell door. He yelled at the prisoner to get to the back of the cell as he opened the door and shouted at staff to 'Get in now!' The officer continued to shout at the prisoner during the incident ignoring the number 1s attempts to manage the situation. Most planned interventions we viewed showed staff wearing balaclavas, which were not authorised and were inappropriately used for incidents managed at a local level.
- I.61** Special accommodation had been used on eight occasions during the previous six months. The special cell was dirty and had a low plinth. We were told that prisoners held there would only be given a mattress if they were there for a long period. Documentation relating to use of the cell was not always fully completed. In one instance, a prisoner in the segregation unit had been held in a cell with no electricity or running water for several days, which was the equivalent of special accommodation, but this had not been identified and therefore not reported as such.

Segregation

- I.62** The environment on the segregation unit was poor. Many cells were damaged and had graffiti, and some were dirty. Communal areas were also in a poor state. The exercise yard was particularly grim and little more than a gated stairwell (see Appendix V for a photograph of the segregation unit exercise yard), although this was due to be relocated to a better and bigger area. The showers on the unit had been refurbished and were now good.
- I.63** Use of segregation was lower than at comparator prisons, with only 219 prisoners segregated in the previous six months. Many prisoners (nearly 70%) were segregated awaiting adjudication which was high. From the information available, it was difficult to ascertain how long prisoners remained in segregation and whether they returned to normal location in the prison or were transferred out. We were made aware of some who had been there for three months or more. There were 13 prisoners on the unit at the time of the inspection, four of whom had been there for over a month.
- I.64** Staff on the unit managed some very challenging behaviour and they knew the prisoners well but written records showed mainly observational entries. Reviews took place at prescribed intervals, but the quality of these and care planning were poor. Targets did not address the reasons why prisoners had been segregated and related mainly to following rules and regulations on the unit. Initial care plans were not updated at reviews or time bound. One review acknowledged that a prisoner's mental health had been affected by being held in segregation but included no follow-up action to address the matter. There was no formal reintegration planning. Prisoners we spoke to on the unit said that they did not know what was planned for them or how they could return to normal location.
- I.65** The regime on the unit was poor, and for those who stayed for long periods was inadequate and had the potential to affect their well-being. They had no access to off-unit activities, apart from visits. Prisoners we spoke to said that they spent most of their time in their cells with

little to do. They could shower and use telephones every day but were allowed only 15 minutes in the open air. The small library on the unit was not updated regularly.

Recommendations

- I.66** The segregation unit should be well maintained, with appropriately furnished and ventilated cells, and the exercise yard should provide a suitable environment.
- I.67** The regime on the segregation unit should be more purposeful and include access to off-unit activities. Reintegration and care planning should clearly focus on the need to return prisoners to normal location as soon as possible.

Substance misuse

Expected outcomes:

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

I.68 *Initial identification of need and prescribing were reasonable. Early monitoring of prisoners with alcohol and stimulant withdrawal was inadequate. Clinical and psychosocial services lacked holistic case management. Clinical reviews did not support early needs. Prisoners on main locations had good access to a range of interventions, and the 'journey to recovery' (J2R) recovery programme provided a positive therapeutic approach. Vulnerable prisoners had limited access to group work.*

- I.69** Mersey Care NHS Trust provided clinical services and the Lifelines Project provided psychosocial services. There was positive joint working through the drug strategy meeting but individual clinical case management and group work lacked a multi-professional approach.
- I.70** In our survey, fewer prisoners with drug problems than at comparator prisons said that they had received support (53% versus 60%), although more had received support for their alcohol problem (70% versus 57%). Of those who said that they had received support for drug and alcohol problems, more than at comparator prisons said that the support had been helpful (84% versus 77%).
- I.71** There was reasonable identification of substance use needs on arrival, with appropriate prescribing, but most prisoners with alcohol or stimulant withdrawal symptoms received no clinical monitoring overnight or at suitably frequent intervals during the first few days at the prison, which presented a substantial risk.
- I.72** There was no five day review and prisoners usually waited a month for an initial review, which was too long. The process of review was not always systematic and was not attended by both clinical and psychosocial staff.
- I.73** The majority of prisoners with substance use needs were located on H wing. Despite efforts by the prison, the mix of prisoners coupled with availability of illicit drugs had produced a challenging environment for men to address their substance misuse needs.
- I.74** Most prisoners had good access to psychosocial interventions, ranging from harm reduction through to Inside Out (an eight-week drug rehabilitation programme) and regular access to

Narcotics Anonymous and Alcoholics Anonymous. Vulnerable prisoners could access individual support as well as a weekly drop-in session, but had limited access to group work.

- I.75** The 'journey to recovery' (J2R) recovery unit programme provided a positive and intensive therapeutic approach to recovery and abstinence. Prisoners were positive about the benefits of the programme but the location above the J1 landing, which catered for some of the most troublesome and noisy prisoners (see also section on incentives and earned privileges), was not conducive to recovery. There was inadequate officer presence, with Lifelines workers often having to respond to prison issues.
- I.76** There was a dedicated dual diagnosis service (for those with co-existing mental health and substance misuse problems) and there were reasonable links to the main mental health team.
- I.77** A total of 166 prisoners were receiving opiate substitution treatment at the time of the inspection. All were on methadone, with 116 (72%) on maintenance doses and 46 (28%) on a reducing regime. Prisoners arriving on buprenorphine prescriptions were required to change to methadone regardless of their needs, including preparation for release.

Recommendations

- I.78** Prisoners arriving with withdrawal from alcohol or stimulants should be monitored overnight and more frequently during the day during their first five days at the prison.
- I.79** All prisoners should receive a five day review to ensure early issues are identified and managed. All reviews should be multi-professional with shared working between clinical and psychosocial teams.
- I.80** Vulnerable prisoners should be able to access a range of group interventions.
- I.81** Prisoners arriving on a confirmed prescription should be able to receive buprenorphine if, on arrival and subsequent assessment, including pre release, it would better support their needs.

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 overall cleanliness of residential units and communal areas was poor. Many prisoners lived in overcrowded cells with broken windows, dirty toilets and inadequate furniture. Laundry facilities and most showers were good but not all prisoners could shower daily. Responses to cell call bells were not monitored. The application system was poorly managed. Mail delivery and access to telephones were good.*

2.2 The prison environment was poor. Many wings and outside areas were dirty. The exercise yards were strewn with discarded food, clothing, litter and bedding (see Appendix V for a photograph of the exercise yard outside D wing). There were incidences of offensive graffiti on walls (see main recommendation S54).

2.3 Many cells designed for one held two prisoners and had insufficient or broken furniture, and many broken windows. In our survey, prisoners were far less positive than at comparator prisons about access to cell cleaning materials, and cell cleanliness was poor. Toilets were often dirty and some lacked seats (see main recommendation S54). The prison's offensive display policy was not enforced consistently.

2.4 Most wings had adequate recreation areas. Showers had been refurbished and were in good condition (with the exception of those on the J1 landing, which were in poor condition), but not all prisoners were unlocked to shower daily. Laundry facilities on the wings were good and towels, sheets and blankets were exchanged weekly.

2.5 There was no automated monitoring of cell call bell responses, and in our survey only 12% of prisoners, against the 28% comparator, said that call bells were answered within five minutes. We pressed a cell call bell but had still not obtained a response from staff after 15 minutes.

2.6 On most wings, there was a prisoner information desk, where a variety of application forms and peer advice were available. There was no system for logging, tracking and quality assessing applications, so it was impossible to tell whether they were dealt with efficiently. In our survey, most prisoners said that it was easy to make an application, although fewer than at comparator prisons said that applications were dealt with fairly or quickly. Many prisoners told us that they had little confidence in the system and that they often did not receive replies.

Recommendations

2.7 **Single cells should not be used to accommodate two prisoners.**

2.8 **All prisoners should be able to shower daily and the showers on the J1 landing should be refurbished.**

- 2.9 Cell call bells should be responded to immediately, the timeliness of responses should be monitored closely and action should be taken to address delays.**
- 2.10 The applications process should be managed more efficiently, with timely and good quality replies.**

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.

2.11 *Interactions between staff and prisoners were respectful but benign. Personal officer work was poor and there were few case note entries on prisoner records. There was a lack of continuity of staff on the wings. Consultation arrangements were good.*

- 2.12** Interactions between prisoners and staff were respectful but benign. In our survey, most prisoners, and a similar number to that at comparator prisons, said that staff treated them respectfully but few said that they routinely spoke to them during association, and this was supported by our observations. Staff were not sufficiently proactive in dealing with prisoners' issues (see section on complaints). Relationships were further undermined by a lack of continuity of staff on the wings. We spoke to many members of staff who clearly did not know anything about the prisoners on their wing.
- 2.13** The personal officer scheme was ineffective. All prisoners were allocated to a personal officer but, when asked, few prisoners knew who their personal officer was. We saw few personal officer case note entries on prisoner records. In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that there was a member of staff they could turn to for help if they had a problem, although vulnerable prisoners (on K wing) were far more positive.
- 2.14** Consultation with prisoners was good. A representative from each unit attended monthly consultation meetings. Minutes showed that many issues raised by prisoners were addressed, and a consultation meeting we observed was conducted in a respectful and business-like manner.

Recommendation

- 2.15 Wing staff and personal officers should be more proactive in providing support to prisoners by dealing with their day-to-day issues as they arise and interactions should be recorded in case notes.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to

identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.16 *There was a good model for the strategic management of equality, which benefited from strong support from Sefton Council for Voluntary Service, but staff shortages had reduced the effectiveness of provision. There was good engagement with prisoner representatives but insufficient consultation and support for prisoners across the protected characteristics. We found no evidence of discrimination on the grounds of race or religion but there were mixed outcomes for prisoners in other protected groups.*

Strategic management

- 2.17** The strategic management of equality was good, benefiting from strong support from the prison's equality partner, Sefton Council for Voluntary Service (Sefton CVS). Some weaknesses in provision, however, particularly staff shortages, undermined its overall effectiveness. The equality action plan was comprehensive but it lacked easily measurable outcomes, and this made it difficult to evaluate progress. The equality action team (EAT) met bimonthly. There was some evidence of actions being carried forward repeatedly but, overall, the meetings worked adequately and engaged well with prisoner representatives. The meetings gave appropriate attention to monitoring data for the treatment of protected groups, although these data did not cover the treatment of foreign national prisoners.
- 2.18** Provision relied on close working between the two part-time equality coordinators, Sefton CVS and the prisoner representatives, although one of the coordinator positions had, in effect, been vacant for the previous six months.
- 2.19** Prisoner representatives had received some excellent training, organised by Sefton CVS, including awareness training on racism, dementia, mental health and lesbian, gay, bisexual and transgender (LGBT) issues. The prisoner representatives we spoke to felt well supported and valued. There had been too little consultation with prisoners from protected groups, with only two forums being held in the previous six months.
- 2.20** Only 10 discrimination incident report forms (DIRFs) had been completed in the previous six months. Not all prisoners were aware of the process and not all complaints boxes were stocked with DIRF forms. All DIRFs were quality checked by the head of safer custody and equality, but there was no independent check. The DIRFs we saw did not raise any significant concerns about discrimination on the basis of ethnicity or religion but some responses lacked detail and it was difficult to determine how thoroughly complaints had been investigated.
- 2.21** We were told that new staff received equality training through a standard e-learning package used across the civil service. The training was too basic and did not reflect the complex equality issues faced by staff. There was no refresher training.

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

Recommendations

- 2.22** Periodic monitoring of all foreign national prisoners should be carried out, to help ensure the equality of outcomes for prisoners in this group.
- 2.23** Forums to support and consult prisoners across the protected characteristics should be held regularly.
- 2.24** There should be independent quality assurance of completed discrimination incident report forms.
- 2.25** The prison should review staff's equality training needs and provide training that meets those needs. (Repeated recommendation 2.27)

Protected characteristics

- 2.26** Prisoners in protected groups were identified by an equality questionnaire completed when they arrived at the prison. This did not appear to be working effectively, however, as at the time of the inspection there were 360 prisoners for whom there was no information on whether or not they had a disability (see below).
- 2.27** At the time of the inspection, 8% of prisoners identified themselves as being from a black and minority ethnic background. The views of those we talked to did not differ from those of other prisoners, and data collected by the prison did not show any disproportionate treatment – for example, regarding sanctions under the incentives and earned privileges scheme and adjudications.
- 2.28** A local support group visited Gypsy/Roma/Traveller prisoners but it did not share information with prison staff, to help them to improve provision.
- 2.29** Provision for the 45 foreign national prisoners held at the time of the inspection was mixed. They were mainly positive about their needs being met but said that staff lacked the expertise and knowledge to support them with their immigration problems. Some prisoners said that the PIN telephone accounts they used to contact their families were defective.
- 2.30** Telephone conference facilities had been made available on all wings but there was insufficient use of professional telephone interpreting and translation services for the small number of prisoners who did not speak English, leaving some feeling isolated. Several staff told us that they preferred to use 'Google Translate', which was inappropriate. Information about the prison was translated into some, but not all, common languages.
- 2.31** There was a regular Home Office immigration surgery but this was no substitute for independent legal representation. At the time of the inspection, there were five detainees being held, some of whom had been risk assessed as suitable for transfer to an immigration removal centre. Prisoners were often given less than a week's notice that they were going to be detained at the end of their sentence, although efforts were being made to address the problem.
- 2.32** In our survey, 380 prisoners had declared themselves to have a disability, but the prison's records showed only 219 such prisoners. Arrangements for the management of personal emergency evacuation plans (PEEPs) were poor. Not all prisoners who required a plan had one, and wing noticeboards were not kept up to date with the names of prisoners requiring assistance. Some staff on duty at night did not know what a PEEP was.

- 2.33** In our survey, prisoners with disabilities were generally positive in their responses to questions about respectful treatment, and in some cases there was evidence of good support. There was no system to ensure that prisoners with disabilities were seen regularly to review need over time, however, and there was some unmet need. Several prisoners needed adaptations to their cells, but had none. The physical environment of the prison was particularly ill-suited to prisoners with disabilities. Access to education, the faith room and to some exercise yards was difficult (see also section on faith and religious activity). There were no wing care plans and there was no paid carer scheme.
- 2.34** Older prisoners were relatively positive about their care but there were few activities for them. Retired prisoners and those who were unfit to work were locked in their cell during the core day. There was some good engagement with external support groups for veterans, representatives from a number of which had attended a veterans' family day in December 2014.
- 2.35** Although there had been some good LGBT awareness training for prisoner representatives (see above), there was little provision and no forums for LGBT prisoners.

Recommendations

- 2.36** **Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages.** (Repeated recommendation 2.40)
- 2.37** **Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served.** (Repeated recommendation 2.41)
- 2.38** **The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date.** (Repeated recommendation 2.42)
- 2.39** **The prison should ensure that screening effectively identifies prisoner disabilities.**
- 2.40** **Prisoners with disabilities and older prisoners with identified needs should have a personal emergency evacuation plan, a multidisciplinary support plan and, where appropriate, paid carers.**

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 *Despite the challenge of significant staffing problems, the provision in key faith areas was adequate and prisoners commented favourably on the chaplaincy. Prisoners were not consistently able to access religious services.*

2.42 Most permanent positions in the chaplaincy had been vacant during the previous six months, and provision was being managed through the use of sessional cover. Despite this challenge,

key areas of faith provision were adequate and prisoners in our survey commented favourably on the team, with more than at comparator prisons saying that their religious beliefs were respected.

- 2.43** In our survey, fewer prisoners than at comparator prisons said that it was easy to attend corporate worship and there had been problems with prisoners being taken to services.
- 2.44** The multi-faith room was located upstairs, which made it inaccessible to some prisoners with disabilities (see also section on equality and diversity). The room was adequate but facilities – for example, for group work – were poor. There was insufficient provision of classes and courses; at the time of the inspection, the team was running only a Bible study class and a course on relationships and conflict.
- 2.45** The team was not sufficiently engaged in the work of the prison. We were told, for example, that prison staff did not always inform the team about assessment, care in custody and teamwork (ACCT) reviews. Pending the recruitment of permanent staff, the team was struggling to meet the demand for pastoral support and it was not involved in any resettlement work.

Recommendations

- 2.46** Prisoners should have consistent access to corporate worship.
- 2.47** Prisoners should be able to attend faith-based classes and groups.

Complaints

Expected outcomes:

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

2.48 *The number of complaints submitted was similar to that at other prisons but many were for low-level issues that could have been resolved informally. Most complaint responses were fair and respectful.*

- 2.49** A total of 1,887 complaints had been submitted in the previous six months, which was comparable to the number at similar prisons. Although brief, most complaint responses were fair and respectful. Some were of a high standard, providing helpful, detailed advice, but not all responses offered an apology when one was due. Many were minor and should have been resolved informally (see section on staff–prisoner relationships).
- 2.50** In our survey, only 17% of prisoners said that complaints were responded to within seven days, which was far lower than the 27% comparator. The complaints log showed that all recorded responses had been made within the time limit, but suggested that a few complaints had not been responded to at all, and there was no effective system for following up these cases.
- 2.51** Complaints were monitored and analysed, and monthly reports were prepared for the senior management team, with some evidence that concerns were acted on.

Recommendation

- 2.52 All complaints should be responded within the designated timeframe, and a quality assurance process implemented to ensure timeliness.**

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.

- 2.53** *There was no legal advice service but there was some support to help remand prisoners to make bail applications. The starting time for legal visits was often delayed due to slippage in the regime.*

- 2.54** There was no legal advice service but there was provision to help prisoners make bail applications, although this suffered from regular redeployment of staff. No support had been provided to assist remand prisoners register to vote in the recent general election.

- 2.55** Legal visits sometimes started late because of poor adherence to the published regime (see section on time out of cell) and the lack of staff to escort prisoners to and from the visits hall.

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** *Primary health care provision had deteriorated considerably and the new provider had inherited a failing service. Governance was improving but severe staffing shortages restricted provision. Waiting times for most primary care services, including the GP, were too long and lifelong condition management needed improving. The inpatient unit was not a sufficiently therapeutic environment and some patients with complex requirements were not having their needs met. Medicines management was unsatisfactory. Dental services were good, but prisoners' perception of these was poor. Primary mental health provision had improved and secondary mental health provision was good but integration between mental health services needed improvement.*

- 2.57** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission contributed to this inspection and its requirement notices are provided in Appendix III.*

⁶ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

Governance arrangements

- 2.58** The Care Quality Commission issued four ‘requirement to improve’ notices following the inspection (see Appendix III).
- 2.59** In December 2014, NHS England ended its contract with Liverpool Community Health Trust for primary care physical and mental health services owing to significant concerns about the safety of the service. Lancashire Care NHS Foundation Trust (LCFT) became the interim primary care provider and Mersey Care NHS Trust took over primary mental health provision from January 2015 to June 2015. LCFT won the contract to provide all health services from June 2015.
- 2.60** The commissioners, prison and provider were sighted on the main problem areas and worked together effectively to improve services. Well-attended clinical governance and partnership board meetings covered all essential areas. The new service contract was informed by a current health needs assessment.
- 2.61** Reporting and investigation of adverse incidents were satisfactory and led to service improvement. There was no dedicated health forum and health services staff attendance at the prisoner consultation groups was inconsistent, but two inpatient service user forums had been held. Mechanisms to share learning from incidents, complaints and service user feedback within the health team were developing.
- 2.62** Severe staffing shortages in the primary care team meant that several areas, including chronic disease management, secondary health screens and health promotion clinics, were not provided consistently (see main recommendation S55). Nurses were permanently on-site and the five regular GPs provided more clinics than at the time of the previous inspection, which gave improved consistency and cover.
- 2.63** Health services staff were clearly identifiable and the health interactions we observed were mostly good. Staff access to training, appraisal and clinical supervision had been poor but was improving. Health services staff we spoke to were not fully familiar with LCFT policies.
- 2.64** New prisoners did not receive any information on health services. In our survey, prisoners were more negative about access to (12% versus 21%) and the quality of (35% versus 40%) the doctor, a view that was reflected by most prisoners we spoke to, but the level of satisfaction with the overall quality of the service was in line with the comparator.
- 2.65** The health care environment was mixed. Most services were provided from the modern health care building, which had extensive facilities, but the waiting rooms and prisoner toilets lacked any health promotion material and most had a large amount of graffiti. Consulting room doors were routinely left open during consultations, which compromised patient confidentiality. Most wing-based and reception clinical rooms were in a poor state of decoration and did not meet the required infection control standards. The reception nurse’s and doctors’ rooms were dirty.
- 2.66** Health services staff had access to appropriate, well-checked emergency equipment throughout the prison but discipline staff had no access to defibrillators, and too few were trained in first aid, which could have delayed an appropriate emergency response. Ambulances were called promptly in emergencies.
- 2.67** The nursing lead for older prisoners had not run clinics for several months and relevant community screening programmes, such as bowel screening, were not available (see main recommendation S55). Access to mobility and health aids was satisfactory but joint working with the prison for prisoners with disabilities was underdeveloped (see section on equality

and diversity) and some prisoners did not have all their needs assessed or met because social care assessments had not yet started (see section on safeguarding).

- 2.68** A lead nurse for lifelong conditions had been in post for a year but staffing shortages and sickness had severely restricted the clinics, and a large number of prisoners required assessment and review (see main recommendation S55).
- 2.69** The clinical records we examined were generally reasonable and included some care planning, but not all interventions and discussions were recorded and care plans often lacked individual targets, review dates and clear prisoner involvement.
- 2.70** Prisoners could complain about health services using the prison complaints system but this was not sufficiently confidential or advertised, although a new system was being introduced. Most complaints related to waiting times and medication. Overall, the health complaint responses we sampled were timely and of a reasonable standard.
- 2.71** Health promotion activity was underdeveloped. Access to specialist sexual health and hepatitis C clinics and hepatitis B immunisations was good, but for immunisation programmes and chlamydia screening was poor. Prisoners waited up to six months for smoking cessation services. Barrier protection was available from health services staff but was not advertised, so prisoners were not aware of this.

Recommendations

- 2.72 All health services staff should have access to mandatory training, relevant continuing professional development, and regular managerial and clinical supervision, underpinned by a current performance appraisal.**
- 2.73 All clinical areas should provide a decent clean environment and be fully compliant with current infection control standards.**
- 2.74 Prisoners requiring emergency first aid should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators.**
- 2.75 A designated senior health lead should develop health services for older prisoners and those with disabilities, including prompt assessment and appropriate review.**
- 2.76 Care plans should record all interventions and discussions, and contain individual targets and clear prisoner involvement.**
- 2.77 There should be systematic health promotion throughout the prison, including community-equivalent access to all relevant immunisation, vaccination, screening and prevention programmes, barrier protection and smoking cessation support.**

Housekeeping points

- 2.78** Health services staff should be familiar with, and use, all relevant policies, including communicable disease and safeguarding.

- 2.79 Prisoners should have easy access to information about the health services available on arrival at the prison and throughout their stay.
- 2.80 Health care consultations should be held in private, with adequate confidentiality.
- 2.81 Prisoners should be able to complain about health services through a confidential system, and all responses to complaints should fully address all the issues raised.

Delivery of care (physical health)

- 2.82 Nurses saw all new prisoners for an initial assessment in reception, and appropriate follow-up referrals and community liaison were completed. Secondary health screens did not consistently occur, which meant that opportunities to identify and address wider health needs were missed.
- 2.83 Prisoners requested services by application but did not receive a response, and we were not assured that applications were consistently collected and processed promptly. Waiting times for the GP, optician and podiatrist were excessive. There were no nurse assessment clinics to manage minor injuries and illness, which increased demand for GP appointments, although nurse practitioners were being recruited. GP appointment requests were prioritised by a senior nurse. On one day during the inspection, 202 prisoners were waiting to see the GP, 21 of whom had waited more than four weeks, which was unacceptable (see main recommendation S55). Non-attendance rates of over 30% for all clinics exacerbated this problem and prisoners who did not attend were not systematically followed up.
- 2.84 The nursing team for the 28-bedded inpatient unit was not consistently able to meet the needs of patients with severe physical or mental ill health because of staff shortages, an inadequate skill mix and insufficient therapeutic activities. The Care Quality Commission inspector made a safeguarding referral about one bed-bound patient who had been on the unit for seven months with no means to call for help in an emergency and who was socially isolated. Patients at risk of falls did not have adequate risk assessments of this. Staff on this unit had not all had sufficient manual handling training (see recommendation 2.72) and had no access to properly maintained lifting equipment if supported movement was required.
- 2.85 The mental health teams did not provide regular input into the inpatient unit, there were no dedicated psychiatrist clinics (see recommendation 2.115) and there was only one GP clinic weekly. Joint discharge planning with other departments and follow-up in the prison post-discharge was underdeveloped.
- 2.86 Demand for the four available external hospital appointments daily was very high and many prisoners experienced delays, which were compounded by appointments regularly being rescheduled because of emergency appointments and insufficient escort staff.

Recommendations

- 2.87 **All new prisoners should receive a comprehensive health needs assessment within 72 hours of arrival.** (Repeated recommendation 2.85)
- 2.88 **Applications for health services should be collected and processed daily, and prisoners should receive a response.**
- 2.89 **The non-attendance rates for all clinics should be no higher than those in the community.**

- 2.90** Patients should be admitted to the inpatient unit for clinical reasons and receive a consistent therapeutic regime, regular multidisciplinary reviews and meaningful care plans which include discharge planning.
- 2.91** Prisoners should have timely access to external hospital appointments.

Pharmacy

- 2.92** Pharmacist oversight had improved and a team of pharmacists and support staff completed on-site governance checks and audits, and confirmed community prescribing for newly arrived prisoners. Prisoners had no access to pharmacy-led clinics, including medicines use reviews.
- 2.93** Medicines management was poor, despite regular recorded checks and audits. We found several loose tablet strips and waste medications among current medication, and stock medication was not adequately separated from named-patient medication, which could contribute to medication administration errors. Several treatment rooms contained out-of-date reference books. Appropriate protocols had been introduced but were not understood or followed by all staff. A prison-specific formulary (a list of medications used to inform prescribing) was used. Errors, near misses and drug alerts were managed effectively.
- 2.94** Too little medication was given in-possession, and in-possession risk assessments were not consistently completed or reviewed, although a successful pilot on one wing to increase in-possession medication was being rolled out. Prisoners did not always have a lockable cabinet in their cell, which meant that medication could be stolen, and there were no documented targeted checks made on prisoners prescribed in-possession medicines to deter diversion.
- 2.95** Nurses administered medication three times daily from wing-based treatment rooms, but night-time medication was administered too early. We observed nurses signing that they had administered medication immediately before they gave the medication to the prisoner and inconsistent checking of prisoners' IDs which was poor practice. We also observed two near misses where prisoners were given the wrong medication. Daily takeaway doses of medications were not dispensed in appropriate labelled containers. Medication administration often went on for excessive periods owing to the high numbers on supervised medication, delays in prisoners being unlocked, missing prescription charts and staff shortages. Many of the medicine administration records we examined had gaps and it was unclear if the patient had received the prescribed medicine. Non-attendance was not managed systematically. Most medicines queues were poorly supervised by officers, which compromised confidentiality and increased the risk of diversion (see also section on security and recommendation 1.50).
- 2.96** The range of medication that nurses could administer without a prescription was too limited, which increased the demand for GP appointments and prescriptions. A medicines management committee met bimonthly and ratified policies and monitored prescribing trends, including tradable medicines.
- 2.97** Systems to review prescribing and ensure that it was clinically appropriate were underdeveloped, and the prescribing of tradable medicines appeared high. Tramadol (a common pain killing medication) and buprenorphine (an opiate substitution medication) were not prescribed at all, which may have disrupted care for some patients.

Recommendations

- 2.98** Prisoners should receive medication promptly, and medicines should be prescribed, stored and administered in line with current professional standards and maximum clinical effectiveness.
- 2.99** Prisoners should have access to a range of pharmacy-led clinics, including medicine use reviews.
- 2.100** Prisoners should be supported to maintain adequate self-care by having medication in-possession, with secure in-cell storage to keep it safe, following a regularly reviewed and documented risk assessment which considers the individual prisoner and the drug-specific risks.
- 2.101** Nurses should be trained to administer an adequate range of medicines without a prescription when clinically appropriate, and these should be underpinned by current out-of-hours and special sick policies.

Housekeeping points

- 2.102** Up-to-date reference sources should be available in all treatment rooms.
- 2.103** Health services staff should make full and complete records of medication administration, including non-attendance and refusal, and issues relating to drug compliance should be identified, followed up and recorded promptly where appropriate.

Dentistry

- 2.104** Seven dental sessions weekly provided the full range of NHS treatments. The demand for appointments from prisoners who reported pain was high. Appointments were allocated appropriately according to clinical need. Waiting times for those with pain appeared good, at two to four weeks, and treatment started on the first appointment. Those with urgent need were seen quickly. The consultations and clinical records we observed were good. No written oral health information was given to prisoners.
- 2.105** The dental facility met best practice standards but was in a poor state of decoration. All equipment was maintained appropriately and dental waste received professional disposal.

Housekeeping point

- 2.106** The dental surgery should be repainted.

Delivery of care (mental health)

- 2.107** In our survey, more prisoners than at comparator establishments reported emotional well-being or mental health problems, both on arrival at the prison (27% versus 22%) and at the time of the inspection (43% versus 38%).
- 2.108** Working relationships between prison and mental health staff were effective. Over half (55%) of the discipline staff had received mental health awareness training in the previous

three years, which helped them to identify and support prisoners with mental health problems.

- 2.109** Prisoners were referred through the open referral system and were discussed and allocated at a weekly meeting, but written referrals were not systematically reviewed when received, to assess if the prisoner had urgent needs.
- 2.110** Primary mental health provision had been enhanced substantially since January 2015, from one mental health nurse to 10. The team managed around 50 prisoners, providing crisis intervention and nurse assessment for new arrivals with identified mental health needs, and attending all ACCT reviews daily, including at weekends. Prison staff could refer directly to the crisis team for urgent assessment. Specialist dual diagnosis services (for those with co-existing mental health and substance misuse problems) were provided (see section on substance misuse).
- 2.111** A psychological interventions team had offered an impressive range of psychological interventions and counselling but had stopped taking new referrals in April 2015 as a new provider, with a different service delivery plan, was taking over from 1 June 2015. There was therefore a waiting list for this input.
- 2.112** The serious mental illness team supported around 45–55 prisoners with severe and enduring mental illness. The demand for the four psychiatrist clinics a week was high and some patients had long waits to be seen.
- 2.113** Overall, the range of mental health provision was good but the primary, secondary and psychological services teams were not sufficiently integrated, and joint working with the inpatient unit was inadequate (see above). Mental health clinical records were generally reasonably good but discussions from the enhanced care review meeting and the allocation meeting were not recorded on patients' notes.
- 2.114** Some prisoners experienced delays in being assessed for a transfer under the Mental Health Act but, once assessed, most transfers took place within four weeks.

Recommendations

- 2.115 All prisoners, regardless of location, should have timely access to assessment and a full range of well-integrated mental health provision, including counselling, clinical psychology, group therapies and psychiatrist support.**
- 2.116 Patients requiring a transfer under the Mental Health Act should be assessed promptly and be transferred within the Department of Health transfer time guidelines.**

Housekeeping point

- 2.117** Mental health clinical records should include a summary of all patient-specific discussions, including allocation and enhanced care review meetings.

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.

2.118 *The food provided was generally of reasonable quality and quantity but breakfast packs were far too small. Lunch was served too early and the service required better supervision.*

2.119 A fifth of prisoners in our survey said that the food provided was good or very good, which, although low, was similar to the comparator and an improvement on our finding at the time of the previous inspection, when only 7% of prisoners responded positively to this question. Since the previous inspection, a greater proportion of food, including pies and bread, was cooked fresh on-site rather than bought in pre-prepared. The food we sampled was of reasonable quality and portion sizes were generally adequate.

2.120 There was a four-week menu cycle, catering for all diets. The menu contained symbols that were easy to understand for those with reading difficulties. We saw lunch being served at 11.30am, which was far too early. The service of food was not always well supervised and breakfast packs were distributed on the evening before they were to be eaten, and were far too small.

2.121 The kitchen was large, clean and modern. Some wing serveries were not properly cleaned after service, however, with waste food left overnight. Prisoners working in the kitchen could no longer complete national vocational qualifications.

2.122 There was good consultation with prisoners about the food provided, including a six-monthly survey and attendance by catering staff at prisoner consultation meetings and the equality action team meeting. There had been a recent ad hoc consultation exercise, in which catering staff had met groups of Muslim prisoners and those from a black and minority ethnic background on each wing.

Recommendations

2.123 **Lunch should not be served before noon.** (Repeated recommendation 2.117)

2.124 **Breakfast packs should be more substantial and served on the day they are to be eaten.**

Purchases

Expected outcomes:

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

2.125 *Prisoners were provided with reasonable reception packs on arrival and could place special orders on arrival. The range of items on the prison shop list was adequate and consultation with prisoners about the shop took place at prisoner consultation meetings.*

2.126 Prisoners were offered a range of reception packs (grocery packs containing such items as tea, milk, sugar and sweets) on arrival. Shop orders were submitted on Mondays and new arrivals could place special orders if they arrived later in the week, which helped to reduce the likelihood of debt. .

2.127 The range of items on the prison shop list was adequate, and consultation took place with prisoners during the main prisoner consultation meetings.

2.128 Prisoners were able to order larger goods from catalogues, for which they were not charged a fee.

Good practice

2.129 *New prisoners who missed the canteen day had the opportunity to purchase goods on arrival which reduced the risk of debt.*

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.⁷

- 3.1** *The amount of time out of cell was too limited for many. The regime rarely ran to time and was often disrupted. Access to exercise and association periods was poor, especially for some.*
- 3.2** Time unlocked was very poor and unpredictable. Most prisoners were unlocked for only around five hours during the working day and around two hours at the weekend. In our roll checks during the working day, far too many prisoners (almost 44%) were locked up across the prison (see main recommendation S56). The regime for those located on B5 (the vulnerable prisoners overspill), J1 (the basic reintegration landing), A wing (because of the need to run two regimes, due to the co-location of vulnerable prisoners within the main population) and on the health care unit was extremely poor and could result in as little as one hour out of cell per day, with almost no access to any activities and poor access to exercise and association.
- 3.3** The regime was chaotic and often disrupted or delayed, and many staff and prisoners were unclear about the correct timings (see main recommendation S56). The frequent and long medication queues (see section on health services) regularly caused significant disruption throughout the day.
- 3.4** Exercise periods were often cancelled or were too short. There were no association periods during the week, and those at weekends were very short, at around an hour.

Recommendation

- 3.5 Prisoners should have access to regular daily exercise and evening association.**

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.

⁷ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

- 3.6** *There were sufficient activity spaces to provide prisoners with a full- or part-time place in work, education or vocational training. The provision had improved, although some of the improvements had not yet had sufficient impact and the management of learning and skills and work required improvement. The quality of provision was good, as was education and vocational achievements for those who completed their courses. Too many learners did not complete their course. Delays in the regime and interruptions during the day resulted in many failing to attend classes regularly. The prison focused well on addressing prisoners' English and mathematics basic needs. The library provision was poor.*
- 3.7** *Ofsted⁸ 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** A comprehensive set of actions had been developed to address the areas for improvement in learning and skills provision identified in the previous inspection report. Prison managers worked closely and effectively with the education and vocational training provider, setting and meeting suitable targets for improvement. Although the monitoring of progress was regular and frequent, the full impact of some improvement actions was yet to be realised. The prison quality improvement group was actively involved in evaluating and improving performance.
- 3.9** The education and vocational training provision provided by The Manchester College was good. Robust performance management, combined with good staff development, had led to significant improvements in the quality of teaching. Effective actions had successfully reduced high levels of staff absence.
- 3.10** Too many prisoners attended other appointments in the prison when timetabled to be undertaking learning, skills and work activities. This disrupted learning and often resulted in low attendance on courses as prison staff were often not available to escort them back to their scheduled activities. Too many prisoners did not complete their courses because of prison operational issues, such as transfer to another prison or release.
- 3.11** The number attending education classes was too low. During the inspection, only five learners, on average, attended each class, compared with a capacity of between eight and 10. Prison data suggested that only around 63% of capacity was filled, which was poor. For those enrolled, the attendance rate was 77%, which was better than at the time of the previous inspection but still required improvement.

⁸ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.12** The prison self-assessment report was evaluative and provided a good overview of the activities. The Manchester College self-assessment report was detailed, thorough and mainly accurate. Associated action plans were appropriate.

Recommendations

- 3.13** **Strategies should be implemented to minimise interruptions to prisoners' scheduled learning and skills and work sessions.**
- 3.14** **The prison should ensure that prisoners who start courses are likely to stay long enough to complete them. Shorter-duration courses should be offered to possible short-stay prisoners.**

Provision of activities

- 3.15** There were sufficient activity spaces to provide prisoners with a full- or part-time place in work, education or vocational training, although not all places were fully utilised.
- 3.16** A strategy to improve prisoners' English and mathematics when these had been assessed as below level 1 had been successfully implemented. Prison pay scales provided good incentives for prisoners to address their needs as well as encouraging participation in work, vocational training or education activities.
- 3.17** The range and quantity of classroom-based education provision were good. English and mathematics were appropriately prioritised, offering classes at levels from entry 1 to level 2, and a small number of entry-level places in English for speakers of other languages (ESOL). Information communications technology learning was offered at a wide range of levels up to level 2, whereas most other courses were at level 1, including an innovative photography course as well as courses in art, radio production, employability and business administration. For longer-stay prisoners, courses lacked progression opportunities to higher-level qualifications.
- 3.18** There were too few vocational training places. Good level 1 vocational training was available in printing, bricklaying, plastering, painting and decorating, bench joinery and plumbing. Good training in hospitality and catering was available at level 2 in the staff mess. Adequate level 2 qualifications were also available in cleaning. Training in sign printing and bicycle assembly and repair were also available but did not lead to qualifications. Suitable work was offered in textiles, food packing, assembly, waste management, leather products and cleaning.
- 3.19** Prisoners who worked in the textiles, food-packing, sign-printing and leather workshops were trained and competent, and could gain manufacturing qualifications at level 2. Those who worked in stores areas had the opportunity to be assessed for a level 2 qualification in warehousing and logistics, but only a few prisoners gained qualifications in these areas. Some workshops provided mundane and uninspiring work.
- 3.20** The prison was suitably extending the range of activities offered to vulnerable prisoners. A new activities centre was being brought into use, although at the time of the inspection opportunities there were limited. It offered a daily class integrating English and mathematics, work in a packing workshop, and a workshop in which prisoners refurbished bicycles for an international charity. The development of the centre was at an early stage however, and vocational qualifications were not yet offered.

Recommendations

- 3.21** The prison should provide higher-level courses to allow long-stay prisoners progression opportunities.
- 3.22** The range and number of vocational training places that lead to qualifications should be increased.

Quality of provision

- 3.23** The quality of teaching, learning and assessment in vocational training and in education classes was good overall. In the education classes, most teachers were skilled at ensuring that learning took place in a welcoming and unthreatening environment which enabled learners to contribute to class discussion and activities with confidence. Small group sizes enabled them to receive good levels of individual help from their teacher, sometimes with useful extra support from classroom assistants and prison mentors.
- 3.24** In English classes, activities did not always cater sufficiently for learners' varied skill levels, resulting in more able learners completing tasks early and becoming bored. In general, these classes required improvement.
- 3.25** In many sessions, practical activity supplemented theoretical learning well. Learners benefited from teachers' expertise in their subjects, but too often teachers did not use questions effectively enough to check learners' understanding of key aspects of what they were studying.
- 3.26** ESOL provision had improved. Classes had a suitable focus on developing learners' communication skills, and this was reflected effectively in the accreditation offered.
- 3.27** The initial assessment process was well managed and broadly accurate in identifying prisoners' levels in English and mathematics. However, the use of diagnostic tests to set challenging targets and stretching goals was not consistently effective. Although the quality of individual learning plans had improved, they did not always adequately record prisoners' personal development needs and goals.
- 3.28** In vocational training, prisoners were fully engaged, motivated to achieve and demonstrated newly acquired skills to a good level. Portfolios contained clear records of assessment. The standard of prisoners' work was good overall, particularly in hospitality and catering.
- 3.29** Education and training resources had improved. Training rooms included interactive whiteboards. Training kitchens and the construction workshops were well equipped. Accommodation and resources for vulnerable prisoners had improved, and there was a suitably located activity centre that provided good access from their wing, but the centre was not yet fully equipped and operational.

Recommendation

- 3.30** The Manchester College should continue to improve the teaching of English functional skills so that it is consistently good.

Housekeeping point

- 3.31** The education provider should ensure that individual learning plans fully record prisoners' development needs and goals.

Education and vocational achievements

- 3.32** Too few prisoners completed their courses (see section on management of learning and skills and work and recommendation 3.14). For those prisoners who completed a course, success rates were high and achievement rates were good in all the courses that led to accreditation. A high proportion of prisoners who completed a classroom-based course subsequently gained their target qualification. In 2013/14, the last year for which data were complete, learners' achievements on English and mathematics courses had improved and were good. Many learners progressed to further study at a higher level.
- 3.33** The behaviour of prisoners on courses and in work areas was generally good.
- 3.34** Success rates on vocational training courses were good; they were very high in basic construction skills at level 1 (92%), and had improved and were now high on employability courses and in hospitality and catering. Too few courses leading to accreditation were offered at work. Occupational and employability skills acquired by prisoners in workshops were not sufficiently assessed and accredited. Attendance and punctuality in workshops were poor (see recommendation 3.13).

Recommendation

- 3.35** **The occupational and employability skills that prisoners acquire in workshops should be recognised and accredited.**

Library

- 3.36** The library, provided by Liverpool City Council, was run by a full-time librarian and library assistant, with support from two prison orderlies. The quantity of books stocked was adequate but the proportion unaccounted for or damaged was high. In our survey, only a quarter of prisoners said that the range of materials was wide enough to meet their needs, fewer than at similar prisons and than at the time of the previous inspection. Books in 22 different languages catered specifically for foreign national prisoners. An appropriate range of legal books and Prison Service Instructions was available.
- 3.37** The library environment was poor. Its location in the centre of a busy learning resource area resulted in prisoners having to use passages between book stacks to reach education classes.
- 3.38** Access to the library was inadequate. Prisoners following education courses visited for 15 minutes weekly or fortnightly. Few scheduled visits for prisoners from the wings had taken place in recent months. Library staff had extended a trolley service to some wings, including those holding vulnerable prisoners, but its scope was limited. In our survey, only 19% of prisoners said that they visited the library at least once a week, which was well below the comparator. The library service was insufficiently promoted and it was underused.
- 3.39** The library did not provide enough support for activities to promote literacy or reading, despite the prison's emphasis on raising prisoners' literacy levels. The range of material for readers with low literacy skills was narrow.

Recommendations

3.40 Prisoners should have weekly access to the library. (Repeated recommendation 3.40)

3.41 The library should better promote the development of literacy skills by introducing more activities. (Repeated recommendation 3.41)

Housekeeping point

3.42 The supply of materials for adults with low literacy skills should be improved.

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.

3.43 *The quality of PE provision was poor. The outside facility was used infrequently and in need of repair and maintenance. Indoor facilities were overcrowded at times, and there was too much emphasis on weight training and not enough team sport activities. PE staff were deployed elsewhere in the prison, resulting in many PE sessions being cancelled. No PE vocational courses were offered. Good links were being formed with the health care department, with a new gym opened in the prison hospital.*

3.44 PE facilities included a weights room, sports hall and all-weather outside pitches. An adequate range of equipment was available for individual and group activities. There was an annual programme of planned maintenance of gym equipment, as recommended following the previous inspection, but the sports hall and all-weather pitches required maintenance and repairs, and the latter were used infrequently.

3.45 Showers in the weights room had been improved but still lacked privacy screens. There were too few showers in the sports hall for the number of prisoners accessing the facility. More equipment had been introduced in the weights room and the sports hall but both facilities were overcrowded at times.

3.46 The prison had restructured the timing of PE activities and improved access. All prisoners could, in theory, attend three times a week, although in practice too many recreational PE sessions were cancelled owing to redeployment of PE staff and insufficient cover arrangements.

3.47 An appropriate range of sport and health-related fitness activities was offered, including in the evening and at the weekend for those in work or education classes, with discrete sessions for older and vulnerable prisoners. There was, however, too much focus on weight training and there were insufficient team activities in the sports hall. The sports hall had been divided into two areas, one for cardiovascular fitness and weight training and the other for team activities. For safety reasons, however, the team activities area was often not used while the other area was in use, in case a ball went over the dividing partition.

3.48 The promotion of healthy living was satisfactory. The PE department offered 'First Step' courses to improve prisoners' understanding of healthy lifestyles and promoted weight management through diet and exercise. Partnership working with the health care department was good. Instructors motivated prisoners with disabilities and health conditions

to complete prescribed courses of activity. A new gym had been established in the prison hospital and this was starting to be well used and valued by prisoners.

- 3.49** The prison did not routinely monitor the proportion of the population who participated in recreational gym sessions to ensure equality of access and to promote health and fitness to non-users.
- 3.50** No PE vocational qualifications to support employment were offered.

Recommendations

- 3.51** The all-weather pitches should be refurbished and repaired to allow more access to outside team sports.
- 3.52** There should be sufficient showers for those using the gym.
- 3.53** Prisoners should have regular and predictable access to recreational PE.
- 3.54** Vocationally relevant PE programmes should be provided. (Repeated recommendation 3.48)

Housekeeping points

- 3.55** Suitable screening should be provided between the two sports hall areas to allow both to be used at the same time.
- 3.56** PE staff should monitor who uses the PE facilities each week, to identify attendance frequency and to be able to encourage participation by non-attenders.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

4.1 *The strategic management of reducing reoffending and resettlement had deteriorated. The focus on the new role as a resettlement prison was not yet well enough developed but there were good links with community-based agencies.*

4.2 As well as being a local prison, the establishment had been designated as a resettlement prison, with the aim of supporting prisoners during their last few months of custody and through to their release into the community. At the time of the inspection, the new community rehabilitation company (CRC) had just taken up responsibility for helping prisoners to prepare for their release.

4.3 We found that a prison-wide approach to resettlement continued to be underdeveloped. For example, few wing staff we spoke to fully understood the new resettlement prison role and many staff and prisoners were confused about CRC provision. The reducing reoffending strategy had not yet been updated to reflect the new role and the work of the CRC. Coordination between the offender management unit (OMU) and the CRC was not yet well enough developed, the full CRC provision had yet to be achieved and the range of resettlement help was not well advertised on the wings, despite some good work by Shelter peer advisers.

4.4 The strategic management of resettlement had deteriorated. There was no reducing reoffending and resettlement action plan against which to monitor progress and there were no longer any formal meetings to provide formal oversight. The head of reducing reoffending kept in touch with service providers individually but this did not replace the value of multidisciplinary strategic meetings to drive forward agreed priorities and set new plans. The current resettlement needs analysis remained limited in scope as it did not include local offender assessment system (OASys) profile data, despite the introduction of the new resettlement population.

4.5 There were good links with community agencies aimed at supporting resettlement. Sefton Council for Voluntary Service provided a valuable range of help and the Merseyside Offender Mentoring Project was an impressive project which had provided 'through-the-gate' support to a large number of prisoners over the previous year (see section on reintegration planning).

Recommendations

4.6 **A whole-prison approach to resettlement should be set out in an up-to-date strategy and action plan which sets out effective links between community rehabilitation companies, the offender management unit and other functions. All**

staff should understand their role and contribute effectively to the new resettlement function.

- 4.7 Formal multidisciplinary meetings should provide regular oversight of progress against an up-to-date reducing reoffending and resettlement strategy and action plan.**

Housekeeping point

- 4.8** The resettlement needs analysis should be informed by local offender assessment system (OASys) data.

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** *Cross-deployment of offender supervisors made it difficult to deliver a fully effective offender management model. Half of the eligible prisoners did not have an offender supervisor and much of the work involved responding to crisis rather than delivering meaningful support with regular contact. The quality of offender assessment system (OASys) assessments was mostly good but sentence planning was weak. Home detention curfew processes were sound but timeliness was not monitored. Public protection arrangements were weakened by poor initial identification. Too many categorisation reviews were late and many prisoners were not transferred quickly enough.*

- 4.10** The offender management model was weak and underdeveloped. At the time of the inspection, the prison held 694 prisoners who were eligible for an offender supervisor as they were serving over 12 months in custody. Owing to staff shortages and cross-deployment of operational staff in the OMU, however, only half of the cases had been allocated, leaving the other half without an offender supervisor. The team of probation staff worked hard to cover for the work of uniformed offender supervisors during periods of cross-deployment, and the recent backlog of OASys assessments had been reduced considerably.
- 4.11** Staffing issues also meant that contact with prisoners, including high risk of harm cases, was limited, and in some cases contact ended after completion of the sentence plan. The OMU was responding to crises and other immediate events rather than delivering a meaningful level of contact with prisoners. Many prisoners we spoke to said that they had applied to see their offender supervisor but had not received a reply, which they found frustrating. Recording of contact in electronic case notes was poor. In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that they had an offender supervisor (25% versus 30% and 31%, respectively), fewer had a sentence plan (23% versus 35% and 30%, respectively) and far more than at the time of the previous inspection said that no one was helping them to progress (see main recommendation S57).

- 4.12** The quality of the completed OASys assessments we looked at was mostly good, and in all cases there had been an accurate and timely assessment of offending-related factors. Offender managers in the community had access to a range of information on which to base their assessments, but offender supervisors did not have the same access to information, and made assessments based on little information (sometimes without an up-to-date list of previous convictions or court reports).
- 4.13** Risk of harm screenings were accurate in all of the National Probation Service cases but not in those completed by OMU staff, in which the classification of risk of harm was not always correct because of an escalation of behaviour or underestimation of risks to children. Risk management plans were good and outlined the actions that needed to be taken during both custodial and community parts of the sentence. Sentence plans were not specific or outcome focused and seemed to be produced as a task to be done, rather than developing a progression pathway for the sentence. Plans were not reviewed and did not always influence the work delivered or decisions about transfer.
- 4.14** Home detention curfew assessments were started well ahead of the eligibility date and processes were sound, including appropriate approval. There were some delays in receiving reports from external offender managers, however, which meant that some prisoners were not released at the earliest opportunity. The timeliness of release and completion of the assessment process was not monitored, so it was impossible to tell if there were other issues delaying prisoners' release.

Recommendations

- 4.15 Risk assessments should include all relevant behaviour, including domestic violence and risks to children, and should be reviewed to reflect changes.**
- 4.16 Sentence plans should be more specific, reviewed regularly and direct the custodial phase.**
- 4.17 The timeliness of home detention curfew assessments should be monitored to identify obstacles to completion and take effective action to ensure that prisoners are released at the earliest opportunity.**

Public protection

- 4.18** The large proportion of sex offenders held at the establishment presented significant demands on public protection arrangements. This had resulted in delays in the identification of newly arrived prisoners who potentially required contact restrictions. In a couple of cases, we saw a delay of over a month in the identification of previous and current offences, which potentially left victims at risk of unwanted contact from these prisoners.
- 4.19** Applications for contact with children by those subject to public protection restrictions were managed appropriately and discussed at the interdepartmental risk management team (IRMT) meeting but delays in assessments by children's services resulted in some prisoners waiting several months without contact.
- 4.20** Too many multi-agency public protection arrangements (MAPPA) identification flags on electronic case notes were out of date and not reviewed regularly enough. The MAPPA management level was not always reviewed far enough ahead of release, which potentially limited multi-agency planning. There were 29 MAPPA-eligible prisoners due for release in the two months after the inspection and we were not assured that all the management levels had

been reviewed. When the management level was clear and set at level 2 or 3, we found good information exchange and close attention to the management of the case. The IRMT did not, however, provide oversight of these specific cases or monitor the setting of management levels six months before release.

Recommendations

- 4.21 Appropriate public protection restrictions should be imposed on all relevant prisoners as soon as possible after arrival. (Repeated recommendation 4.22)**
- 4.22 Up-to-date multi-agency public protection arrangements (MAPPA) management levels should be recorded on electronic case notes. Confirmation of the level should be sought six months before release and the interdepartmental risk management team should provide better oversight of these cases.**

Categorisation

- 4.23** Initial categorisation was up to date and completed appropriately. Reviews were meant to be completed by offender supervisors but, owing to cross-deployment and the lack of allocated cases (see above), too many (84) were late, which hindered progression for some prisoners. Prisoners were not told about the outcome of their review in person or helped to set targets for progression.
- 4.24** There was also a backlog of 187 transfer applications from prisoners, some dating back over a month, without a response being sent.
- 4.25** About 30 prisoners a week were transferred to other prisons but few of these were prioritised based on sentence plan targets and their need to progress. Some category B prisoners, particularly sex offenders, remained at the establishment too long because of the lack of spaces nationally.

Recommendations

- 4.26 Categorisation reviews should be completed on time and prisoners should be told in person about the outcome, so they can set targets for progression at their next review.**
- 4.27 More attention should be given to promoting progressive transfers based on sentence plan targets, and category B sex offenders should not be held at the establishment for too long.**

Indeterminate sentence prisoners

- 4.28** At the time of the inspection, the prison was holding 25 life-sentenced prisoners and 35 serving an indeterminate sentence for public protection but there was little support available to them. Although they were all allocated to an offender supervisor post-sentence, contact with those potentially facing an indeterminate sentence was not undertaken. This group had no specific family days and no consultation forum, and there was not enough offending behaviour work to enable them to progress. Transfers for these prisoners were appropriately prioritised but a few spent too long at the establishment.

- 4.29** One life-sentenced prisoner was very positive about fortnightly sessions with his offender supervisor, in which he was doing work on consequential thinking; this was the exception, however, and too many did not have regular contact.

Recommendation

- 4.30** **More support for indeterminate-sentenced prisoners (ISPs) should be provided, including a system to identify and support potential ISPs throughout their remand and trial period.**

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.

4.31 *Demand for resettlement help was high. The new community rehabilitation company resettlement arrangements were being introduced, with an immediate needs assessment and development of the resettlement plan taking place on arrival, but the pre-release assessment and plan was not yet in place. Prisoner peer workers provided a wide range of information and the Merseyside Offender Mentoring Project supported prisoners on release. Resettlement pathway services were mostly reasonable. Shelter provided a wide range of help with accommodation and debts. Provision for children and families was good, with individual support offered to prisoners with family problems. There were too few places on accredited offending behaviour programmes but the Life Change programme was a promising alternative for some.*

- 4.32** Demand for resettlement services was high, with over 200 prisoners being released each month. The new CRC arrangements for delivering key aspects of resettlement work had begun but were not yet fully embedded in practice. Offender supervisors completed stage 1 of the basic custody screening to identify immediate needs and Shelter staff delivered the CRC-contracted elements, including the development of the resettlement plan and referrals to other agencies. At the time of the inspection, it was too early to see delivery of the pre-release review but we were told that it was due to start and would provide an up-to-date resettlement plan.
- 4.33** There was an impressive range of prisoner peer workers, who were active and highly visible on the wings, including the induction wing, to identify immediate needs and signpost prisoners to help.
- 4.34** The Merseyside Offender Mentoring Project (see section on strategic management of resettlement) had been in place for the previous four years and was due to expand later in 2015. It provided good support, with workers speaking to all those being released. Support was individualised and based on need, ranging from help in finding work to promoting better coping skills in the community. Prisoner peer workers provided good support on the wings and linked prisoners into the project.

Accommodation

- 4.35** In our survey, almost a quarter of prisoners said that they had had a housing problem on arrival at the prison. The proportion of prisoners released homeless was not monitored reliably but there was evidence of Shelter helping a large number of prisoners over the previous six months. Trained advisers provided an excellent service, with a wide range of support, including closing down or maintaining tenancies.

Housekeeping point

- 4.36** The number of prisoners being released homeless should be monitored.

Education, training and employment

- 4.37** Good partnerships had been formed with external organisations for employment and training opportunities on release. The partnerships provided prisoners with safety qualifications, essential to working on construction sites; job interviews; work experience and employment opportunities.
- 4.38** The quality of the National Careers Service (NCS), provided by The Manchester Growth Company through their agent, Career Connect, required improvement. NCS advisers provided good support for prisoners with preparing CVs, career planning, job search training and interview preparation before and after release. However, suitable arrangements to track prisoners moving into sustainable education, training or employment were underdeveloped.
- 4.39** The virtual campus (internet access for prisoners to community education, training and employment opportunities) provided internet access to job information, local community training and employment opportunities but it was not used systematically to support prisoners nearing release.

Recommendation

- 4.40** **The National Careers Service should develop a systematic tracking process capable of following up prisoners' sustainable education training or employment outcomes after they leave the prison.**

Housekeeping point

- 4.41** The virtual campus should be better utilised to support prisoners' job search needs in the last three months of their sentence.

Health care

- 4.42** Medication was ordered for prisoners being transferred, released or going to court, but was not always available for prisoners who were added late to the list. All prisoners were given a summary of their clinical record for their GP, but were not offered any health promotion information or assistance in registering with health services in the community. Pre-release planning and community liaison were particularly effective for those with severe mental health problems. A court-based team provided valuable through-the-gate support for

patients with severe mental illness who were sentenced in Liverpool courts, but this input was ending in May 2015.

- 4.43** Prisoners with palliative care needs were identified and discussed at the weekly enhanced care review meeting, but the clinical records we examined showed no evidence of these discussions or of effective care planning.

Recommendation

- 4.44** **Prisoners with palliative care and end-of-life needs should receive appropriate care that is developed in partnership with the patient and their family, relevant prison staff and community services.**

Housekeeping points

- 4.45** Prisoners should be supplied with an appropriate quantity of medication for any court appearances, transfers or release.
- 4.46** Relevant health information, including advice on how to register with community health services, should be given to prisoners before release.

Drugs and alcohol

- 4.47** There was good preparation for release for prisoners with substance use problems, with most being linked with their local drug intervention programme (DIP) team well in advance of release. DIP workers were routinely invited to attend pre-release meetings and local teams had regular access to the prison. Few prisoners were able to benefit from through-the-gate services for drugs and alcohol.

Recommendation

- 4.48** **Through-the-gate support should be provided to those with drug and alcohol problems.**

Finance, benefit and debt

- 4.49** Shelter provided debt advice and there was evidence of positive outcomes in relation to managing and reducing debts. The prison no longer provided a debt management course.
- 4.50** Prisoners could open bank accounts before release and 100 had been opened in the previous year.

Children, families and contact with the outside world

- 4.51** Provision under this pathway was good, with a strategic plan and objectives that reflected current provision and planned improvements. A monthly meeting ensured that the strategy remained up to date. Visiting arrangements were adequate, although prisoners could only have two visits per month; the exceptions were those on the enhanced level of the

incentives and earned privileges scheme, who could have three visits per month, and unconvicted prisoners, who could have three visits per week.

- 4.52** The visitors centre provided a welcoming environment for visitors, and staff offered information and advice. Booking-in procedures were carried out quickly. The lack of functioning lockers meant that visitors did not always have somewhere secure to leave their valuables.
- 4.53** Visitors told us that they were treated well in the centre and during visits. Prison managers met visitors regularly and this had led to improvements in the visiting experience.
- 4.54** Visits started on time and entry procedures were carried out quickly. Staff were polite and friendly with visitors. The visits hall was clean, with soft furnishings. Partners of Prisoners (POPS) provided a well-stocked refreshment facility and their staff and volunteers ran the play area in the afternoons and at weekends. A wide range of family visits was provided, including for veterans, children under two, and as part of the parenting courses that were offered. Some excellent individual support was given to prisoners and their families who were facing difficulties, through a multidisciplinary approach, including external agencies.
- 4.55** Closed visits were not sufficiently private, and those subject to these restrictions could only have visits on Mondays and Tuesdays.

Recommendations

- 4.56 All prisoners should be able to receive at least one visit a week for a minimum of one hour.** (Repeated recommendation 4.53)
- 4.57 There should be no upper limit on the number of visits that an unconvicted prisoner can have.** (Repeated recommendation 4.54)
- 4.58 Closed visits should be held in private and on any day of the week when domestic visits take place.**

Attitudes, thinking and behaviour

- 4.59** The thinking skills programme (TSP) and Resolve were the only two accredited offending behaviour programmes provided, and the number of groups each year had been dramatically reduced. Only two TSP groups (20 places in total) and one Resolve group (10 places in total) were planned for the current year, which was insufficient to meet need. Vulnerable prisoners did not have access to any of these places, which was also a significant gap. Waiting lists for these programmes were well managed and places prioritised appropriately.
- 4.60** There were some useful and innovative non-accredited programmes, including the Life Change programme. This aimed to change prisoners' attitudes and thinking, including promoting victim awareness. It had been evaluated and outcomes looked promising.

Recommendation

- 4.61 The number of places on accredited offending behaviour programmes should meet the needs of the population, including vulnerable prisoners.**

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 All use of force should be fully recorded. Managerial oversight should ensure that all uses of force are analysed, patterns and trends are identified and acted on, and that force is always justified and proportionate. (S53)
- 5.2 The prison environment should be improved to provide all prisoners with clean and decent living conditions. (S54, repeated recommendation S53)
- 5.3 Prisoners should have consistent access to the full range of primary care services, including GP appointments, chronic diseases management clinics and screening programmes within community-equivalent waiting times. (S55)
- 5.4 The daily regime should be published and adhered to. (S56)
- 5.5 All eligible prisoners should have an offender supervisor who provides them with regular, focused contact to manage risk, encourage and monitor the achievement of sentence plan targets and secure progressive transfers. (S57)

Recommendation

To NOMS

Equality and diversity

- 5.6 Periodic monitoring of all foreign national prisoners should be carried out, to help ensure the equality of outcomes for prisoners in this group. (2.22)

Recommendations

To the governor

Courts, escort and transfers

- 5.7 Unless there are overriding security reasons, prisoners should be given 24 hours' notice of planned transfers. (1.5)

Early days in custody

- 5.8 Prisoners should not be held in reception for long periods. (1.15)
- 5.9 All showers in reception should be private and vulnerable prisoners should be able to access them. (1.16)

- 5.10** Information should be available in a range of languages and a professional telephone interpreting service should be used when necessary. (I.17)
- 5.11** Vulnerable prisoners should be adequately separated from other prisoners on the first night wing. (I.18)
- 5.12** All prisoners should complete the induction programme, attendance should be tracked and the course content should be up to date and comprehensive. (I.19)

Bullying and violence reduction

- 5.13** Victims of bullying should be offered support in order to remain on normal location wherever possible. (I.27)

Self-harm and suicide

- 5.14** More effective assessment, care in custody and teamwork (ACCT) procedures should be developed to include consistent and trained case managers and clear care plans that identify what individual support key workers should provide. (I.34, repeated recommendation I.44)

Safeguarding

- 5.15** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.38, repeated recommendation I.51)

Security

- 5.16** The supervision of administration of controlled and general medication by discipline officers should be consistent and involve greater vigilance to reduce diversion. (I.50, repeated recommendation I.67)
- 5.17** The drug and alcohol strategy and action plan should be updated to reflect and manage robustly the major challenges of drug (both illegal and legal) and alcohol availability. (I.51)

Incentives and earned privileges

- 5.18** Prisoners on the basic level of the incentives and earned privileges scheme, including those located on the J1 landing, should receive individualised support with a clear focus on changing their behaviour and promoting reintegration. (I.55)

Discipline

- 5.19** The segregation unit should be well maintained, with appropriately furnished and ventilated cells, and the exercise yard should provide a suitable environment. (I.66)
- 5.20** The regime on the segregation unit should be more purposeful and include access to off-unit activities. Reintegration and care planning should clearly focus on the need to return prisoners to normal location as soon as possible. (I.67)

Substance misuse

- 5.21** Prisoners arriving with withdrawal from alcohol or stimulants should be monitored overnight and more frequently during the day during their first five days at the prison. (1.78)
- 5.22** All prisoners should receive a five day review to ensure early issues are identified and managed. All reviews should be multi-professional with shared working between clinical and psychosocial teams. (1.79)
- 5.23** Vulnerable prisoners should be able to access a range of group interventions. (1.80)
- 5.24** Prisoners arriving on a confirmed prescription should be able to receive buprenorphine if, on arrival and subsequent assessment, including pre release, it would better support their needs. (1.81)

Residential units

- 5.25** Single cells should not be used to accommodate two prisoners. (2.7)
- 5.26** All prisoners should be able to shower daily and the showers on the J1 landing should be refurbished. (2.8)
- 5.27** Cell call bells should be responded to immediately, the timeliness of responses should be monitored closely and action should be taken to address delays. (2.9)
- 5.28** The applications process should be managed more efficiently, with timely and good quality replies. (2.10)

Staff-prisoner relationships

- 5.29** Wing staff and personal officers should be more proactive in providing support to prisoners by dealing with their day-to-day issues as they arise and interactions should be recorded in case notes. (2.15)

Equality and diversity

- 5.30** Forums to support and consult prisoners across the protected characteristics should be held regularly. (2.23)
- 5.31** There should be independent quality assurance of completed discrimination incident report forms. (2.24)
- 5.32** The prison should review staff's equality training needs and provide training that meets those needs. (2.25, repeated recommendation 2.27)
- 5.33** Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages. (2.36, repeated recommendation 2.40)
- 5.34** Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (2.37, repeated recommendation 2.41)

- 5.35** The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date. (2.38, repeated recommendation 2.42)
- 5.36** The prison should ensure that screening effectively identifies prisoner disabilities. (2.39)
- 5.37** Prisoners with disabilities and older prisoners with identified needs should have a personal emergency evacuation plan, a multidisciplinary support plan and, where appropriate, paid carers. (2.40)

Faith and religious activity

- 5.38** Prisoners should have consistent access to corporate worship. (2.46)
- 5.39** Prisoners should be able to attend faith-based classes and groups. (2.47)

Complaints

- 5.40** All complaints should be responded within the designated timeframe, and a quality assurance process implemented to ensure timeliness. (2.52)

Health services

- 5.41** All health services staff should have access to mandatory training, relevant continuing professional development, and regular managerial and clinical supervision, underpinned by a current performance appraisal. (2.72)
- 5.42** All clinical areas should provide a decent clean environment and be fully compliant with current infection control standards. (2.73)
- 5.43** Prisoners requiring emergency first aid should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators. (2.74)
- 5.44** A designated senior health lead should develop health services for older prisoners and those with disabilities, including prompt assessment and appropriate review. (2.75)
- 5.45** Care plans should record all interventions and discussions, and contain individual targets and clear prisoner involvement. (2.76)
- 5.46** There should be systematic health promotion throughout the prison, including community-equivalent access to all relevant immunisation, vaccination, screening and prevention programmes, barrier protection and smoking cessation support. (2.77)
- 5.47** All new prisoners should receive a comprehensive health needs assessment within 72 hours of arrival. (2.87, repeated recommendation 2.85)
- 5.48** Applications for health services should be collected and processed daily, and prisoners should receive a response. (2.88)
- 5.49** The non-attendance rates for all clinics should be no higher than those in the community. (2.89)

- 5.50** Patients should be admitted to the inpatient unit for clinical reasons and receive a consistent therapeutic regime, regular multidisciplinary reviews and meaningful care plans which include discharge planning. (2.90)
- 5.51** Prisoners should have timely access to external hospital appointments. (2.91)
- 5.52** Prisoners should receive medication promptly, and medicines should be prescribed, stored and administered in line with current professional standards and maximum clinical effectiveness. (2.98)
- 5.53** Prisoners should have access to a range of pharmacy-led clinics, including medicine use reviews. (2.99)
- 5.54** Prisoners should be supported to maintain adequate self-care by having medication in-possession, with secure in-cell storage to keep it safe, following a regularly reviewed and documented risk assessment which considers the individual prisoner and the drug-specific risks. (2.100)
- 5.55** Nurses should be trained to administer an adequate range of medicines without a prescription when clinically appropriate, and these should be underpinned by current out-of-hours and special sick policies. (2.101)
- 5.56** All prisoners, regardless of location, should have timely access to assessment and a full range of well-integrated mental health provision, including counselling, clinical psychology, group therapies and psychiatrist support. (2.115)
- 5.57** Patients requiring a transfer under the Mental Health Act should be assessed promptly and be transferred within the Department of Health transfer time guidelines. (2.116)

Catering

- 5.58** Lunch should not be served before noon. (2.123, repeated recommendation 2.117)
- 5.59** Breakfast packs should be more substantial and served on the day they are to be eaten. (2.124)

Time out of cell

- 5.60** Prisoners should have access to regular daily exercise and evening association. (3.5)

Learning and skills and work activities

- 5.61** Strategies should be implemented to minimise interruptions to prisoners' scheduled learning and skills and work sessions. (3.13)
- 5.62** The prison should ensure that prisoners who start courses are likely to stay long enough to complete them. Shorter-duration courses should be offered to possible short-stay prisoners. (3.14)
- 5.63** The prison should provide higher-level courses to allow long-stay prisoners progression opportunities. (3.21)
- 5.64** The range and number of vocational training places that lead to qualifications should be increased. (3.22)

- 5.65** The Manchester College should continue to improve the teaching of English functional skills so that it is consistently good. (3.30)
- 5.66** The occupational and employability skills that prisoners acquire in workshops should be recognised and accredited. (3.35)
- 5.67** Prisoners should have weekly access to the library. (3.40, repeated recommendation 3.40)
- 5.68** The library should better promote the development of literacy skills by introducing more activities. (3.41, repeated recommendation 3.41)

Physical education and healthy living

- 5.69** The all-weather pitches should be refurbished and repaired to allow more access to outside team sports. (3.51)
- 5.70** There should be sufficient showers for those using the gym. (3.52)
- 5.71** Prisoners should have regular and predictable access to recreational PE. (3.53)
- 5.72** Vocationally relevant PE programmes should be provided. (3.54, repeated recommendation 3.48)

Strategic management of resettlement

- 5.73** A whole-prison approach to resettlement should be set out in an up-to-date strategy and action plan which sets out effective links between community rehabilitation companies, the offender management unit and other functions. All staff should understand their role and contribute effectively to the new resettlement function. (4.6)
- 5.74** Formal multidisciplinary meetings should provide regular oversight of progress against an up-to-date reducing reoffending and resettlement strategy and action plan. (4.7)

Offender management and planning

- 5.75** Risk assessments should include all relevant behaviour, including domestic violence and risks to children, and should be reviewed to reflect changes. (4.15)
- 5.76** Sentence plans should be more specific, reviewed regularly and direct the custodial phase. (4.16)
- 5.77** The timeliness of home detention curfew assessments should be monitored to identify obstacles to completion and take effective action to ensure that prisoners are released at the earliest opportunity. (4.17)
- 5.78** Appropriate public protection restrictions should be imposed on all relevant prisoners as soon as possible after arrival. (4.21, repeated recommendation 4.22)
- 5.79** Up-to-date multi-agency public protection arrangements (MAPPA) management levels should be recorded on electronic case notes. Confirmation of the level should be sought six months before release and the interdepartmental risk management team should provide better oversight of these cases. (4.22)

- 5.80** Categorisation reviews should be completed on time and prisoners should be told in person about the outcome, so they can set targets for progression at their next review. (4.26)
- 5.81** More attention should be given to promoting progressive transfers based on sentence plan targets, and category B sex offenders should not be held at the establishment for too long. (4.27)
- 5.82** More support for indeterminate-sentenced prisoners (ISPs) should be provided, including a system to identify and support potential ISPs throughout their remand and trial period. (4.30)

Reintegration planning

- 5.83** The National Careers Service should develop a systematic tracking process capable of following up prisoners' sustainable education training or employment outcomes after they leave the prison. (4.40)
- 5.84** Prisoners with palliative care and end-of-life needs should receive appropriate care that is developed in partnership with the patient and their family, relevant prison staff and community services. (4.44)
- 5.85** Through-the-gate support should be provided to those with drug and alcohol problems. (4.48)
- 5.86** All prisoners should be able to receive at least one visit a week for a minimum of one hour. (4.56, repeated recommendation 4.53)
- 5.87** There should be no upper limit on the number of visits that an unconvicted prisoner can have. (4.57, repeated recommendation 4.54)
- 5.88** Closed visits should be held in private and on any day of the week when domestic visits take place. (4.58)
- 5.89** The number of places on accredited offending behaviour programmes should meet the needs of the population, including vulnerable prisoners. (4.61)

Housekeeping points

Health services

- 5.90** Health services staff should be familiar with, and use, all relevant policies, including communicable disease and safeguarding. (2.78)
- 5.91** Prisoners should have easy access to information about the health services available on arrival at the prison and throughout their stay. (2.79)
- 5.92** Health care consultations should be held in private, with adequate confidentiality. (2.80)
- 5.93** Prisoners should be able to complain about health services through a confidential system, and all responses to complaints should fully address all the issues raised. (2.81)
- 5.94** Up-to-date reference sources should be available in all treatment rooms. (2.102)

- 5.95** Health services staff should make full and complete records of medication administration, including non-attendance and refusal, and issues relating to drug compliance should be identified, followed up and recorded promptly where appropriate. (2.103)
- 5.96** The dental surgery should be repainted. (2.106)
- 5.97** Mental health clinical records should include a summary of all patient-specific discussions, including allocation and enhanced care review meetings. (2.117)

Learning and skills and work activities

- 5.98** The education provider should ensure that individual learning plans fully record prisoners' development needs and goals. (3.31)
- 5.99** The supply of materials for adults with low literacy skills should be improved. (3.42)

Physical education and healthy living

- 5.100** Suitable screening should be provided between the two sports hall areas to allow both to be used at the same time. (3.55)
- 5.101** PE staff should monitor who uses the PE facilities each week, to identify attendance frequency and to be able to encourage participation by non-attenders. (3.56)

Strategic management of resettlement

- 5.102** The resettlement needs analysis should be informed by local offender assessment system (OASys) data. (4.8)

Reintegration planning

- 5.103** The number of prisoners being released homeless should be monitored. (4.36)
- 5.104** The virtual campus should be better utilised to support prisoners' job search needs in the last three months of their sentence. (4.41)
- 5.105** Prisoners should be supplied with an appropriate quantity of medication for any court appearances, transfers or release. (4.45)
- 5.106** Relevant health information, including advice on how to register with community health services, should be given to prisoners before release. (4.46)

Example of good practices

- 5.107** Innovative measures to manage gang issues had been implemented including co-hosted (staff and prisoners) information/training events about gangs, guns and knives; a weapons amnesty and the use of external theatre groups to deliver victim-related drama productions. (1.28)
- 5.108** New prisoners who missed the canteen day had the opportunity to purchase goods on arrival which reduced the risk of debt. (2.129)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Deri Hughes-Roberts	Inspector
Karen Dillon	Inspector
Gary Boughen	Inspector
Njilan Morris Jarra	Researcher
Tim McSweeney	Researcher
Catherine Shaw	Senior researcher

Specialist inspectors

Nicola Rabjohns	Substance misuse inspector
Majella Pearce	Health services inspector
Elizabeth Wands-Murray	CQC
Helen Boniface	Pharmacist
John Grimmer	Ofsted inspector
Alastair Pearson	Ofsted inspector
Bob Busby	Ofsted inspector
Yvonne McGuckian	Offender management inspector
Yvette Howson	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 2013, most prisoners' journeys to the prison were short and court video links were used well. Reception, first night and induction procedures had improved but were still bedding in. Some staff needed to make more effort to put prisoners at ease on their arrival, but peer workers were used effectively. More prisoners in our survey reported feeling unsafe than we normally see, but some good violence reduction work was developing. The number of incidents was not high, but some prisoners complained about victimisation from staff and other prisoners. Vulnerable prisoners (whose offence made them susceptible) were particularly negative. Prisoners at risk of self-harm received some reasonable support, but too many were held in segregation. The safeguarding policy was new and no links had yet been made with the local adult safeguarding board. Security arrangements were generally good, but there were problems with tradable medications. The application of the incentives and earned privileges (IEP) scheme had improved considerably. Disciplinary procedures were reasonable but governance of the use of force was weak and the segregation environment and regime were poor. Substance misuse services were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Effective procedures to monitor poor behaviour should be developed and all staff, particularly residential officers, should use them. (S50)

Achieved

Conditions and the regime in the segregation unit should be improved: segregation cells should be clean, well furnished and properly ventilated; the exercise yard should be improved; and prisoners should be offered a richer more purposeful regime. (S51)

Not achieved

Prison managers should review arrangements for holding vulnerable prisoners to ensure their safety and provide them with a decent regime and purposeful activity. (S52)

Partially achieved

Recommendations

Prisoners should be transported as quickly as possible to minimise waiting times and the length of time at court. (1.5)

Partially achieved

Court staff should complete ACCT entries for prisoners in their care. (1.6)

Partially achieved

Reception staff should put prisoners at ease and address them by their title or their first name and their surname. (I.20)

Achieved

Night staff should receive a handover briefing that includes details of prisoners who have arrived that day. (I.21)

Achieved

Vulnerable prisoners should start their induction on the first full working day following reception. (I.22)

Not achieved

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

Achieved

More effective ACCT procedures should be developed to include consistent and trained case managers and clear care plans that identify what individual support key workers should provide. (I.44)

Partially achieved (recommendation repeated, I.33)

A robust system should be implemented to ensure that all incidents of self-harm are identified and reported to the Safer Liverpool meeting. (I.45)

Achieved

The prison should monitor the exceptional circumstances that justify prisoners at risk of self-harm being held in segregation, gated cells or strip-clothing. (I.46)

Achieved

Arrangements should be made to allow Listeners to support prisoners in confidence. (I.47)

Achieved

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

Partially achieved (recommendation repeated, I.37)

The drug strategy committee should take the lead in developing and coordinating a whole prison strategic response to the problem of tradable medication. (I.66)

Partially achieved

The supervision of controlled and general medication by discipline officers should be consistent and involve greater vigilance to reduce diversion. (I.67)

Not achieved (recommendation repeated, I.49)

There should be effective management oversight and monitoring of use of force incidents. (I.84)

Not achieved

Planning to return segregated prisoners to the normal prison location should be developed. (I.92)

Not achieved

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

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, communal areas were reasonably clean, but the condition of many cells was poor and many were overcrowded. The applications system was not effective. Staff-prisoner relationships were good. Some good groundwork had been carried out in equality and diversity, but this did not always lead to consistently positive outcomes. Complaints were generally well managed. A good bail service was offered, but other legal services were underdeveloped. Most health services were good, but medications management and prescribing needed urgent improvement. Prisoners complained about the food and cost of canteen items. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The prison environment should be improved to provide all prisoners with clean and decent living conditions. (S53)

Not achieved (recommendation repeated, S54)

Recommendations

All cell call bells should be answered within five minutes. (2.12)

Not achieved

All prisoners should receive appropriate decent clean prison bedding and towels at least weekly. (2.13)

Achieved

Prisoners should receive incoming mail within 24 hours of arrival at the prison and outgoing mail should be posted in the same timescale. (2.14)

Achieved

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

Not achieved

Periodic monitoring of all protected characteristics should be carried out to help ensure equality of outcomes for different minority groups. (2.26)

Achieved

The prison should review staff's equality training needs and provide training that meets those needs. (2.27)

Not achieved (recommendation repeated, 2.25)

Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages. (2.40)

Not achieved (recommendation repeated, 2.36)

Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (2.41).

Not achieved (recommendation repeated, 2.37)

The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date. (2.42)

Not achieved (recommendation repeated, 2.38)

Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary support plan to which all staff have ready access and about which prisoners are consulted. (2.43)

Not achieved

Staff clinical practice should be subject to clinical supervision, which should be documented in staff personal records. (2.72)

Not achieved

There should be care plans for long-term conditions that comply with national guidelines. (2.73)

Partially achieved

AEDs should be maintained in a state of readiness and discipline staff should have access to them and be trained in their use as part of regular emergency first aid training. (2.74)

Not achieved

All new prisoners should receive a comprehensive health needs assessment within 72 hours of arrival. (2.85)

Not achieved (recommendation repeated, 2.85)

Failure-to-attend rates for clinics should be reduced to a minimum. (2.86)

Not achieved

A triage system should be deployed to ensure that patients receive standardised assessment. (2.87)

Not achieved

All health care beds should be removed from the certified normal accommodation and admission to the inpatient unit should be a decision based on clinical need. (2.88)

Not achieved

The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded. (2.94)

Partially achieved

Medication should be stored in an orderly way and pharmacy staff should check treatment areas regularly. Loose tablets, foils and insulin pens should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates. (2.95)

Not achieved

Care should be taken to make full and complete records of the administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (2.96)

Not achieved

Medicine queues should be appropriately supervised. (2.97)

Not achieved

The medicines management committee should review the current range of pharmacy policies. (2.98)

Achieved

Patient group directions should be extended to allow the appropriate supply of more potent medicines by nurses. (2.99)

Not achieved

A full audit trail should be kept to ensure that the movement of controlled drugs in the establishment can be accounted for. (2.100)

Achieved

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

Not achieved

Lunch should not be served before 12 noon. (2.117)

Not achieved (recommendation repeated, 2.122)

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

Partially achieved

Purposeful activity

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

At the last inspection, in 201, prisoners had a reasonable amount of time out of their cell. The leadership and management of learning and skills were developing, but some outcomes needed to be better. There were sufficient activity places and most prisoners were involved in some purposeful activity. A greater range of opportunities was offered compared with the previous inspection. Prisoners' achievements of qualifications in education had decreased and the quality of provision was mixed. Workshops and vocational training were good, but much education and teaching needed to be improved. Provision for vulnerable prisoners was inadequate. The library service needed considerable improvement. Physical education provided some reasonable opportunities. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Recommendations

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

Achieved

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

Achieved

The quality of teaching, learning and assessment should be improved to a consistently good level across all the provision. (3.25)

Partially achieved

ESOL provision should be improved. (3.26)

Achieved

Results of initial and diagnostic assessments should be used to set prisoners challenging qualification goals and learning objectives. (3.27)

Achieved

The identification and recording of prisoners' personal and vocational skills in individual learning plans should be improved. (3.28)

Achieved

Achievement rates on ESOL, English and level 2 mathematics courses should be improved. (3.32)

Achieved

The low numbers and late arrivals at some education classes should be improved. (3.33)

Not achieved

The supply of materials for adults with low literacy skills should be improved. (3.39)

Achieved

Prisoners should have weekly access to the library (3.40)

Not achieved (recommendation repeated, 3.40)

The library should better promote the development of literacy skills by introducing more activities. (3.41)

Not achieved (recommendation repeated, 3.41)

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

Partially achieved

Vocationally-relevant PE programmes should be run. (3.48)

Not achieved (recommendation repeated, 3.54)

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 2013, strategic management of resettlement was good and based on a needs analysis. There was a clear focus on relevant priorities, including some good community engagement work. Offender management arrangements were good and the backlog in offender assessment system (OASys) documents had decreased considerably. Promising custody planning processes for short-term prisoners needed to be embedded. Public protection arrangements were generally good. Resettlement needs were assessed on arrival, but pre-release work needed to be developed. Reintegration support was generally good, but more needed to be done to help prisoners maintain contact with family and friends. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

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

Not achieved

Resources in the offender management unit should be sufficient to enable the prison to deliver key work consistently. (4.14)

Not achieved

All eligible prisoners should have an up-to-date OASys document with a relevant sentence plan to address identified risks and needs. (4.15)

Not achieved

All relevant prison staff should complete offender supervisor training and receive regular case supervision. (4.16)

Partially achieved

Release on HDC should be timely. (4.17)

Partially achieved

Appropriate public protection restrictions should be imposed on all relevant prisoners as soon as possible after arrival. (4.22)

Not achieved (recommendation repeated, 4.21)

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

Achieved

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

Partially achieved

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

No longer relevant

All prisoners should be able to receive at least one visit a week for a minimum of one hour. (4.53)

Not achieved (recommendation repeated, 4.56)

There should be no upper limit on the number of visits that an unconvicted prisoner can have. (4.54)

Not achieved (recommendation repeated, 4.57)

A visit refusal or a closed visit should be justified by security intelligence and not just a drug dog indication. (4.55, repeated recommendation 9.43)

Partially achieved

Visitors should be able to have closed visits in private. (4.56)

Not achieved

Children aged 10 and over should not be counted as adults for the purpose of visits. (4.57)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Lancashire Care NHS Foundation Trust

Location: HMP Liverpool, 68 Hornby Road, Liverpool, Merseyside, L9 3DF

Location ID: RW5X2

Regulated Activities: Personal Care, Treatment of disease, disorder, or injury

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9-Person centred care

We found that the registered person had not ensured that the care and treatment of service users was appropriate, or ensured it met their needs or reflected their preferences. This was in breach of Regulation 9(1)(a)(b)(c)(3)(a)(b)(d)(h)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

The care plans that were in place for patients with complex needs were generic and not person centred or detailed. They did not give any information regarding the person's preferences, did not record any associated actions taken and did not have detailed risk assessments attached to them. Assessments undertaken did not include all their needs and did not cover personal care, emotional, social and cultural needs in the planning of support. Assessments had not been regularly reviewed and did not always include an agreed review date. Plans of care did not include ways in which patients could maintain their independence. There was no evidence that patients were continually involved in planning or making changes to their support. Care plans did not consider all health, care, social and emotional needs of the patient.

There was evidence that not all patients were receiving a full assessment within the 72 hours specified following arrival at the prison.

Admission to the inpatient unit was not always dependant on clinical need. This meant that patients did not always have their needs met appropriately due to the inappropriate admission.

Waiting times for some services including the GP were too long and there was a lack of systems in place to follow up patients who did not attend, including for those with long term conditions.

Regulation 10-Dignity and Respect	We found that the registered person had not supported the autonomy, independence and involvement in the community of the patient. This was in breach of Regulation 10(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Note: Where people are detained in high security settings, ‘the community’ relates to the facility where they are detained.
<p>How the regulation is not being met:</p> <p>We found that the provider had not supported the autonomy, independence and involvement in the community for patients. Patients with complex needs were not supported to maintain any social contact and some were socially isolated. This included cases where the patient did not request to be socially isolated and was not given any options to be part of any social contact beyond delivery of care. A lack of regime or therapeutic environment resulted in inconsistent access for patients to socialise or take part in wellbeing activities, meaningful pastimes or other services such as education, library, access to outside space, exercise or health related activities.</p>	
Regulation 12-Safe care and treatment	We found that care and treatment was not provided in a safe way for patients. We found that the registered person had not protected patients against the risks of receiving inappropriate treatment, associated with the management of medicines. This was in breach of Regulation 12 (1)(2)(a)(b)(c)(e)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
<p>How the regulation is not being met:</p> <p>We found that the provider had not fully assessed the risks to health and safety of patients and had not done all that was reasonably practicable to mitigate these risks. We found that several patients who were unable to mobilise independently, and in some cases were completely immobile did not have call bells to alert staff of any needs. This included in an emergency situation. This also included one paralysed patient who was sometimes left unsupervised and unchecked for several hours at a time and had been found on the floor on several occasions. Despite this the patient had no ability to raise an alarm and there was no risk assessment associated with the risk of them falling out of bed. A second and third patient were also found to have mobility issues and no ability to call for help or assistance. Equipment for transferring immobile patients was found to be unusable. The hoist on the ward was not charged and staff were not aware of how to use it properly. Incident records confirmed that when a patient had fallen from bed, staff had not been able to use the equipment to lift them. An assessment to be undertaken of the patient and equipment had not gone ahead as the equipment had not been charged and staff did</p>	

not know how to use it resulting in the visiting professional being unable to carry out a full assessment. The equipment did not have any indication of when it had been checked for safety.

We found that there were errors made in the management of medicines and we witnessed errors being made in the administration of medicines including one patient being given another patients medicines, patients unable to get medicines, particularly repeat prescriptions, in a timely manner and records not accurately recording the receipt of medicines. We observed long waiting times for receiving medicines and confusion when patients had been moved to a different wing resulting in patients unable to receive their medicines at an appropriate time. There was no formal and consistent process in place to monitor and chase up patients who had missed their medicines. Checking identification of patients prior to dispensing medications was observed to be inconsistent during the inspection.

Regulation 16-Receiving and acting on complaints

We found that complaints were not received and investigated as the registered person had not established and operated an effective system for identifying, receiving and responding to complaints. This was in breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

We found that the provider did not have a consistent and effective system for identifying and receiving complaints. There were not mechanisms in place for the provider to receive complaints specific to their services. This meant that some complaints were received through the prison services which meant that the details had not been kept private and confidential. In other cases we found complaints in boxes on wings that were up to four months old that had not been received by the provider and had subsequently not been responded to. This was in direct breach of the providers own policy for responding to complaints.

There was limited information provided for patients about how to raise any concerns or what they could expect in response. There was also no up to date information available regarding escalation options for patients if they were unhappy with the response they received.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	663	55.3
Recall	0	116	9.7
Convicted unsentenced	0	100	8.3
Remand	0	192	16.0
Civil prisoners	0	3	0.3
Detainees	0	4	0.3
Other	0	120	10.0
Total	0	1,198	

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	308	25.7
Less than six months	0	119	9.9
six months to less than 12 months	0	87	7.3
12 months to less than 2 years	0	135	11.4
2 years to less than 4 years	0	270	22.5
4 years to less than 10 years	0	171	14.3
10 years and over (not life)	0	83	6.9
ISPP (indeterminate sentence for public protection)	0	25	4.8
Life	0	33	2.8
Total	0	1,198	100

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	
21 years to 29 years	444	37.1
30 years to 39 years	398	33.2
40 years to 49 years	234	19.5
50 years to 59 years	91	7.6
60 years to 69 years	19	1.6
70 plus years	12	1.0
Please state maximum age here:	0	0
Total	1198	16.6

Nationality	18–20-year-olds	21 and over	%
British	0	1,154	94.9
Foreign nationals	0	44	3.7
Total		1,198	

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	365	30.5
Uncategorised sentenced	0	31	2.6
Category A	0	0	0
Category B	0	110	9.2
Category C	0	684	57.1
Category D	0	8	0.7
Other			
Total		1,198	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	1055	88.1
Irish	0	4	
Gypsy/Irish Traveller	0	Not known	0
Other white	0	36	3.0
Mixed			
White and black Caribbean	0	13	1.1
White and black African	0	3	0.3
White and Asian	0	1	0.1
Other mixed	0	10	0.8
Asian or Asian British			
Indian	0	2	0.2
Pakistani	0	9	0.8
Bangladeshi	0	2	0.2
Chinese	0	0	0
Other Asian	0	8	0.7
Black or black British			
Caribbean	0	15	1.3
African	0	10	0.8
Other black	0	10	0.8
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	10	0.8
Not stated			
Total		1,198	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	0	263	21.9
Roman Catholic	0	469	39.0
Other Christian denominations	0	72	6.0
Muslim	0	39	3.2
Sikh	0	2	0.2
Hindu	0	1	0.1
Buddhist	0	6	0.5
Jewish	0	1	0.1
Other	0	4	0.3
No religion	0	371	31.0
Total		1,198	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	Not known	0
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	214	30.0
1 month to 3 months	0	0	246	36.0
3 months to six months	0	0	0	0
six months to 1 year	0	0	162	23.0
1 year to 2 years	0	0	71	10.0
2 years to 4 years	0	0	6	0.9
4 years or more	0	0	2	0.1
Total			701	100

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	311	44
Total		311	44

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	147	59.2
1 month to 3 months	0	0	79	32
3 months to six months	0	0	0	0
six months to 1 year	0	0	21	8.4
1 year to 2 years	0	0	1	0.4
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total			248	100

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

Appendix V: 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.⁹ 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 11 May 2015 the prisoner population at HMP Liverpool was 1,186. Using the method described above, questionnaires were distributed to 251 prisoners.

We received a total of 228 completed questionnaires, a response rate of 91%. This included one questionnaire completed via interview. Eight respondents refused to complete a questionnaire, 12 questionnaires were not returned and three were returned blank.

Wing/Unit	Number of completed survey returns
A	12
B	32
F	30
G	39

⁹ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

H	32
I	40
J	8
K	32
M (Health care)	3

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹⁰ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Liverpool in 2015 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 2012.
- The current survey responses from HMP Liverpool in 2015 compared with the responses of prisoners surveyed at HMP Liverpool in 2013.
- A comparison within the 2015 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 2015 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2015 survey between the vulnerable prisoner wing (K) and the rest of the establishment.
- A comparison within the 2015 survey between I wing and the rest of the establishment.

¹⁰ 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

Q1.1	What wing or houseblock are you currently living on? See shortened methodology		
Q1.2	How old are you?		
	<i>Under 21</i>		1 (0%)
	<i>21 - 29</i>		84 (37%)
	<i>30 - 39</i>		63 (28%)
	<i>40 - 49</i>		53 (23%)
	<i>50 - 59</i>		19 (8%)
	<i>60 - 69</i>		4 (2%)
	<i>70 and over</i>		4 (2%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		148 (65%)
	<i>Yes - on recall</i>		27 (12%)
	<i>No - awaiting trial</i>		25 (11%)
	<i>No - awaiting sentence</i>		25 (11%)
	<i>No - awaiting deportation</i>		1 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		51 (23%)
	<i>Less than 6 months</i>		35 (16%)
	<i>6 months to less than 1 year</i>		29 (13%)
	<i>1 year to less than 2 years</i>		35 (16%)
	<i>2 years to less than 4 years</i>		20 (9%)
	<i>4 years to less than 10 years</i>		26 (12%)
	<i>10 years or more</i>		11 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>		8 (4%)
	<i>Life</i>		5 (2%)
Q1.5	Are you a foreign national? (I.e. do not have UK citizenship.)		
	<i>Yes</i>		9 (4%)
	<i>No</i>		218 (96%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		225 (100%)
	<i>No</i>		1 (0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		226 (99%)
	<i>No</i>		2 (1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	194 (85%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - other</i> 1 (0%)
	<i>White - other</i>	12 (5%)	<i>Mixed race - white and black Caribbean</i> 1 (0%)
	<i>Black or black British - Caribbean</i>	4 (2%)	<i>Mixed race - white and black African</i> 4 (2%)

<i>Black or black British - African</i>	0 (0%)	<i>Mixed race - white and Asian</i>	0 (0%)
<i>Black or black British - other</i>	1 (0%)	<i>Mixed race - other</i>	0 (0%)
<i>Asian or Asian British - Indian</i>	1 (0%)	<i>Arab</i>	1 (0%)
<i>Asian or Asian British - Pakistani</i>	1 (0%)	<i>Other ethnic group</i>	1 (0%)
<i>Asian or Asian British - Bangladeshi</i>	2 (1%)		

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

Yes	3 (1%)
No	217 (99%)

Q1.10 What is your religion?

None	56 (25%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	62 (28%)	<i>Jewish</i>	1 (0%)
<i>Catholic</i>	82 (36%)	<i>Muslim</i>	8 (4%)
<i>Protestant</i>	6 (3%)	<i>Sikh</i>	1 (0%)
<i>Other Christian denomination</i>	2 (1%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	3 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	220 (99%)
<i>Homosexual/Gay</i>	2 (1%)
<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).

Yes	73 (32%)
No	153 (68%)

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

Yes	13 (6%)
No	210 (94%)

Q1.14 Is this your first time in prison?

Yes	63 (28%)
No	163 (72%)

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

Yes	132 (58%)
No	95 (42%)

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>	186 (82%)
<i>2 hours or longer</i>	31 (14%)
<i>Don't remember</i>	9 (4%)

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>	186 (83%)
Yes	17 (8%)
No	17 (8%)
<i>Don't remember</i>	3 (1%)

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

<i>My journey was less than two hours</i>	186 (83%)
Yes	4 (2%)

	No	30 (13%)
	Don't remember	3 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	129 (57%)
	No	80 (36%)
	Don't remember	16 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	171 (75%)
	No	48 (21%)
	Don't remember	8 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	67 (30%)
	Well	89 (39%)
	Neither	48 (21%)
	Badly	15 (7%)
	Very badly	6 (3%)
	Don't remember	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	141 (63%)
	Yes, I received written information	2 (1%)
	No, I was not told anything	75 (33%)
	Don't remember	8 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	175 (79%)
	No	43 (19%)
	Don't remember	4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	57 (25%)
	2 hours or longer	162 (72%)
	Don't remember	7 (3%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	187 (83%)
	No	34 (15%)
	Don't remember	3 (1%)
Q3.3	Overall, how were you treated in reception?	
	Very well	34 (15%)
	Well	110 (49%)
	Neither	44 (19%)
	Badly	32 (14%)
	Very badly	3 (1%)
	Don't remember	3 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	40 (18%)
	Physical health	39 (17%)

<i>Housing problems</i>	50 (22%)	<i>Mental health</i>	61 (27%)
<i>Contacting employers</i>	13 (6%)	<i>Needing protection from other prisoners</i>	22 (10%)
<i>Contacting family</i>	85 (38%)	<i>Getting phone numbers</i>	69 (31%)
<i>Childcare</i>	10 (4%)	<i>Other</i>	12 (5%)
<i>Money worries</i>	59 (26%)	<i>Did not have any problems</i>	45 (20%)
<i>Feeling depressed or suicidal</i>	68 (30%)		

- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|---------------------------|-----------|
| Yes | 58 (26%) |
| No | 118 (53%) |
| Did not have any problems | 45 (20%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---------------------------------|-----------|
| <i>Tobacco</i> | 203 (90%) |
| <i>A shower</i> | 132 (58%) |
| <i>A free telephone call</i> | 138 (61%) |
| <i>Something to eat</i> | 172 (76%) |
| <i>PIN phone credit</i> | 113 (50%) |
| <i>Toiletries/ basic items</i> | 145 (64%) |
| <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 apply to you.)**
- | | |
|--|-----------|
| <i>Chaplain</i> | 120 (55%) |
| <i>Someone from health services</i> | 138 (63%) |
| <i>A Listener/Samaritans</i> | 82 (37%) |
| <i>Prison shop/ canteen</i> | 42 (19%) |
| <i>Did not have access to any of these</i> | 35 (16%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|----------|
| <i>What was going to happen to you</i> | 78 (36%) |
| <i>What support was available for people feeling depressed or suicidal</i> | 85 (40%) |
| <i>How to make routine requests (applications)</i> | 71 (33%) |
| <i>Your entitlement to visits</i> | 65 (30%) |
| <i>Health services</i> | 89 (42%) |
| <i>Chaplaincy</i> | 94 (44%) |
| <i>Not offered any information</i> | 72 (34%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|----------------|-----------|
| Yes | 157 (70%) |
| No | 56 (25%) |
| Don't remember | 10 (4%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|---|----------|
| <i>Have not been on an induction course</i> | 66 (30%) |
| <i>Within the first week</i> | 99 (45%) |
| <i>More than a week</i> | 44 (20%) |
| <i>Don't remember</i> | 11 (5%) |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- | | |
|---|----------|
| <i>Have not been on an induction course</i> | 66 (31%) |
| Yes | 67 (31%) |
| No | 72 (34%) |

Don't remember 9 (4%)

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

Did not receive an assessment 52 (24%)
Within the first week 70 (33%)
More than a week 78 (36%)
Don't remember 15 (7%)

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>	21 (10%)	55 (25%)	24 (11%)	46 (21%)	43 (20%)	30 (14%)
<i>Attend legal visits?</i>	30 (15%)	71 (36%)	24 (12%)	20 (10%)	15 (8%)	40 (20%)
<i>Get bail information?</i>	9 (5%)	23 (12%)	26 (14%)	39 (21%)	34 (18%)	59 (31%)

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

Not had any letters 35 (16%)
Yes 91 (41%)
No 97 (43%)

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

Yes 55 (25%)
No 34 (15%)
Don't know 131 (60%)

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>	110 (50%)	109 (50%)	0 (0%)
<i>Are you normally able to have a shower every day?</i>	160 (72%)	59 (27%)	3 (1%)
<i>Do you normally receive clean sheets every week?</i>	136 (62%)	81 (37%)	4 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	64 (29%)	149 (67%)	8 (4%)
<i>Is your cell call bell normally answered within five minutes?</i>	25 (12%)	168 (77%)	24 (11%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	104 (47%)	112 (51%)	3 (1%)
<i>If you need to, can you normally get your stored property?</i>	35 (16%)	124 (56%)	61 (28%)

Q4.5 What is the food like here?

Very good 3 (1%)
Good 41 (18%)
Neither 29 (13%)
Bad 73 (33%)
Very bad 78 (35%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet/ don't know 17 (8%)
Yes 108 (49%)
No 96 (43%)

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

Yes 131 (60%)
No 26 (12%)
Don't know 62 (28%)

Q4.8	Are your religious beliefs respected?	
	Yes	115 (52%)
	No	26 (12%)
	Don't know/ N/A	80 (36%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	112 (50%)
	No	24 (11%)
	Don't know/ N/A	88 (39%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	47 (21%)
	Very easy	44 (20%)
	Easy	44 (20%)
	Neither	15 (7%)
	Difficult	13 (6%)
	Very difficult	10 (5%)
	Don't know	48 (22%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	154 (71%)
	No	49 (22%)
	Don't know	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 applications dealt with fairly?	24 (12%) 73 (36%) 107 (52%)
	Are applications dealt with quickly (within seven days)?	24 (13%) 37 (20%) 124 (67%)
Q5.3	Is it easy to make a complaint?	
	Yes	89 (43%)
	No	51 (25%)
	Don't know	67 (32%)
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 complaints dealt with fairly?	90 (44%) 33 (16%) 83 (40%)
	Are complaints dealt with quickly (within seven days)?	90 (44%) 19 (9%) 95 (47%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	33 (17%)
	No	163 (83%)
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>	104 (50%)
	Very easy	6 (3%)
	Easy	21 (10%)
	Neither	22 (10%)
	Difficult	33 (16%)
	Very difficult	24 (11%)

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>	24 (11%)
	Yes	90 (42%)
	No	69 (32%)
	<i>Don't know</i>	32 (15%)
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>	24 (12%)
	Yes	90 (44%)
	No	69 (33%)
	<i>Don't know</i>	23 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	17 (8%)
	No	194 (92%)
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>	169 (82%)
	Very well	9 (4%)
	Well	6 (3%)
	Neither	7 (3%)
	Badly	5 (2%)
	Very badly	11 (5%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	159 (74%)
	No	56 (26%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	136 (64%)
	No	76 (36%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	58 (27%)
	No	160 (73%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	10 (5%)
	Never	73 (34%)
	Rarely	58 (27%)
	Some of the time	47 (22%)
	Most of the time	14 (6%)
	All of the time	15 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	186 (85%)
	<i>In the first week</i>	10 (5%)
	<i>More than a week</i>	12 (5%)

Don't remember 12 (5%)

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

Do not have a personal officer/ I have not met him/ her 186 (85%)
Very helpful 9 (4%)
Helpful 14 (6%)
Neither 3 (1%)
Not very helpful 2 (1%)
Not at all helpful 4 (2%)

Section 8: Safety

Q8.1 Have you ever felt unsafe here?

Yes 110 (50%)
No 108 (50%)

Q8.2 Do you feel unsafe now?

Yes 54 (25%)
No 158 (75%)

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

<i>Never felt unsafe</i>	108 (52%)	<i>At meal times</i>	23 (11%)
<i>Everywhere</i>	39 (19%)	<i>At health services</i>	18 (9%)
<i>Segregation unit</i>	4 (2%)	<i>Visits area</i>	18 (9%)
<i>Association areas</i>	37 (18%)	<i>In wing showers</i>	26 (12%)
<i>Reception area</i>	20 (10%)	<i>In gym showers</i>	6 (3%)
<i>At the gym</i>	9 (4%)	<i>In corridors/stairwells</i>	20 (10%)
<i>In an exercise yard</i>	15 (7%)	<i>On your landing/wing</i>	27 (13%)
<i>At work</i>	13 (6%)	<i>In your cell</i>	15 (7%)
<i>During movement</i>	31 (15%)	<i>At religious services</i>	5 (2%)
<i>At education</i>	7 (3%)		

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

Yes 68 (31%)
No 151 (69%)

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

<i>Insulting remarks (about you or your family or friends)</i>	30 (14%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (6%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	34 (16%)
<i>Having your canteen/property taken</i>	23 (11%)
<i>Medication</i>	11 (5%)
<i>Debt</i>	7 (3%)
<i>Drugs</i>	8 (4%)
<i>Your race or ethnic origin</i>	4 (2%)
<i>Your religion/religious beliefs</i>	6 (3%)
<i>Your nationality</i>	4 (2%)
<i>You are from a different part of the country than others</i>	9 (4%)
<i>You are from a traveller community</i>	1 (<1%)
<i>Your sexual orientation</i>	3 (1%)
<i>Your age</i>	7 (3%)
<i>You have a disability</i>	7 (3%)
<i>You were new here</i>	14 (6%)
<i>Your offence/ crime</i>	14 (6%)
<i>Gang related issues</i>	17 (8%)

Q8.6	Have you been victimised by staff here?	
	Yes	71 (33%)
	No	144 (67%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	27 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (4%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	23 (11%)
	<i>Medication</i>	13 (6%)
	<i>Debt</i>	3 (1%)
	<i>Drugs</i>	5 (2%)
	<i>Your race or ethnic origin</i>	3 (1%)
	<i>Your religion/religious beliefs</i>	4 (2%)
	<i>Your nationality</i>	1 (<1%)
	<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>	1 (<1%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	10 (5%)
	<i>You were new here</i>	12 (6%)
	<i>Your offence/ crime</i>	8 (4%)
	<i>Gang related issues</i>	12 (6%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	119 (63%)
	Yes	17 (9%)
	No	53 (28%)

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	32 (15%)	2 (1%)	23 (11%)	9 (4%)	70 (33%)	76 (36%)
	The nurse	33 (16%)	21 (10%)	63 (31%)	18 (9%)	33 (16%)	34 (17%)
	The dentist	43 (21%)	1 (0%)	7 (3%)	6 (3%)	47 (23%)	101 (49%)
Q9.2	What do you think of the quality of the health service from the following people?						
		Not been	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	52 (25%)	14 (7%)	41 (19%)	20 (9%)	39 (18%)	45 (21%)
	The nurse	42 (21%)	33 (16%)	52 (25%)	23 (11%)	27 (13%)	27 (13%)
	The dentist	77 (39%)	10 (5%)	19 (10%)	16 (8%)	28 (14%)	50 (25%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					35 (17%)	
	<i>Very good</i>					13 (6%)	
	<i>Good</i>					43 (21%)	
	<i>Neither</i>					25 (12%)	
	<i>Bad</i>					44 (21%)	
	<i>Very bad</i>					46 (22%)	
Q9.4	Are you currently taking medication?						
	Yes					105 (50%)	
	No					107 (50%)	

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>	107 (50%)
	<i>Yes, all my meds</i>	27 (13%)
	<i>Yes, some of my meds</i>	19 (9%)
	<i>No</i>	59 (28%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	92 (43%)
	<i>No</i>	120 (57%)
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>	120 (57%)
	<i>Yes</i>	39 (19%)
	<i>No</i>	50 (24%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	67 (32%)
	<i>No</i>	145 (68%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	46 (22%)
	<i>No</i>	165 (78%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	72 (34%)
	<i>Easy</i>	24 (11%)
	<i>Neither</i>	12 (6%)
	<i>Difficult</i>	7 (3%)
	<i>Very difficult</i>	6 (3%)
	<i>Don't know</i>	88 (42%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	21 (10%)
	<i>Easy</i>	28 (13%)
	<i>Neither</i>	14 (7%)
	<i>Difficult</i>	12 (6%)
	<i>Very difficult</i>	14 (7%)
	<i>Don't know</i>	122 (58%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	21 (10%)
	<i>No</i>	188 (90%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	18 (9%)
	<i>No</i>	193 (91%)
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>	132 (64%)
	<i>Yes</i>	39 (19%)
	<i>No</i>	34 (17%)

Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	165 (78%)
	Yes	32 (15%)
	No	14 (7%)

Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	154 (75%)
	Yes	42 (21%)
	No	8 (4%)

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	29 (14%)	20 (10%)	38(18%)	22(11%)	53(26%)	45 (22%)
	Vocational or skills training	39 (20%)	22 (11%)	29(15%)	29(15%)	39(20%)	37 (19%)
	Education (including basic skills)	31 (16%)	30 (15%)	56(28%)	24(12%)	28(14%)	28 (14%)
	Offending behaviour programmes	58 (31%)	9 (5%)	21(11%)	24(13%)	33(18%)	42 (22%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)	
	<i>Not involved in any of these</i>	74 (36%)
	Prison job	98 (48%)
	Vocational or skills training	13 (6%)
	Education (including basic skills)	39 (19%)
	Offending behaviour programmes	19 (9%)

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	72 (37%)	55 (28%)	57 (29%)	12 (6%)
	Vocational or skills training	80 (52%)	34 (22%)	30 (19%)	11 (7%)
	Education (including basic skills)	68 (40%)	55 (32%)	37 (22%)	11 (6%)
	Offending behaviour programmes	81 (51%)	33 (21%)	30 (19%)	15 (9%)

Q11.4	How often do you usually go to the library?	
	<i>Don't want to go</i>	27 (13%)
	Never	115 (55%)
	<i>Less than once a week</i>	29 (14%)
	<i>About once a week</i>	31 (15%)
	<i>More than once a week</i>	8 (4%)

Q11.5	Does the library have a wide enough range of materials to meet your needs?	
	<i>Don't use it</i>	77 (39%)
	Yes	49 (25%)
	No	72 (36%)

Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	51 (25%)
	0	61 (29%)
	1 to 2	58 (28%)
	3 to 5	35 (17%)
	More than 5	3 (1%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	33 (16%)

0	62 (30%)
1 to 2	69 (33%)
3 to 5	35 (17%)
More than 5	9 (4%)

Q11.8 How many times do you usually have association each week?

<i>Don't want to go</i>	5 (2%)
0	14 (7%)
1 to 2	27 (13%)
3 to 5	109 (52%)
More than 5	54 (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>	95 (45%)
<i>2 to less than 4 hours</i>	24 (11%)
<i>4 to less than 6 hours</i>	34 (16%)
<i>6 to less than 8 hours</i>	25 (12%)
<i>8 to less than 10 hours</i>	11 (5%)
<i>10 hours or more</i>	16 (8%)
<i>Don't know</i>	4 (2%)

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	61 (29%)
No	147 (71%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	117 (56%)
No	91 (44%)

Q12.3 Have you had any problems getting access to the telephones?

Yes	78 (37%)
No	131 (63%)

Q12.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	37 (18%)
<i>Very easy</i>	37 (18%)
<i>Easy</i>	48 (23%)
<i>Neither</i>	18 (9%)
<i>Difficult</i>	39 (19%)
<i>Very difficult</i>	21 (10%)
<i>Don't know</i>	9 (4%)

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>	51 (24%)
Yes	95 (45%)
No	67 (31%)

Q13.2 What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)

<i>Not sentenced/ NA</i>	118 (55%)
--------------------------	-----------

	No contact	43 (20%)
	Letter	28 (13%)
	Phone	7 (3%)
	Visit	34 (16%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	50 (25%)
	No	154 (75%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	51 (24%)
	Yes	37 (17%)
	No	124 (58%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced	175 (83%)
	Very involved	13 (6%)
	Involved	9 (4%)
	Neither	2 (1%)
	Not very involved	5 (2%)
	Not at all involved	7 (3%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced	175 (82%)
	Nobody	16 (8%)
	Offender supervisor	12 (6%)
	Offender manager	8 (4%)
	Named/ personal officer	4 (2%)
	Staff from other departments	8 (4%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	175 (82%)
	Yes	17 (8%)
	No	12 (6%)
	Don't know	9 (4%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced	175 (83%)
	Yes	11 (5%)
	No	15 (7%)
	Don't know	10 (5%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced	175 (82%)
	Yes	15 (7%)
	No	9 (4%)
	Don't know	14 (7%)
Q13.10	Do you have a needs based custody plan?	
	Yes	8 (4%)
	No	105 (53%)
	Don't know	86 (43%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	15 (8%)

No 183 (92%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	40 (20%)	42 (21%)	116 (59%)
Accommodation	42 (21%)	70 (36%)	84 (43%)
Benefits	36 (18%)	64 (32%)	97 (49%)
Finances	37 (20%)	36 (19%)	114 (61%)
Education	43 (23%)	36 (19%)	107 (58%)
Drugs and alcohol	44 (22%)	70 (35%)	84 (42%)

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?

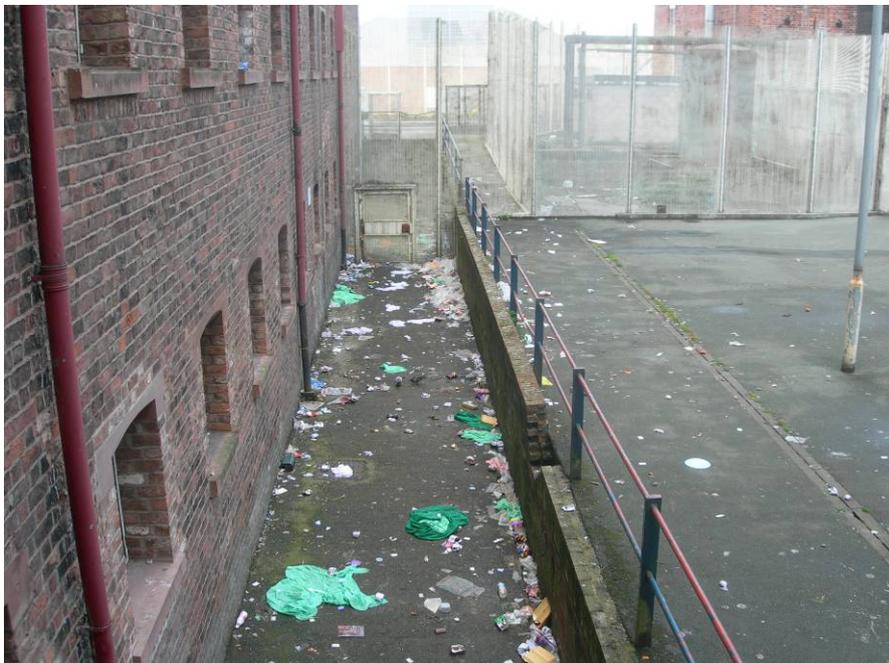
<i>Not sentenced</i>	51 (24%)
<i>Yes</i>	66 (31%)
<i>No</i>	93 (44%)

Appendix VI: Inspection photographs

Segregation unit exercise yard



The exercise yard outside B wing



Main comparator and comparator to last time



Prisoner survey responses HMP Liverpool 2015

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

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	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		228	5952	228	189
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	6%	0%	1%
1.3	Are you sentenced?	77%	67%	77%	75%
1.3	Are you on recall?	12%	9%	12%	12%
1.4	Is your sentence less than 12 months?	29%	20%	29%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	3%	4%	3%
1.5	Are you a foreign national?	4%	13%	4%	5%
1.6	Do you understand spoken English?	100%	97%	100%	99%
1.7	Do you understand written English?	99%	96%	99%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	25%	8%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	5%	1%	1%
1.1	Are you Muslim?	4%	13%	4%	3%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	3%
1.12	Do you consider yourself to have a disability?	32%	23%	32%	29%
1.13	Are you a veteran (ex-armed services)?	6%	5%	6%	6%
1.14	Is this your first time in prison?	28%	33%	28%	31%
1.15	Do you have any children under the age of 18?	58%	53%	58%	58%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	14%	22%	14%	11%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	46%	36%	46%	27%
2.3	Were you offered a toilet break?	11%	8%	11%	13%
2.4	Was the van clean?	57%	58%	57%	48%
2.5	Did you feel safe?	75%	75%	75%	71%
2.6	Were you treated well/very well by the escort staff?	69%	67%	69%	64%
2.7	Before you arrived here were you told that you were coming here?	63%	64%	63%	61%
2.7	Before you arrived here did you receive any written information about coming here?	1%	4%	1%	2%

Main comparator and comparator to last time

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
2.8	When you first arrived here did your property arrive at the same time as you?	79%	79%	79%	76%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	25%	42%	25%	27%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	78%	84%	74%
3.3	Were you treated well/very well in reception?	64%	62%	64%	59%
	When you first arrived:				
3.4	Did you have any problems?	80%	75%	80%	77%
3.4	Did you have any problems with loss of property?	18%	15%	18%	13%
3.4	Did you have any housing problems?	22%	21%	22%	15%
3.4	Did you have any problems contacting employers?	6%	5%	6%	4%
3.4	Did you have any problems contacting family?	38%	32%	38%	31%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	3%	5%	2%
3.4	Did you have any money worries?	26%	23%	26%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	30%	22%	30%	21%
3.4	Did you have any physical health problems?	17%	18%	17%	19%
3.4	Did you have any mental health problems?	27%	22%	27%	26%
3.4	Did you have any problems with needing protection from other prisoners?	10%	7%	10%	9%
3.4	Did you have problems accessing phone numbers?	31%	31%	31%	30%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	33%	32%	33%	29%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	90%	80%	90%	86%
3.6	A shower?	58%	28%	58%	79%
3.6	A free telephone call?	61%	55%	61%	75%
3.6	Something to eat?	76%	71%	76%	72%
3.6	PIN phone credit?	50%	54%	50%	54%
3.6	Toiletries/ basic items?	64%	58%	64%	69%
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?	55%	46%	55%	44%
3.7	Someone from health services?	63%	68%	63%	67%
3.7	A Listener/Samaritans?	37%	32%	37%	35%
3.7	Prison shop/ canteen?	19%	21%	19%	20%

Main comparator and comparator to last time

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	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				
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	37%	41%	37%	42%
3.8	Support was available for people feeling depressed or suicidal?	40%	37%	40%	32%
3.8	How to make routine requests?	33%	35%	33%	32%
3.8	Your entitlement to visits?	30%	35%	30%	39%
3.8	Health services?	42%	45%	42%	36%
3.8	The chaplaincy?	44%	40%	44%	36%
3.9	Did you feel safe on your first night here?	70%	73%	70%	69%
3.10	Have you been on an induction course?	70%	73%	70%	84%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	45%	51%	45%	49%
3.12	Did you receive an education (skills for life) assessment?	76%	72%	76%	79%
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?	35%	38%	35%	34%
4.1	Attend legal visits?	51%	52%	51%	55%
4.1	Get bail information?	17%	18%	17%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	41%	41%	44%
4.3	Can you get legal books in the library?	25%	36%	25%	32%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	50%	50%	50%	55%
4.4	Are you normally able to have a shower every day?	72%	72%	72%	85%
4.4	Do you normally receive clean sheets every week?	62%	71%	62%	75%
4.4	Do you normally get cell cleaning materials every week?	29%	54%	29%	37%
4.4	Is your cell call bell normally answered within five minutes?	12%	28%	12%	20%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	48%	58%	48%	68%
4.4	Can you normally get your stored property, if you need to?	16%	21%	16%	13%
4.5	Is the food in this prison good/very good?	20%	21%	20%	7%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	47%	49%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	52%	60%	63%
4.8	Are your religious beliefs are respected?	52%	49%	52%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	50%	50%	55%
4.10	Is it easy/very easy to attend religious services?	40%	44%	40%	38%

Main comparator and comparator to last time

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	71%	73%	71%	78%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	41%	51%	41%	46%
5.2	Do you feel applications are dealt with quickly (within seven days)?	23%	37%	23%	26%
5.3	Is it easy to make a complaint?	43%	50%	43%	50%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	29%	30%	29%	33%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	17%	27%	17%	18%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	20%	17%	16%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	13%	19%	13%	18%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	41%	42%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	41%	44%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	9%	8%	9%
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?	39%	36%	39%	35%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	74%	73%	74%	71%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	64%	68%	64%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	27%	27%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	13%	17%	13%	17%
7.5	Do you have a personal officer?	16%	36%	16%	34%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	72%	66%	72%	60%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	50%	43%	50%	48%
8.2	Do you feel unsafe now?	26%	19%	26%	22%
8.4	Have you been victimised by other prisoners here?	31%	30%	31%	29%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	14%	12%	14%	13%
8.5	Hit, kicked or assaulted you?	6%	8%	6%	9%
8.5	Sexually abused you?	1%	2%	1%	2%
8.5	Threatened or intimidated you?	16%	16%	16%	15%

Main comparator and comparator to last time

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	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				
8.5	Taken your canteen/property?	11%	7%	11%	5%
8.5	Victimised you because of medication?	5%	6%	5%	5%
8.5	Victimised you because of debt?	3%	4%	3%	4%
8.5	Victimised you because of drugs?	4%	4%	4%	6%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	2%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
8.5	Victimised you because of your nationality?	2%	3%	2%	1%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
8.5	Victimised you because you are from a Traveller community?	0%	2%	0%	0%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.5	Victimised you because of your age?	3%	2%	3%	2%
8.5	Victimised you because you have a disability?	3%	3%	3%	2%
8.5	Victimised you because you were new here?	6%	6%	6%	4%
8.5	Victimised you because of your offence/crime?	6%	5%	6%	4%
8.5	Victimised you because of gang related issues?	8%	5%	8%	5%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	33%	32%	33%	34%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	12%	13%	12%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	6%
8.7	Sexually abused you?	1%	1%	1%	2%
8.7	Threatened or intimidated you?	11%	13%	11%	15%
8.7	Victimised you because of medication?	6%	6%	6%	2%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	2%	3%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	1%	4%	1%	1%
8.7	Victimised you because of your religion/religious beliefs?	2%	4%	2%	2%
8.7	Victimised you because of your nationality?	0%	3%	0%	0%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	1%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	0%
8.7	Victimised you because of your age?	2%	2%	2%	3%

Main comparator and comparator to last time

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	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				
8.7	Victimised you because you have a disability?	5%	3%	5%	2%
8.7	Victimised you because you were new here?	6%	5%	6%	3%
8.7	Victimised you because of your offence/crime?	4%	5%	4%	2%
8.7	Victimised you because of gang related issues?	6%	3%	6%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	25%	33%	25%	24%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	12%	21%	12%	13%
9.1	Is it easy/very easy to see the nurse?	42%	44%	42%	46%
9.1	Is it easy/very easy to see the dentist?	4%	9%	4%	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?	35%	40%	35%	32%
9.2	The nurse?	53%	52%	53%	48%
9.2	The dentist?	24%	30%	24%	20%
9.3	The overall quality of health services?	33%	36%	33%	32%
9.4	Are you currently taking medication?	50%	51%	50%	50%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	44%	60%	44%	67%
9.6	Do you have any emotional well being or mental health problems?	43%	38%	43%	42%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	44%	43%	44%	59%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	32%	32%	32%	35%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	22%	22%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	34%	46%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	23%	15%	23%	9%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	8%	10%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	10%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	53%	60%	53%	51%
10.8	Have you received any support or help with your alcohol problem while in this prison?	70%	57%	70%	55%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	84%	77%	84%	51%

Main comparator and comparator to last time

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	28%	30%	28%	36%
11.1	Vocational or skills training?	26%	29%	26%	32%
11.1	Education (including basic skills)?	44%	44%	44%	57%
11.1	Offending behaviour programmes?	16%	18%	16%	21%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	48%	42%	48%	48%
11.2	Vocational or skills training?	6%	9%	6%	8%
11.2	Education (including basic skills)?	19%	25%	19%	32%
11.2	Offending behaviour programmes?	9%	7%	9%	11%
11.3	Have you had a job while in this prison?	63%	67%	63%	74%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	44%	38%	44%	31%
11.3	Have you been involved in vocational or skills training while in this prison?	48%	55%	48%	64%
	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?	45%	45%	45%	37%
11.3	Have you been involved in education while in this prison?	60%	65%	60%	80%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	53%	51%	53%	42%
11.3	Have you been involved in offending behaviour programmes while in this prison?	49%	52%	49%	62%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	42%	41%	42%	37%
11.4	Do you go to the library at least once a week?	19%	28%	19%	21%
11.5	Does the library have a wide enough range of materials to meet your needs?	25%	32%	25%	31%
11.6	Do you go to the gym three or more times a week?	18%	25%	18%	19%
11.7	Do you go outside for exercise three or more times a week?	21%	39%	21%	34%
11.8	Do you go on association more than five times each week?	26%	42%	26%	35%
11.9	Do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	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?	29%	31%	29%	31%
12.2	Have you had any problems with sending or receiving mail?	56%	48%	56%	71%
12.3	Have you had any problems getting access to the telephones?	37%	35%	37%	32%
12.4	Is it easy/ very easy for your friends and family to get here?	41%	36%	41%	48%

Main comparator and comparator to last time

Key to tables

		HMP Liverpool 2015	Local prisons comparator	HMP Liverpool 2015	HMP Liverpool 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 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?	59%	60%	59%	70%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	45%	41%	45%	46%
13.2	Contact by letter?	30%	30%	30%	28%
13.2	Contact by phone?	7%	13%	7%	12%
13.2	Contact by visit?	36%	36%	36%	34%
13.3	Do you have a named offender supervisor in this prison?	25%	30%	25%	31%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	23%	35%	23%	30%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	61%	57%	61%	73%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	42%	46%	42%	26%
13.6	Offender supervisor?	32%	31%	32%	32%
13.6	Offender manager?	21%	27%	21%	44%
13.6	Named/ personal officer?	11%	10%	11%	12%
13.6	Staff from other departments?	21%	18%	21%	26%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	45%	55%	45%	57%
13.8	Are there plans for you to achieve any of your targets in another prison?	31%	27%	31%	30%
13.9	Are there plans for you to achieve any of your targets in the community?	39%	32%	39%	33%
13.10	Do you have a needs based custody plan?	4%	7%	4%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	11%	8%	14%
	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?	27%	27%	27%	31%
13.12	Accommodation?	45%	33%	45%	52%
13.12	Benefits?	40%	37%	40%	46%
13.12	Finances?	24%	22%	24%	31%
13.12	Education?	25%	28%	25%	36%
13.12	Drugs and alcohol?	45%	41%	45%	48%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in the future?	42%	46%	42%	52%



Prisoner survey responses (key questions) HMP Liverpool 2015: I wing

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

Key to tables

	Any percentage highlighted in green is significantly better	I wing	All other wings (A, B, F, G, H, J and K)
	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		40	185
SECTION 1: General information			
1.2	Are you under 21 years of age?	2%	0%
1.3	Are you sentenced?	80%	78%
1.3	Are you on recall?	13%	12%
1.4	Is your sentence less than 12 months?	29%	30%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	5%
1.5	Are you a foreign national?	8%	3%
1.6	Do you understand spoken English?	98%	100%
1.7	Do you understand written English?	98%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	10%	7%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	2%
1.1	Are you Muslim?	5%	3%
1.11	Are you homosexual/gay or bisexual?	0%	2%
1.12	Do you consider yourself to have a disability?	23%	33%
1.13	Are you a veteran (ex-armed services)?	10%	5%
1.14	Is this your first time in prison?	33%	26%
1.15	Do you have any children under the age of 18?	55%	59%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	13%	14%
2.5	Did you feel safe?	82%	74%
2.6	Were you treated well/very well by the escort staff?	64%	69%
2.7	Before you arrived here were you told that you were coming here?	62%	63%
2.8	When you first arrived here did your property arrive at the same time as you?	71%	80%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	17%	26%

Key to tables

	Any percentage highlighted in green is significantly better	I wing	All other wings (A, B, F, G, H, J and K)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	82%
3.3	Were you treated well/very well in reception?	70%	62%
	When you first arrived:		
3.4	Did you have any problems?	77%	80%
3.4	Did you have any problems with loss of property?	17%	18%
3.4	Did you have any housing problems?	17%	23%
3.4	Did you have any problems contacting employers?	2%	6%
3.4	Did you have any problems contacting family?	38%	38%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	4%
3.4	Did you have any money worries?	33%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	30%	30%
3.4	Did you have any physical health problems?	10%	18%
3.4	Did you have any mental health problems?	23%	28%
3.4	Did you have any problems with needing protection from other prisoners?	0%	12%
3.4	Did you have problems accessing phone numbers?	25%	32%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	87%	91%
3.6	A shower?	69%	56%
3.6	A free telephone call?	64%	60%
3.6	Something to eat?	77%	76%
3.6	PIN phone credit?	54%	49%
3.6	Toiletries/ basic items?	69%	63%
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?	41%	58%
3.7	Someone from health services?	68%	62%
3.7	A Listener/Samaritans?	46%	36%
3.7	Prison shop/ canteen?	19%	19%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	35%	37%
3.8	Support was available for people feeling depressed or suicidal?	35%	40%
3.8	How to make routine requests?	35%	33%

Key to tables

	Any percentage highlighted in green is significantly better	I wing	All other wings (A, B, F, G, H, J and K)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.8	Your entitlement to visits?	41%	29%
3.8	Health services?	46%	40%
3.8	The chaplaincy?	41%	44%
3.9	Did you feel safe on your first night here?	77%	69%
3.10	Have you been on an induction course?	85%	67%
3.12	Did you receive an education (skills for life) assessment?	84%	75%
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?	37%	35%
4.1	Attend legal visits?	49%	51%
4.1	Get bail information?	21%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	41%
4.3	Can you get legal books in the library?	29%	24%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	52%
4.4	Are you normally able to have a shower every day?	59%	75%
4.4	Do you normally receive clean sheets every week?	37%	67%
4.4	Do you normally get cell cleaning materials every week?	26%	29%
4.4	Is your cell call bell normally answered within five minutes?	13%	11%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	49%
4.4	Can you normally get your stored property, if you need to?	11%	17%
4.5	Is the food in this prison good/very good?	23%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	64%	59%
4.8	Are your religious beliefs are respected?	56%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	51%
4.10	Is it easy/very easy to attend religious services?	36%	41%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	69%	71%
5.3	Is it easy to make a complaint?	41%	43%
5.5	Have you ever been prevented from making a complaint when you wanted to?	12%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	8%	14%

Key to tables

	Any percentage highlighted in green is significantly better	I wing	All other wings (A, B, F, G, H, J and K)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	9%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	71%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	63%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	11%
7.5	Do you have a personal officer?	21%	14%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	38%	53%
8.2	Do you feel unsafe now?	13%	28%
8.4	Have you been victimised by other prisoners here?	13%	35%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	11%	14%
8.5	Hit, kicked or assaulted you?	5%	7%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	11%	16%
8.5	Taken your canteen/property?	8%	11%
8.5	Victimised you because of medication?	3%	6%
8.5	Victimised you because of debt?	3%	3%
8.5	Victimised you because of drugs?	3%	4%
8.5	Victimised you because of your race or ethnic origin?	3%	2%
8.5	Victimised you because of your religion/religious beliefs?	5%	2%
8.5	Victimised you because of your nationality?	3%	2%
8.5	Victimised you because you were from a different part of the country?	3%	5%
8.5	Victimised you because you are from a traveller community?	3%	0%
8.5	Victimised you because of your sexual orientation?	3%	1%
8.5	Victimised you because of your age?	3%	3%
8.5	Victimised you because you have a disability?	0%	4%

Key to tables

	Any percentage highlighted in green is significantly better	I wing	All other wings (A, B, F, G, H, J and K)
	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	Victimised you because you were new here?	0%	7%
8.5	Victimised you because of your offence/crime?	0%	8%
8.5	Victimised you because of gang related issues?	3%	9%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	31%	34%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	8%	13%
8.7	Hit, kicked or assaulted you?	5%	4%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	5%	12%
8.7	Victimised you because of medication?	0%	8%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	2%
8.7	Victimised you because of your religion/religious beliefs?	3%	2%
8.7	Victimised you because of your nationality?	0%	1%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	3%	2%
8.7	Victimised you because you have a disability?	0%	6%
8.7	Victimised you because you were new here?	3%	6%
8.7	Victimised you because of your offence/crime?	0%	5%
8.7	Victimised you because of gang related issues?	5%	6%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	11%	12%
9.1	Is it easy/very easy to see the nurse?	45%	40%
9.1	Is it easy/very easy to see the dentist?	3%	4%
9.4	Are you currently taking medication?	42%	50%
9.6	Do you have any emotional well being or mental health problems?	38%	44%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	38%	31%

Key to tables

	Any percentage highlighted in green is significantly better	I wing	All other wings (A, B, F, G, H, J and K)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
10.2	Did you have a problem with alcohol when you came into this prison?	14%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	33%	49%
10.4	Is it easy/very easy to get alcohol in this prison?	19%	24%
10.5	Have you developed a problem with drugs since you have been in this prison?	19%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	14%	8%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	35%	27%
11.1	Vocational or skills training?	29%	25%
11.1	Education (including basic skills)?	48%	43%
11.1	Offending Behaviour Programmes?	17%	16%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	50%	48%
11.2	Vocational or skills training?	9%	6%
11.2	Education (including basic skills)?	31%	17%
11.2	Offending Behaviour Programmes?	11%	9%
11.4	Do you go to the library at least once a week?	19%	19%
11.5	Does the library have a wide enough range of materials to meet your needs?	19%	26%
11.6	Do you go to the gym three or more times a week?	8%	21%
11.7	Do you go outside for exercise three or more times a week?	11%	24%
11.8	Do you go on association more than five times each week?	16%	28%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	8%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	22%	30%
12.2	Have you had any problems with sending or receiving mail?	48%	58%
12.3	Have you had any problems getting access to the telephones?	57%	33%
12.4	Is it easy/ very easy for your friends and family to get here?	40%	41%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	29%	24%
13.10	Do you have a needs based custody plan?	3%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	6%	7%



Prisoner survey responses (key questions) HMP Liverpool 2015: K wing (Vulnerable prisoners)

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

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (K-wing)	All other wings (A, B, F, G, H, I, J)
	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		32	193
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	81%	78%
1.3	Are you on recall?	3%	14%
1.4	Is your sentence less than 12 months?	6%	33%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	4%
1.5	Are you a foreign national?	0%	4%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	0%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	2%
1.1	Are you Muslim?	3%	4%
1.11	Are you homosexual/gay or bisexual?	6%	1%
1.12	Do you consider yourself to have a disability?	44%	29%
1.13	Are you a veteran (ex-armed services)?	16%	4%
1.14	Is this your first time in prison?	44%	25%
1.15	Do you have any children under the age of 18?	37%	62%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	3%	16%
2.5	Did you feel safe?	72%	76%
2.6	Were you treated well/very well by the escort staff?	78%	67%
2.7	Before you arrived here were you told that you were coming here?	63%	63%
2.8	When you first arrived here did your property arrive at the same time as you?	87%	77%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	16%	26%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (K-wing)	All other wings (A, B, F, G, H, I, J)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	84%
3.3	Were you treated well/very well in reception?	69%	62%
	When you first arrived:		
3.4	Did you have any problems?	94%	77%
3.4	Did you have any problems with loss of property?	16%	18%
3.4	Did you have any housing problems?	28%	21%
3.4	Did you have any problems contacting employers?	6%	5%
3.4	Did you have any problems contacting family?	53%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	4%
3.4	Did you have any money worries?	31%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	53%	26%
3.4	Did you have any physical health problems?	25%	15%
3.4	Did you have any mental health problems?	41%	24%
3.4	Did you have any problems with needing protection from other prisoners?	50%	3%
3.4	Did you have problems accessing phone numbers?	31%	30%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	87%	91%
3.6	A shower?	34%	62%
3.6	A free telephone call?	37%	65%
3.6	Something to eat?	75%	76%
3.6	PIN phone credit?	34%	53%
3.6	Toiletries/ basic items?	56%	66%
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?	59%	55%
3.7	Someone from health services?	63%	63%
3.7	A Listener/Samaritans?	41%	37%
3.7	Prison shop/ canteen?	25%	18%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	40%	36%
3.8	Support was available for people feeling depressed or suicidal?	50%	38%
3.8	How to make routine requests?	44%	32%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (K-wing)	All other wings (A, B, F, G, H, I, J)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.8	Your entitlement to visits?	47%	28%
3.8	Health services?	40%	41%
3.8	The chaplaincy?	47%	43%
3.9	Did you feel safe on your first night here?	44%	75%
3.10	Have you been on an induction course?	25%	78%
3.12	Did you receive an education (skills for life) assessment?	42%	82%
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?	34%	35%
4.1	Attend legal visits?	65%	48%
4.1	Get bail information?	23%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	41%
4.3	Can you get legal books in the library?	10%	28%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	59%	49%
4.4	Are you normally able to have a shower every day?	75%	71%
4.4	Do you normally receive clean sheets every week?	78%	59%
4.4	Do you normally get cell cleaning materials every week?	44%	26%
4.4	Is your cell call bell normally answered within five minutes?	25%	9%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	45%	48%
4.4	Can you normally get your stored property, if you need to?	25%	14%
4.5	Is the food in this prison good/very good?	22%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	58%
4.8	Are your religious beliefs are respected?	66%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	66%	48%
4.10	Is it easy/very easy to attend religious services?	44%	39%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	71%	71%
5.3	Is it easy to make a complaint?	50%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	10%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	12%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (K-wing)	All other wings (A, B, F, G, H, I, J)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	9%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	87%	72%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	87%	60%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	10%	13%
7.5	Do you have a personal officer?	25%	14%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	69%	47%
8.2	Do you feel unsafe now?	41%	23%
8.4	Have you been victimised by other prisoners here?	47%	28%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	31%	10%
8.5	Hit, kicked or assaulted you?	3%	7%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	34%	12%
8.5	Taken your canteen/property?	16%	10%
8.5	Victimised you because of medication?	10%	4%
8.5	Victimised you because of debt?	6%	3%
8.5	Victimised you because of drugs?	6%	3%
8.5	Victimised you because of your race or ethnic origin?	0%	2%
8.5	Victimised you because of your religion/religious beliefs?	0%	3%
8.5	Victimised you because of your nationality?	0%	2%
8.5	Victimised you because you were from a different part of the country?	6%	4%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	6%	1%
8.5	Victimised you because of your age?	6%	3%
8.5	Victimised you because you have a disability?	10%	2%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (K-wing)	All other wings (A, B, F, G, H, I, J)
	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	Victimised you because you were new here?	10%	5%
8.5	Victimised you because of your offence/crime?	31%	2%
8.5	Victimised you because of gang related issues?	16%	7%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	22%	35%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	10%	13%
8.7	Hit, kicked or assaulted you?	3%	5%
8.7	Sexually abused you?	3%	1%
8.7	Threatened or intimidated you?	10%	11%
8.7	Victimised you because of medication?	6%	6%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	2%
8.7	Victimised you because of your religion/religious beliefs?	0%	2%
8.7	Victimised you because of your nationality?	0%	1%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	6%	1%
8.7	Victimised you because you have a disability?	6%	5%
8.7	Victimised you because you were new here?	6%	6%
8.7	Victimised you because of your offence/crime?	10%	3%
8.7	Victimised you because of gang related issues?	6%	6%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	19%	10%
9.1	Is it easy/very easy to see the nurse?	52%	39%
9.1	Is it easy/very easy to see the dentist?	10%	2%
9.4	Are you currently taking medication?	56%	47%
9.6	Do you have any emotional well being or mental health problems?	56%	41%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (K-wing)	All other wings (A, B, F, G, H, I, J)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	16%	35%
10.2	Did you have a problem with alcohol when you came into this prison?	25%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	46%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	23%
10.5	Have you developed a problem with drugs since you have been in this prison?	13%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	13%	8%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	29%	28%
11.1	Vocational or skills training?	21%	27%
11.1	Education (including basic skills)?	34%	46%
11.1	Offending Behaviour Programmes?	25%	14%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	56%	47%
11.2	Vocational or skills training?	3%	7%
11.2	Education (including basic skills)?	6%	22%
11.2	Offending Behaviour Programmes?	10%	9%
11.4	Do you go to the library at least once a week?	41%	15%
11.5	Does the library have a wide enough range of materials to meet your needs?	17%	27%
11.6	Do you go to the gym three or more times a week?	26%	17%
11.7	Do you go outside for exercise three or more times a week?	6%	24%
11.8	Do you go on association more than five times each week?	34%	24%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	8%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	50%	25%
12.2	Have you had any problems with sending or receiving mail?	56%	57%
12.3	Have you had any problems getting access to the telephones?	31%	39%
12.4	Is it easy/ very easy for your friends and family to get here?	31%	43%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	44%	21%
13.10	Do you have a needs based custody plan?	7%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	3%	8%

Diversity Analysis



Key question responses (disability and age over 50) HMP Liverpool 2015

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

Key to tables

		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		73	153	27	201
1.3	Are you sentenced?	77%	78%	74%	78%
1.5	Are you a foreign national?	4%	4%	4%	4%
1.6	Do you understand spoken English?	100%	99%	100%	100%
1.7	Do you understand written English?	99%	99%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	4%	9%	4%	8%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	1%	0%	2%
1.1	Are you Muslim?	4%	3%	4%	4%
1.12	Do you consider yourself to have a disability?			54%	30%
1.13	Are you a veteran (ex-armed services)?	10%	4%	25%	4%
1.14	Is this your first time in prison?	27%	28%	41%	26%
2.6	Were you treated well/very well by the escort staff?	74%	67%	81%	67%
2.7	Before you arrived here were you told that you were coming here?	63%	63%	63%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	82%	93%	82%
3.3	Were you treated well/very well in reception?	68%	61%	85%	61%
3.4	Did you have any problems when you first arrived?	93%	73%	85%	79%
3.7	Did you have access to someone from health care when you first arrived here?	58%	65%	73%	62%
3.9	Did you feel safe on your first night here?	68%	72%	69%	71%
3.10	Have you been on an induction course?	68%	71%	64%	71%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	36%	36%	35%

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 offered enough clean, suitable clothes for the week?	49%	51%	62%	49%
4.4	Are you normally able to have a shower every day?	74%	72%	81%	71%
4.4	Is your cell call bell normally answered within five minutes?	9%	13%	32%	9%
4.5	Is the food in this prison good/very good?	20%	19%	37%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	48%	73%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	59%	64%	59%
4.8	Do you feel your religious beliefs are respected?	62%	48%	69%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	50%	48%	50%
5.1	Is it easy to make an application?	70%	71%	75%	70%
5.3	Is it easy to make a complaint?	46%	42%	37%	44%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	44%	64%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	43%	62%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	8%	0%	9%
7.1	Do most staff, in this prison, treat you with respect?	75%	74%	87%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	63%	86%	62%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	11%	21%	13%
7.4	Do you have a personal officer?	17%	15%	16%	16%
8.1	Have you ever felt unsafe here?	57%	47%	48%	51%
8.2	Do you feel unsafe now?	32%	23%	26%	25%
8.3	Have you been victimised by other prisoners?	42%	26%	35%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	14%	19%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	4%	4%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	7%	1%	7%	3%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	10%	0%	7%	3%
8.6	Have you been victimised by a member of staff?	39%	30%	13%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	7%	13%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%	4%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	3%	1%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	12%	1%	4%	5%
9.1	Is it easy/very easy to see the doctor?	10%	13%	8%	12%
9.1	Is it easy/ very easy to see the nurse?	48%	39%	65%	39%
9.4	Are you currently taking medication?	76%	38%	71%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	73%	30%	50%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	44%	23%	49%
11.2	Are you currently working in the prison?	43%	50%	58%	46%
11.2	Are you currently undertaking vocational or skills training?	3%	8%	4%	7%
11.2	Are you currently in education (including basic skills)?	23%	18%	13%	20%
11.2	Are you currently taking part in an offending behaviour programme?	8%	10%	8%	9%
11.4	Do you go to the library at least once a week?	18%	19%	35%	17%
11.6	Do you go to the gym three or more times a week?	8%	23%	0%	21%
11.7	Do you go outside for exercise three or more times a week?	15%	24%	18%	22%
11.8	On average, do you go on association more than five times each week?	26%	26%	30%	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)	8%	8%	8%	8%
12.2	Have you had any problems sending or receiving mail?	56%	56%	46%	58%
12.3	Have you had any problems getting access to the telephones?	28%	41%	17%	40%