

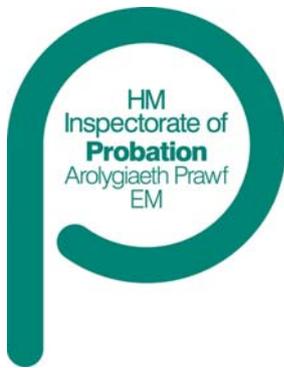
Report on an unannounced inspection of

HMP Forest Bank

by HM Chief Inspector of Prisons

8–9, 15–19 February 2016

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	41
Section 4. Resettlement	47
Section 5. Summary of recommendations and housekeeping points	55
Section 6. Appendices	61
Appendix I: Inspection team	61
Appendix II: Progress on recommendations from the last report	63
Appendix III: Care Quality Commission Requirement Notice	69
Appendix IV: Prison population profile	73
Appendix V: Summary of prisoner questionnaires and interviews	77

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.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Forest Bank is a category B local prison in Salford. It holds just under 1,500 adult convicted and unconvicted prisoners, a comparatively small number of whom are young adults aged between 18 and 21. It also holds a significant minority of vulnerable prisoners, kept apart from the main population primarily because of the nature of their offence. A relatively modern institution that opened in 2000, it is managed by the private operator, Sodexo.

The prison was last inspected in 2012 when we reported positively on what was a well run 'frontline' institution. At this inspection we found that Forest Bank had continued to maintain some very good outcomes for prisoners and had introduced improvements, despite the challenges that, in common with other establishments, it was facing.

As a local prison Forest Bank's main purpose is to serve the courts and resettle prisoners in the Greater Manchester area. It experienced a significant throughput of prisoners with over 100 new arrivals each week, many with complex personal needs. Reception and induction arrangements were fit for purpose and reasonable. In our survey more prisoners said they felt unsafe than when we last inspected, but indicators such as levels of recorded violence were broadly comparable to similar establishments. Initiatives were in place that sought to address violence and the prison's own analysis indicated that over 40% of such incidents were linked to the growing problem of new psychoactive substances (NPS). Mandatory drug testing suggested the use of traditional substances was quite low, but testing for NPS had only begun two weeks before our arrival.

Despite the prison's generally proactive approach to improving safety we found prisoners who were effectively self-isolating, too frightened to come out of their cells. Levels of self-harm were high and formal case management often weak. Prisoners in crisis held on normal location told us that they received good support, but too many were isolated, held in segregation or subject to other restrictions. Since our last inspection there had been two self-inflicted deaths, although there was evidence that the prison was seeking to learn from those tragedies.

Use of segregation had reduced and force was not used excessively. When it was used the evidence suggested it was used accountably. The prison's incentives and earned privileges (IEP) scheme, however, was punitive, insufficiently focused on the individual and ineffective as a motivational tool.

Forest Bank remained a respectful prison. The environment was bright and clean, relationships between staff and prisoners were respectful and support for prisoners with protected characteristics was mostly reasonable. Although health care was also generally reasonable, the provision of primary mental health services was poor and the inpatient unit, again used principally for those with mental health issues was very poor.

Most prisoners, with the notable exception of prisoners on the basic level of the IEP scheme, received good time out of cell and there were sufficient activity places for most of the population to be employed at least part-time. Punctuality and attendance, however, required improvement, as did teaching and learning. Vocational training opportunities were too limited. There was good leadership of learning and skills with a clear focus on improving English and mathematics. Some excellent partnerships had also led to some very good work opportunities.

A strength of Forest Bank was its function as a resettlement prison. Despite a backlog of offender assessments (OASys), the quality of offender supervision was effective and home detention curfew and public protection arrangements were sound. More needed to be done to strengthen links with the new community rehabilitation company (CRC) and demand for services was high, often following a comparatively short sentence. The resettlement strategy was, however, predicated on a proper assessment of need and provision was good across the range of resettlement pathways. Our survey

suggested that prisoners had a reasonable understanding of where to get help with their resettlement needs.

Forest Bank manages big challenges and risks. It has a large population and turnover of prisoners, an inner city profile with high levels of need among its prisoners, and the destabilising influence of NPS. The experience most prisoners had of Forest Bank was reasonable. However, those who were more marginalised due to poor behaviour, self-harm or mental health issues had a much less positive experience and this required attention. This inspection found that the prison was well led, competent and confident in its approach and it coped well. A focus on continuing improvement suggests our concerns will be addressed and the effectiveness of the prison will be sustained.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

April 2016

Fact page

Task of the establishment

HMP Forest Bank is a category B local prison for adult and young adult men.

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

Private – Sodexo Justice Services

Region/Department

North-West

Number held

1,428

Certified normal accommodation

1,064

Operational capacity

1,460

Date of last full inspection

9–19 October 2012

Brief history

The prison was opened in 2000 under a 25-year private finance initiative (PFI) contract to provide 800 places as a category B local prison. Spaces gradually increased to 1,160, and a 264-place extension was opened in November 2009. Following a further increase in prison places, the establishment now holds 1,460 remand and sentenced adult males, and remand and sentenced (up to 12 months) young adults (aged 18–21).

Short description of residential units

Residential wings A–H:

A1: Young adults

A2: General

B1: General

B2: General

C1: General

C2: Vulnerable prisoners

D1: General

D2 Drug-free wing

E1: General and dispersal wing

F1: Basic, challenging behaviour wing

F2: General

G1 Recovery wing

G2: First night and induction

H1: Integrated drug treatment system/induction

H2: Vulnerable prisoners

Health care inpatients (20)

Name of governor/director

Matt Spencer

Escort contractor

GEOAmey

Health service provider

Sodexo Justice Services

Cimmaron (GP services)

Greater Manchester West Mental Health NHS Foundation Trust (mental health in-reach services)

Learning and skills providers

Sodexo Justice Services

Independent Monitoring Board chair

Barry Cave

Community rehabilitation company (CRC)

Purple Futures

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
 - **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.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, 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 IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V 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 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Reception, first night and induction arrangements were reasonably good, with a suitable focus on risk and support. Levels of assaults were similar to those at other local prisons but the number of violent incidents overall had increased and more prisoners felt unsafe. Arrangements to identify and address violence were good, although not enough was done to identify and support prisoners on normal location who felt unsafe. The case management of prisoners at risk of self-harm did not always reflect the care given, and care for more marginalised prisoners was weak. Security was proactive and mostly proportionate. Drugs, particularly new psychoactive substances, were easily available but good supply reduction initiatives were in place. The regime for prisoners on the basic level of the incentives and earned privileges scheme was too punitive. Adjudications were well managed but the use and governance of minor reports were inadequate. Levels of use of force had increased but governance was generally good. The conditions on the segregation unit were reasonable for most but inadequate for complex and long-stay prisoners. With the exception of first night clinical support, substance misuse services were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in October 2012 we found that outcomes for prisoners in HMP Forest Bank were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, two had been partially achieved and six had not been achieved.*

S3 There were some long delays in returning prisoners from court, which often resulted in large numbers of prisoners arriving late in the day. Some prisoner escort records completed by escort staff were missing crucial risk information.

S4 The reception area was spacious and clean, with adequate holding rooms. Reception staff were welcoming and focused on identifying risk issues. Prisoners arriving late in the day experienced delays in moving from reception and did not get the opportunity to shower and settle on the first night centre. The dedicated first night cells were reasonably clean and adequately equipped. New arrivals were offered good support by trained prisoner mentors.

S5 Induction was comprehensive and a wide range of printed information in English only was supplied, with only pictorial rough guides to help speakers of other languages.

S6 In our survey, more prisoners than at the time of the previous inspection reported feeling unsafe. Recorded levels of assaults were similar to those at other local prisons but the number of fights was higher, and the number of violent incidents overall had increased sharply. Trend analysis had identified that 42% of incidents were related to the use of new psychoactive substances (NPS; 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). There was good information gathering and reporting about violent incidents and this was analysed, with appropriate action identified.

S7 Violent incidents were investigated promptly but the casework systems to manage violent behaviour and support victims of violence were inadequate. Prisoners located on the vulnerable prisoner wings were kept safe but too many other prisoners chose to isolate themselves. These self-isolators felt too frightened to come out of their cells, experienced extreme isolation, and had little time unlocked and no access to the regime.

- S8 Levels of self-harm were high. The quality of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was too often inadequate and the quality of contact recorded was mostly poor. Prisoners on normal location subject to ACCT support were positive about the support that they received. However, too many prisoners were on ACCT plans in segregation, being managed on the basic level of the incentives and earned privileges (IEP) scheme, or were self-isolating and did not receive adequate care or access to activity in order to reduce their risk of self-harm. There had been two self-inflicted deaths since the previous inspection, and action plans in response to Prisons and Probation Ombudsman recommendations had been implemented and were reviewed regularly. In our survey, more prisoners than at similar establishments said that they could easily access Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and the team was well trained and supported.
- S9 Security was generally well managed. Risk management systems were good but some procedural security and other restrictions were excessive – for example, unnecessary restrictions on items allowed in possession. Intelligence was well organised and proactive. There were strong links with key internal departments but weaker relationships with external agencies, such as local policing teams.
- S10 Our survey results, security intelligence and finds indicated that drugs were easily available. NPS use had become problematic but the prison was taking appropriate steps to reduce the supply of both these and other drugs. The mandatory drug testing rate was relatively low and mainly indicated cannabis use, although until recently NPS had been undetectable. Pilot testing for NPS had started two weeks before the inspection.
- S11 The number of prisoners on the basic level of the IEP scheme was relatively high, and most were located on a dedicated basic wing, where the regime was too punitive. The scheme was not well used for incentivising good behaviour. Some limited opportunities were available for prisoners to engage with behaviour change interventions but they were delivered inconsistently. The use of peer mentors to deliver these interventions was welcome but we were not assured that their supervision and oversight were adequate.
- S12 The number of adjudications was higher than at the time of the previous inspection. Hearings we reviewed were well conducted and punishments fair. Governance of the minor reports system for young adults was inadequate and, although it was not used excessively, we were not assured that charges were always investigated adequately or that punishments were proportionate.
- S13 Levels of use of force were similar to those at other local prisons but had increased considerably. Governance had improved and was generally good, although video recordings of planned interventions were not scrutinised routinely. The use of force paperwork we examined had been completed correctly and provided good accounts of the use of de-escalation. The special cell was grim but rarely used.
- S14 The use of segregation had reduced but the quality of authorisation paperwork was sometimes poor. Living conditions on the segregation unit were mostly reasonable but the exercise yards were stark. The regime on the unit was adequate for most but poor for longer-stay prisoners. Individual case management and care planning was inadequate for those with complex needs, including those on ACCTs.
- S15 Prisoners with substance misuse issues could access a wide range of recovery-focused interventions, strong peer support and designated units which enhanced motivation and provided high-quality support. Clinical care was generally safe but opiate-dependent prisoners did not always receive first night methadone treatment, which was not satisfactory.

There were regular treatment reviews and there was good joint working between recovery workers and substance misuse nurses.

Respect

*S16 Residential areas and cells were clean and bright. Prisoners had good access to basic essentials, showers and telephones. Staff–prisoner relationships were respectful. There were good identification and consultation arrangements for prisoners with protected characteristics, and outcomes were good for most, but the needs of some prisoners with disabilities were not met. Faith services were good. Complaints were well managed. Health provision was mostly reasonable but some areas, including primary mental health and inpatient facilities, required considerable improvement. The food provided was reasonably good and prison shop arrangements were efficient. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S17 At the last inspection in October 2012 we found that outcomes for prisoners in HMP Forest Bank were reasonably good against this healthy prison test. We made nine recommendations in the area of respect.² At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved and three had not been achieved.

S18 External areas were clean and litter free. Internal areas and cells were bright, clean and in good condition, and prisoners had good access to basic essentials, showers and telephones. Too many prisoners lived in crowded conditions, with two prisoners in cells designed for one. The electronic kiosks, available on each wing, provided access to prisoner accounts, menus and applications, and the system worked well.

S19 In our survey, although most respondents said that staff treated them respectfully, this proportion was lower than at the time of the previous inspection. We observed respectful but often formal interactions, mainly focused on practical issues, and this was reflected in electronic case notes. A monthly prisoner consultation meeting was reasonably well attended and provided a useful forum for information sharing and discussion.

S20 Managerial oversight of equality and diversity had improved and was reasonable. The strategy and supporting action plan were focused on responding to the needs and issues raised by the wide range of regular prisoner forums but the monitoring of equality of access to the regime and services had lapsed.

S21 Around 20% of prisoners were from a black and minority ethnic background and they responded more positively than white prisoners across many areas in our survey, including staff–prisoner relationships.

S22 Support for foreign national prisoners was reasonable. Regular immigration surgeries were arranged and there was free access to independent immigration advice. Professional telephone interpreting services were used regularly, although there was limited translated material across the prison.

S23 In our survey, prisoners with a disability expressed more negative perceptions than their counterparts across almost all indicators. Dedicated social care support was provided for the neediest and we saw some good levels of care provided. Individual care plans were drawn up but these were not generally available to wing staff, who were often unaware of individual

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.

needs. We observed the needs of some prisoners going unmet, leading to some frustration and difficulties in their daily life. Older prisoners were mostly positive but, with the exception of gym sessions for them, there were no dedicated activities and retired prisoners were usually locked up during the day.

- S24 Young adults made up around 10% of the population but were involved in a disproportionate number of violent incidents. There were some dedicated young adult peer supporters and gym sessions, and opportunities for them to address anger management issues.
- S25 There was no policy or guidance on the care of transgender prisoners and a lack of understanding of their needs.
- S26 Faith facilities were good and the chaplaincy provided a wide range of worship and other faith-based activities. The team was represented across the establishment at functional meetings and was well focused on the resettlement needs of prisoners.
- S27 The number of complaints submitted was similar to that at comparator prisons. Responses were timely and those that we reviewed were comprehensive. Appropriate signposting to legal advice was provided. Access to bail information and support was excellent and produced positive outcomes.
- S28 Most areas of health provision were reasonable but some areas required considerable improvement. Some aspects of local governance required attention, including access to staff supervision and emergency equipment checks. Prisoners had access to an appropriate range of primary care services, with mostly acceptable waiting times, and long-term conditions were well managed. Health care complaints lacked confidentiality and responses were inadequate. The environment in the inpatient unit was poor, the regime was too limited, there was minimal therapeutic activity and there was a lack of basic care.
- S29 The management of medicines was reasonably good, although some aspects required further attention. Dental provision was good, with acceptable waiting times for routine appointments.
- S30 Primary mental health services were poor and did not meet need. A good level of secondary mental health care was provided but prisoners waited too long to be transferred under the Mental Health Act.
- S31 In our survey, prisoners were relatively positive about the food provided and we found it to be reasonable. Consultation with prisoners about the food was mainly through the monthly consultation meetings, and prisoners were able to contact the kitchen directly via the wing kiosks to make comments. Prisoners had frequent access to the prison shop, including on arrival, which reduced the potential for debt.

Purposeful activity

S32 *For most prisoners, the amount of time out of cell was good. The leadership and management of learning and skills and work activities were good. The number of activity places had increased and was sufficient for the population but the range and level of vocational courses were too limited. Allocation to activity was good but too many prisoners failed to attend or attended late. Too much teaching and learning required improvement. Learning resources were excellent. Opportunities to record or recognise skills were missed but those who took qualifications achieved well. Library and PE provision was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S33 *At the last inspection in October 2012 we found that outcomes for prisoners in HMP Forest Bank were not sufficiently good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved, and two had not been achieved.*

S34 The amount of time out of cell was good for most and better than at comparator prisons. Those in full-time work received over nine hours a day out of their cell and many others could achieve around six and a half, but for a minority, such as those on the basic regime and those self-isolating, the amount of time unlocked was far too limited – in some cases less than one hour a day. Too many prisoners, around 40%, were locked in cells during parts of the working day but this was mitigated by regular evening association. The regime regularly ran late, often caused by delays in issuing medications.

S35 The leadership and management of learning and skills and work provision were good and there was a good focus on improving English and mathematics. Good relationships with external partners had expanded skills and employment opportunities, although the range and level of vocational courses were too limited and too much work was mundane. Vulnerable prisoners did not have equitable access to learning and skills activities.

S36 The number of activity places had increased and was sufficient for all prisoners to be employed on a full- or part-time basis. Allocation to learning and skills and work was effective but too many prisoners, around 20% of those allocated, failed to attend. Management information and quality assurance systems required improvement in order to monitor the effectiveness of provision.

S37 Too much teaching and learning required improvement. Prisoners' progress was not recorded well enough and there was too little support for prisoners with additional needs. Learning resources had improved and were good.

S38 Staff–prisoner relationships in learning and skills and work were respectful and prisoners' behaviour was generally good. Prisoners were motivated to learn and improve their skills. A good work ethic was undermined by poor time keeping.

S39 Those prisoners taking exams achieved well but the drop-out rate was not recorded. There was insufficient recognition and recording of employability skills.

S40 The library offered a comprehensive range of books and materials, and access was good. There was effective support for those on distance learning programmes.

S41 Prisoners had good access to recreational PE and an appropriate range of qualifications. PE facilities were good but there was too much emphasis on weight training. Healthy living and personal fitness were promoted well.

Resettlement

S42 *Good offender management arrangements were partly undermined by an offender assessment system (OASys) backlog. Offender supervisors were capable and had regular and meaningful contact with prisoners, and the quality of OASys assessments was good overall. Home detention curfew processes were sound. Public protection arrangements were mostly good. Categorisation and transfer arrangements were good, although some sex offenders stayed too long at the prison without enough opportunity to address their behaviour. The demand for resettlement services was high and pathway provision was good, with work with families being particularly impressive. **Outcomes for prisoners were good against this healthy prison test.***

S43 *At the last inspection in October 2012 we found that outcomes for prisoners in HMP Forest Bank were good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, one had been partially achieved, four had not been achieved and three were no longer relevant.*

S44 A thorough resettlement needs analysis was undertaken each year and used to inform the resettlement strategy and action plan. Links between the offender management unit and the community rehabilitation company (CRC) needed strengthening to support good resettlement work.

S45 Too many prisoners, particularly those who were the responsibility of the National Probation Service, did not have an up-to-date offender assessment system (OASys) assessment, which affected progression in some cases. Offender supervisors were knowledgeable and capable. Contact between offender supervisors and prisoners was regular and meaningful, with a focus on sentence plan targets, but too little motivational work was provided. The quality of OASys assessments was good overall but some sentence plans were weaker, failing to set outcome-focused objectives.

S46 Home detention curfew processes were sound and monitoring was effective. Many releases were late but this was the result of insufficient time to process them because of the very short sentences served by some prisoners.

S47 For prisoners presenting public protection issues, contact restrictions and applications for child contact were managed appropriately. The interdepartmental risk management team provided additional oversight of higher-risk cases, and meetings were well attended. The multi-agency public protection arrangements (MAPPA) level was not always confirmed before release, which potentially limited the prison's involvement in multi-agency planning. However, involvement in pre-release planning for level 2 and 3 MAPPA cases was good.

S48 Initial categorisation and reviews were well managed. A large number of prisoners were transferred each month and these were prioritised well, where possible. Despite the efforts of staff, prisoners convicted of sexual offences stayed too long at the establishment owing to the lack of places nationally

S49 The demand for resettlement services was high, with about 250 releases a month, often following very short sentences. In our survey, more prisoners than elsewhere knew who to turn to for resettlement help. Adequate resettlement plans were developed on arrival but reviews were not always conducted, and were undertaken too near to release.

S50 A wide range of accommodation support was provided and few prisoners were released without accommodation. Good through-the-gate employment, training and education

provision was available, with links with employers to enable prisoners to access employment opportunities on release. Prisoners did not have access to the virtual campus (internet access for prisoners to community education, training and employment opportunities).

- S51 Health discharge planning arrangements were timely and appropriate, and pre release planning for those with enduring mental health problems was effective. For prisoners with substance misuse issues, throughcare arrangements were good and prisoners benefited from an impressive through-the-gate service.
- S52 A debt and finance management course was available to all prisoners, as well as individual debt management advice and the opportunity to open a bank account.
- S53 Work with children and families, and the provision of social visits were good. Evening visits were available, the visits hall was comfortable and visitors were treated respectfully by staff. Family support workers provided a wide range of services, including contact visits, family visits, homework clubs and liaison with social services. Prisoners were supported in improving their childcare and parenting skills through various courses.
- S54 The range of opportunities to address attitudes, thinking and behaviour was good and met the needs of the population, with the exception of sex offenders. There was a good focus on restorative practices.

Main concerns and recommendations

- S55 Concern: The management and care of prisoners at risk of suicide or self-harm who were marginalised because they were segregated, self-isolating or on the basic regime were poor. They were isolated and had little contact with staff or other prisoners, or access to activity in order to reduce their risk of self-harm.

Recommendation: Prisoners who are at risk of suicide or self-harm and are segregated, on the basic regime or self-isolating should have access to regular and meaningful contact with staff and prisoners and to activity, in order to reduce their risk of harm. Assessment, care in custody and teamwork (ACCT) documents should clearly reflect the care planning and quality of interaction provided.

- S56 Concern: The number of prisoners on the basic level of the IEP scheme was high. Their regime on the dedicated basic wing was too punitive, with restricted unlocking arrangements and only one hour of association each week. Opportunities to undertake behaviour change or demonstrate improvements were limited, and even when undertaken were not reflected in reviews.

Recommendation: The regime on the basic wing should be improved and, on the basis of risk assessments, should allow more time unlocked and contact with staff to enable prisoners to demonstrate improved behaviour. Behaviour change programmes should be delivered consistently and reviews should discuss and reflect prisoners' progress.

- S57 Concern: Primary mental health services were unsatisfactory and did not meet prisoners' needs. Conditions on the inpatient unit for those with mental health issues were poor. Their basic needs were not met and they had little time unlocked or access to therapeutic activities.

Recommendation: Primary mental health services should be improved, to ensure that they meet prisoner need. Conditions on the inpatient unit for those with mental health issues should be improved, to ensure that their basic daily needs are met and that they have access to adequate time unlocked and therapeutic activities.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Most prisoners had short journeys to the prison, and in our survey few prisoners said that they had spent more than two hours in the van. Although fewer prisoners than elsewhere said that the van had been clean, those we looked at were reasonably clean but well used.
- I.2 Too many prisoners had long waits at court, some not arriving at the prison until six hours or more after their cases had been heard.
- I.3 In our survey, prisoners were generally positive about their experience of escorts; more than at comparator prisons and than at the time of the previous inspection said that they had been offered something to eat and drink and that they had been treated well by escort staff
- I.4 Most escort vans arrived at around the same time in the evening, which caused some delays in entry and disembarkation.
- I.5 Prisoner escort records were not sufficiently informative in all cases. For example, we found one example which failed to notify reception staff that a man who had never been to prison before had been convicted of an assault on a child, putting him at risk from other prisoners.

Recommendations

- I.6 **Prisoners should be transported to the prison from court promptly once their case has been heard.**
- I.7 **Prisoner escort records should be comprehensive and address all areas of risk.**

Early days in custody

Expected outcomes:

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

- I.8 Reception was busy, with an average of 108 new arrivals a week. Many escort vans arrived at around the same time, during the early to mid-evening (see paragraph I.4), and prisoners were often delayed in reception awaiting their health care interview. For some, this meant a stay of up to four hours. These delays meant that some prisoners were located onto the first night wing late at night and missed out on the opportunity to shower, have association and settle in.
- I.9 The reception area was spacious and clean. Holding rooms were clean and had televisions and some reading material to keep prisoners occupied. There were informative and well-

designed notices for prisoners around the reception area but not in holding rooms, where waiting prisoners would have had time to look at them.

- I.10** Reception staff were courteous and friendly towards prisoners. Processes were efficient and there was an emphasis on exploring issues of safety and vulnerability with new arrivals in private. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) was available in reception every afternoon and evening. Newly arrived prisoners told us that they had been offered a free telephone call and the opportunity to place a prison shop order if they had money to spend.
- I.11** All prisoners, including those on transfer from another prison, were subjected to a full search on arrival without reference to a risk assessment (see recommendation I.45).
- I.12** With the exception of prisoners requiring detoxification support, all new prisoners, including those who would later be kept separate, went to the first night centre. Prisoners were met there by trained and experienced prisoner mentors, who went through some basic information with them individually. Written information provided on the first night and in induction was helpful and there was an illustrated guide to the prison, giving key information in an accessible form, but none of it was available in languages other than English.
- I.13** First night accommodation was reasonably clean and prisoners were provided with sufficient bedding, toiletries and eating utensils. Most cells had a television, although there had been delays in replacing those which had been broken by former occupants.
- I.14** Apart from young prisoners, who were checked every hour, there were no enhanced observations for new arrivals, even those who had never been to prison before.
- I.15** Induction started on the day after arrival, and in our survey 88% said that they had attended this, with 61% saying that it had covered everything they needed to know about the prison. The session we observed was presented by the induction officer, supported by the prisoner peer mentors. The presentation was well constructed, covering the important issues, and gave prisoners the opportunity to ask questions. Prisoners on the detoxification wing were assessed for their ability to benefit from the presentation before they were provided with an induction session. Vulnerable prisoners and those requesting protection did not attend it but were visited by the induction officer on their residential wings. The induction officer monitored who had attended and prisoners were paid for completing induction.

Recommendations

- I.16** **Delays for prisoners in reception should be reduced and all newly arrived prisoners should be able to shower and settle in to the first night wing, irrespective of their time of arrival.**
- I.17** **Induction information should be provided in a variety of languages and formats.** (Repeated recommendation I.17)

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.18** Recorded levels of assaults were similar to those at other local prisons but the number of fights was higher. The number of violent incidents overall had increased sharply since the previous inspection. In 2012, 286 violent incidents had been recorded, of which 23 had been serious incidents. In 2015, this number had risen to 391 violent incidents, of which 50 had been serious.
- I.19** This change was reflected in our survey, where the proportion of prisoners saying that they had ever felt unsafe at the establishment had risen from 30% to 50% since the previous inspection, and the proportion saying that they currently felt unsafe had risen from 16% to 23%. However, fewer than at comparator prison said that they had been victimised by other prisoners.
- I.20** The prison was focused on understanding and reducing the levels of violence. There was a comprehensive safer prison strategy, which set out the principles of dealing with violent behaviour. Implementation of the strategy was overseen by the monthly safer prison strategy meeting, chaired by the director.
- I.21** The safer custody team gathered a wide range of information about violent incidents and had effective links with the security department. The safer prison strategy meeting analysed the data and identified actions to challenge and reduce opportunities for violent behaviour. Of note, managers had investigated the influence of new psychoactive substances (NPS; 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) and found that 42% of incidents in 2014 had been linked to their use. The prisoners' views on improving safety were collated through an annual safety survey, conducted in confidence through the wing information kiosks, which had an 80% response rate.
- I.22** Residential managers carried out thorough and timely investigations of incidents of violence. Interventions to reduce violent behaviour included use of the IEP scheme and, for repeated violence, a casework approach, setting behaviour targets and monitoring the prisoner concerned. However, the quality and effectiveness of practice were often poor in the casework files we examined. Although there were a few examples of well thought out target setting, in most of the files staff had not set meaningful targets and used the system mainly as an observational record.
- I.23** Prisoners who were victims of assaults or bullying were interviewed and the information documented but there was no process for following up identified support needs with planning and monitoring. Most prisoners requiring separation for reasons of their conviction or protection for other reasons were kept safe on two dedicated wings and had access to a reasonable regime. At the time of the inspection, there were 15 prisoners fearful for their safety because of conflict with other prisoners or debt who could not be accommodated on the separated wings and remained on main location. They had a poor experience, with only a short time out of their cell every day for a shower and no access to outdoor exercise.
- I.24** There was no recorded assessment to determine the suitability or oversight of young adult prisoners at risk of grooming or exploitation, for location with adult sex offenders.

Recommendations

- I.25** An effective process for challenging and reducing repeated violent behaviour and for supporting victims of such behaviour should be implemented and managed robustly.
- I.26** The risk to young adult prisoners from adult sex offenders should be assessed to reduce their risk of exploitation from adults.
- I.27** Prisoners who require protection should not remain on main location without adequate access to the regime and outdoor exercise.

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.28** Recorded levels of self-harm were comparatively high. There was good analysis of their nature, location and reasons at the safer prison strategy meeting (see paragraph I.21).
- I.29** The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of self-harm was high but 75% were closed within 14 days. The quality of assessment, planning and contact reflected in the documentation was inadequate in too many of the files we examined. Even when the initial assessments had been thorough, this was not always reflected in the quality of the care plans. There was reasonable consistency of case managers but reviews were often poorly attended and care plans were not updated with emerging issues from reviews. Records of contact were mainly observational, with little meaningful interaction evidenced. There was regular training in ACCT procedures, and regular checking of the quality of ACCT management, with the results reported to the safer custody strategy meeting, but these had not been effective in driving improvements.
- I.30** Prisoners on main location who were subject to ACCT management told us that they received a good level of care from staff and were well supported. However, this was not the case when there were disciplinary or security concerns overriding the provision of appropriate care, and we were concerned about the additional stress that this could cause such prisoners, increasing their risk of self-harm. The segregation of prisoners on ACCT management was authorised appropriately in the care plan but there was no evidence of consideration of how their care needs could be met in that environment. Prisoners subject to ACCT management who were on the basic level of the IEP scheme on the dedicated basic wing, and those who requested isolation for their own protection on main location, had a restricted amount of time out of their cell and poor provision of activities to keep them occupied (see main recommendation S55).
- I.31** Since the previous inspection, there had been two self-inflicted deaths. Action plans had been prepared in response to the Prisons and Probation Ombudsman (PPO) reports. These plans were kept under continual review at the safer prison strategy meeting, and we found evidence of improved procedures in response to the recommendations. There was a further death in custody during the inspection, and arrangements to liaise with the prisoner's family, support staff and prisoners and to prepare for the PPO investigation were swiftly activated.

- I.32** The team of 20 trained Listeners told us that they were well supported by the local Samaritans group and that they did not experience problems in gaining access to prisoners in need. In our survey, more prisoners than at comparator establishments said that they were able to speak to a Listener when they wanted to. Listeners met prisoners in their cells or in wing interview rooms. There was a dedicated Listener suite on G1 wing but it was not being used, which was a missed opportunity.

Recommendation

- I.33** **Staff entries in assessment, care in custody and teamwork (ACCT) documents should be improved.** (Repeated recommendation I.42)

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.34** There was no adult safeguarding policy but the deputy director was drafting one to be implemented later in the year.
- I.35** The deputy director was a member of Salford safeguarding board and had agreed the division of responsibilities for the care of prisoners requiring support (see also paragraph 2.47).

Recommendation

- I.36** **There should be an adult safeguarding policy which addresses the duty of staff and the local authority to identify, refer and implement care for prisoners requiring safeguarding from abuse and exploitation in the prison and on release.**

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.37** The management and use of intelligence were extremely good and the flow of information into the security department was far higher than we usually see, at just over 700 intelligence reports each month. On receipt, they were processed and communicated to appropriate areas quickly by security staff, which allowed them to respond promptly to immediate security issues. For example, target searching and suspicion drug testing were carried out almost immediately in response to intelligence reports. Security-led meetings were well attended, and links with other key prison departments, particularly the offender management unit and safer custody, were very good. However, the prison told us that liaison with local

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).

policing teams was sometimes weak; for example, referrals of violent acts were often not responded to quickly, and often not dealt with at all.

- I.38** Although procedural security was generally well managed, a few practices were excessive – for example, strip-searching in reception and petty restrictions on everyday items that prisoners could have in their possession without an assessment of associated risk. The number of prisoners on closed visits at the time of the inspection was extremely high, at 166, and mostly for issues not related to visits.
- I.39** Most risk management systems were well integrated and clearly effective. We saw no evidence to show that the prison was risk averse in terms of allocating activity spaces, although there were some rational restrictions in the areas that higher-risk prisoners could attend.
- I.40** Security staff also managed more discrete intelligence systems to identify and deal with sophisticated and covert forms of organised crime and possible staff corruption. The prison had an appropriate focus on extremism and the risks of radicalisation, and this was well managed.
- I.41** Important elements of dynamic security were in place. Relationships between staff and prisoners were reasonable, supervision in important areas around the prison, such as residential wings, education classes and workshops, was effective and the prison regime was purposeful and predictable.
- I.42** Finds, intelligence reports and our survey results pointed to increased drug availability. In our survey, 54% of respondents said that it was easy to get illegal drugs at the prison, compared with the 37% comparator and 39% at the time of the previous inspection. Many more prisoners than at the time of the previous inspection (17% versus 6%) said that they had developed a drug problem while at the prison.
- I.43** The average random mandatory drug testing (MDT) positive rate over the previous six months was only 3.2% but this did not reflect the use of NPS, which were undetectable and had become prevalent. The prison had developed a detailed supply reduction action plan, there was good information sharing and departments worked jointly to address NPS and other drug use.
- I.44** Management of the MDT programme had improved and it was resourced appropriately, and suspicion testing was completed on time. Of 373 suspicion tests conducted in the previous six months, just over 20% had been positive, mainly for cannabis. A recent increase in positive results for cannabis coincided with the introduction of a new mandatory drug test for NPS (both on a random and a suspicion basis), which had started two weeks before the inspection. The accuracy of the new test was not yet clear and no positive results been returned so far.

Recommendations

- I.45** **Prisoners should only be strip-searched on the basis of intelligence or specific suspicion.** (Repeated recommendation I.56)
- I.46** **Closed visits should only be applied where there is evidence of illicit activity relating to visits.** (Repeated recommendation I.55)

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.47** At the time of the inspection, the number of prisoners on the basic level of the IEP scheme was high, at 94, and 123 were on the enhanced level. In our survey, far fewer respondents than at the time of the previous inspection said that they had been treated fairly by the scheme (35% versus 48%).
- I.48** The scheme was detailed clearly in the establishment policy but was not freely available on the residential units, and some staff we spoke to were not consistent in their description of the official processes for downgrading prisoners to the basic regime or upgrading them to the enhanced level.
- I.49** Several offences led to an immediate downgrade to basic, including violent behaviour, possession of a mobile telephone, refusal to transfer and NPS-related activity. The length of time to be spent on basic was too rigid – usually 28 days – and prisoners were not reviewed earlier, to give them an opportunity to upgrade if their behaviour improved, which did not incentivise good behaviour (see main recommendation S56).
- I.50** FI had been designated as a basic wing. At the time of the inspection, the regime was too punitive, with limited time out of cell (association only once a week) and too few opportunities to have contact with staff to demonstrate improvements in behaviour. There was a peer mentor-led scheme, which offered behaviour change interventions in a number of subjects, including NPS awareness and communication skills. Although this was welcomed, delivery of these behaviour change programmes was inconsistent and we were not assured that their supervision and oversight were adequate. A record of attendance was kept but we saw no mention of progress in case notes and were not convinced that any progress would influence IEP reviews. Too few prisoners were involved in their reviews or in setting individualised targets, and reviews did not usually reflect changes in behaviour (see main recommendation S56).

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.

Disciplinary procedures

- I.51** The average number of formal adjudications was 279 a month, which was similar to that at other local prisons but far higher than at the time of the previous inspection. Some charges were petty and could have been dealt with less formally, through the IEP scheme. The written records of hearings that we examined and those we attended indicated that proceedings were conducted fairly.

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

- I.52** A minor reports system was used to deal with less serious offences by young adult prisoners on A2 wing. Although not used excessively, governance of the system was poor, hearings were cursory, investigation of charges was inadequate and there appeared to be an assumption of guilt by adjudicating managers. Punishments were arbitrary, not based on an agreed tariff and, regardless of the offence, always involved loss of association.

Recommendation

- I.53** **Less serious offences committed by young adults should be dealt with by the IEP system.**

The use of force

- I.54** Although levels of use of force were similar to those at other local prisons, they had increased considerably since the previous inspection. There had been 267 incidents involving the use of force in the previous six months, which was similar to the number at similar prisons but twice as high as at the time of the previous inspection. This reflected an overall increase in the number of violent incidents (also see section bullying and violence reduction).
- I.55** The monitoring of use of force had improved and was generally good. A use of force committee met each month to oversee processes and provide governance. All incidents were discussed and a senior manager quality-assured a sample of the associated paperwork, although there was insufficient scrutiny of video records of planned incidents. Information on the nature of the incident, its location and the ethnicity of the prisoners involved was collated and presented for analysis. Trends were identified and appropriate action was taken.
- I.56** The use of force documents we examined had been completed correctly and provided good accounts of the use of de-escalation. They gave assurance that the use of force had been justified, reasonable in the circumstances and proportionate.
- I.57** Special cells in the segregation unit were grim but they were rarely used – and had not been used at all in the previous six months.

Segregation

- I.58** Living conditions on the segregation unit were reasonable. Communal areas were clean but some cells were dirty and poorly furnished. In addition to the two special cells (see above), there were two caged exercise yards, which were bare and uninviting.
- I.59** The use of segregation had reduced and was similar to that at similar prisons. A total of 311 prisoners had been segregated in the previous six months, which was lower than at a similar period before the previous inspection. The monitoring of segregation at segregation management meetings was reasonably good but the quality of the authorisation paperwork we examined was sometimes weak and it did not always make the reasons for initial segregation sufficiently clear.
- I.60** The day-to-day relationships we observed between segregation staff and prisoners were good. Officers treated prisoners respectfully and were clearly comfortable when dealing with them.
- I.61** At the time of the inspection, the average length of stay of the current population was about three weeks but a few had been segregated for much longer – some for more than two

months The regime for most segregated prisoners, although limited, was adequate and included daily showers, exercise in the open air and telephone calls. Following risk assessments, many could attend corporate worship, and a gym session at least once a week. However, for the small but significant number of longer-stay men with more complex needs, including several on ACCT management plans displaying more challenging behaviour, the regime was inadequate and we were concerned that there was too little in place to help to prevent their psychological deterioration over time. They spent nearly all of their day locked in cells with nothing to do (see main recommendation S55).

- I.62** Formal planning to address the individual needs of segregated prisoners was being developed but there was little to show that changes in behaviour were being monitored sufficiently or that individual needs, particularly for more complex cases, were met. Individual management plans had been raised in a few cases but they were usually superficial and concentrated almost exclusively on compliance, rather than planning for reintegration into the main prison.

Recommendation

- I.63 Individualised care and reintegration planning should be developed and implemented for longer-stay prisoners and those with complex needs.**

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.64** The substance misuse strategy was well managed and attendance at monthly drug strategy meetings included representatives from local community agencies. The substance misuse policy document was comprehensive. Action plans focused appropriately on NPS and, with the smoking ban imminent, smoking cessation.
- I.65** Substance misuse services were of high quality and easily accessible. Designated drug support units assisted prisoners at different stages of recovery: HI focused on stabilisation/detoxification and on enhancing motivation, whereas the ethos on GI was to achieve and maintain abstinence. Group work modules included a 'reduction and motivation' programme delivered by a community drug service, and support on both units was enhanced by an active peer mentor scheme.
- I.66** At the time of the inspection, 357 prisoners were engaging actively with the recovery team, and the range of interventions was impressive. Service user consultation took place regularly, group work modules to meet the needs of vulnerable prisoners had been introduced and all prisoners could access Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous self-help groups. In addition, the programmes team ran two accredited programmes: 'building skills for recovery' and 'alcohol-related violence'.
- I.67** We found first night treatment to be variable. While alcohol detoxification regimes began immediately, initial treatment for opiate-dependent prisoners arriving late was sometimes delayed until the following day, which was not satisfactory. Methadone titration regimes were too slow for those who had been prescribed high doses in the community, and buprenorphine (subutex) had only become available as an option two weeks before the inspection. Controlled drug administration was safe and well supervised by officers.

- I.68** At the time of the inspection, 209 prisoners were prescribed methadone, 59% on a reducing basis, and two received buprenorphine. Regular clinical reviews were undertaken by substance misuse nurses and recovery workers but these were conducted in-cell or in the corridor, which was not appropriate. There was no waiting list to see the substance misuse specialist GP, who offered weekly clinics to alter prescribing regimes. Designated dual diagnosis nurses provided appropriate care coordination for prisoners with drug/alcohol and mental health problems.

Recommendations

- I.69** **First night treatment for opiate-dependent prisoners should be provided consistently.**
- I.70** **Clinical reviews should take place in a respectful environment.**

Good practice

- I.71** *Prisoners with drug and alcohol problems could access an impressive range of recovery-focused interventions, peer mentors and designated units which enhanced motivation and provided high-quality support.*

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 External areas were kept clean and litter free. Internal areas and cells were bright, clean and in good condition. We saw little graffiti and the offensive display policy was adhered to. Too many prisoners lived in crowded conditions, with 35% of prisoners doubled up in cells designed for one. In-cell toilets were well screened and cell furniture was adequate. Not enough prisoners had privacy keys or lockable cupboards for their cells, which was a particular issue for those who had in-possession medication (see recommendation 2.75).
- 2.2 In our survey and in our prisoners groups, few prisoners said that their emergency cell call bells were answered quickly. We saw too many speakers in residential wing offices temporarily blocked in order to muffle the sound of the cell bell.
- 2.3 With the exception of prisoners on the basic level of the incentives and earned privileges (IEP) scheme, access to showers and telephones was good, and in our survey 93% of prisoners said that they were able to have a shower every day. Showers were clean but the ceilings in some were mouldy and in a poor state of decoration and lacked adequate privacy screening. Most cells had in-cell telephones, which were welcomed by many of the prisoners we spoke to. However, some prisoners did not have a handset, including those on the first night centre and those on the basic regime.
- 2.4 In our survey, most respondents said that they had good access to cleaning materials (84%), clean clothes (63%) and bedding (89%). All residential units had adequate laundry facilities.
- 2.5 Each wing had electronic kiosks, through which prisoners could access their personal accounts, see menus, send messages to various departments and make applications. The system worked well and enabled prisoners to track their applications and be kept up to date via an electronic daily message board.

Recommendations

- 2.6 **Cells designed to hold one prisoner should not be used to hold two.** (Repeated recommendation 2.12)
- 2.7 **Emergency cell call speakers should not be blocked or muffled and calls should be answered within five minutes.**
- 2.8 **Communal showers should be refurbished and include privacy screening.** (Repeated recommendation 2.13)

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.

- 2.9** In our survey, although most respondents (73%) said that staff treated them respectfully, this proportion was lower than at the time of the previous inspection (81%). We saw respectful interactions but they were usually formal and focused on practical issues only, and this was reflected in electronic case notes.
- 2.10** In our survey, fewer prisoners than at comparator prisons said that there was a member of staff they could turn to for help or that they had a personal officer (36% versus 52%). Prisoners in our groups said that some personal officers were not well engaged. The quality of written case note entries by personal officers was variable and infrequent and there were limited management checks.
- 2.11** Two prisoner consultation groups took place monthly – one for vulnerable prisoners and the other for those in the main population. They provided a useful forum for discussion and information sharing, and there was evidence of action taken as a result.

Recommendation

- 2.12** **The quality and frequency of staff (including personal officer) interaction with prisoners should be improved and include assessment of prisoners' well-being, and this should be reflected in meaningful case note entries.**

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.

Strategic management

- 2.13** The strategic management of equality and diversity had improved. A 'diversity and inclusion' policy had been developed and covered the protected characteristics, outlining overarching issues for each. The policy and the supporting action plan were focused on responding to the needs and issues raised at the wide range of regular prisoner forums and the useful one-to-one support sessions that prisoners could request via the electronic kiosk system. However, they lacked the detail that would enable frontline staff better to understand how to provide the necessary levels of support consistently. Attendance at the bimonthly diversity and inclusion action team (DIAT) meetings was good, and regularly included prisoner

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

representatives, but there was no effective monitoring of data relating to protected characteristics, to inform actions at the meeting.

- 2.14** A total of 34 discrimination incident report forms (DIRFs) had been submitted in the previous six months. These had been responded to promptly and most responses demonstrated a good level of investigation. DIRFs were widely available and prisoners we spoke to demonstrated a good understanding of the process. Some of the DIRFs we saw that had been responded to by the DIAT should have been referred to the general complaints process as they did not contain an element of discrimination.

Recommendations

- 2.15** **There should be clear guidance to staff on their responsibilities in relation to the care and support of prisoners with protected characteristics.**
- 2.16** **Equality data relating to access to the regime and services, and to the treatment of prisoners with protected characteristics, should be monitored and presented for review at the diversity and inclusion action team meeting.**

Protected characteristics

- 2.17** The identification of prisoners with protected characteristics was effective and the prison had a good understanding of the make-up of its population. Issues raised on prisoners' arrival were followed up by the equality and inclusion manager, who met the prisoners involved and, where necessary, drew up a care support plan and made referrals to other functions, such as the education department for prisoners with learning difficulties, and social care support staff for older prisoners and those with disabilities. This normally worked well when the equality and inclusion manager was directly involved; however, this was not always the case and care plans were not always shared with wing staff, and we found evidence of the needs of some prisoners not being met. For example, we came across a prisoner with limited mobility who, despite having a care plan which outlined the need for help to collect meals and for extra time to get around the wing, received no support and was left locked up for most of the day.
- 2.18** Around 20% of prisoners were from a black and minority ethnic background. There was a bimonthly forum for these prisoners, attended by those who had requested the formation of this group and randomly selected prisoners. Black and minority ethnic prisoners we spoke to and in our survey were more positive than white prisoners across many areas, including staff-prisoner relationships.
- 2.19** In our survey, 4% of respondents said that they were from a Gypsy/Romany/Traveller background. A prisoner diversity representative had been recruited as the first point of contact and some useful support groups had been run, supported by external speakers and organisations.
- 2.20** At the time of the inspection, there were 84 foreign national prisoners, 16 of whom were being detained under immigration powers. Free telephone calls abroad were not automatically facilitated and few prisoners were aware of the facility. There was a useful link to the Home Office, and twice-monthly surgeries took place, to progress immigration issues. A list of local immigration solicitors was available and free immigration advice could be accessed via the in-cell telephone system. There was little translated material anywhere in the prison but there was good use of professional telephone interpreting services and

attempts were made to co-locate non-English speakers with other prisoners who could assist them. A useful list of multilingual staff was also maintained.

- 2.21** All faiths were catered for and focus groups for different religions, including for Muslim prisoners (who made up around 10% of the population), were held regularly by the chaplaincy. Monitoring data on religion was collated by the chaplaincy and presented to the DIAT meeting.
- 2.22** In our survey, 28% of respondents identified themselves as having a disability, and this group reported more negatively than their counterparts across almost the whole range of issues. There was a personal emergency evacuation plan system but its application was haphazard and inconsistent across the wings. The process was not sufficiently robust to ensure the safety of prisoners in an emergency. Good levels of social care for prisoners with the most severe disabilities and needs were provided by two care assistants. However, there was a lack of co-working between them and the DIAT, and individual care plans were not shared with residential staff, which led to missed opportunities for continuity of care, and we saw the needs of some prisoners being unmet (see also paragraph 2.47).
- 2.23** Around 130 prisoners were over the age of 50, with the oldest being 80. There was a regular forum for this group. Older prisoners we spoke to were generally positive, and staff acknowledged that this group was most likely to be compliant and not to complain or ask for help, but there was little proactive effort to engage with them. Health provision was reasonable (see also paragraph 2.47) and there was an over-50's gym session, but there was no age-specific planned activity. Throughout the inspection, we found retired prisoners locked in their cells for most of the core day (see also paragraph 3.2).
- 2.24** Young adults made up around 10% of the population but were involved in a disproportionate number of violent incidents. There were some dedicated young adult peer supporters and gym sessions, and there was support for them with anger management issues.
- 2.25** In our survey, around 4% of respondents said that they were gay or bisexual. There was a bimonthly forum for these prisoners but attendance was poor. There were good links with outside support agencies, who attended some of the meetings, and freephone numbers for support groups were well advertised. One-to-one support with either the equality and inclusion manager or the prisoner diversity representative was available.
- 2.26** There was no specific policy to provide guidance to staff on the management of transgender prisoners, and staff from some key functions had no concept of the issues and needs surrounding the provision of care to this group.

Recommendations

- 2.27** **Care and support plans should be multidisciplinary and ensure that appropriate levels of care and support are provided consistently.**
- 2.28** **The personal emergency evacuation plan system should be applied consistently and provide assurance that the safety of all identified prisoners is assured in an emergency.**

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.

- 2.29** The facilities for corporate worship were good and the busy chaplaincy provided for all faiths represented at the prison. All statutory responsibilities, such as seeing all newly arrived prisoners and those in segregation, were undertaken by the directly employed members of the team, with support from sessional staff. Faith-centred classes were provided throughout the week and good attention was paid to all religious festivals throughout the year.
- 2.30** The team was well represented across the prison and attended a wide range of multi-functional meetings. There was good access to the team, and prisoners could apply to see a chaplain and attend worship via the electronic kiosk system.
- 2.31** When requested, members of the team contributed to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm and sentence planning processes. A part-time chaplain was employed to focus on the resettlement needs of prisoners. Good links to faith-based community groups had been established to help prisoners to resettle.
- 2.32** A prison visitor scheme was coordinated by the chaplaincy to provide support for prisoners who did not normally receive domestic visits.

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.

- 2.33** In our survey, fewer respondents than at comparator prisons and than at the time of the previous inspection said that it was easy to make a complaint. The number of complaints submitted was similar to that at comparator prisons, and we found that access to complaint forms was good, with the full range of forms readily available on all wings.
- 2.34** With the exception of health-related complaints (see also paragraph 2.48), there was good monitoring of trends in complaints and a high level of managerial oversight to ensure quality control and to take action to address repeated issues. Complaints against staff had been investigated fully and disciplinary action taken when appropriate. Responses to complaints were timely, and the sample we reviewed had been courteous and addressed the issues raised.

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.

- 2.35** A trained legal services officer provided a wide range of help and support. All newly arrived prisoners were seen by this officer, who provided them with information, including lists of local solicitors, how to manage court fines, and signposting to more specialist services.
- 2.36** Legal visits were available each weekday and were easy to book. In our survey, more prisoners than at other local prisons said that it was easy to attend a legal visit, and these took place in booths in the visits hall, which provided a good level of privacy. Legal textbooks were available in the library and prisoners undertaking an appeal against their conviction could access computers to support completion of their paperwork.
- 2.37** Access to bail information and support was excellent, and in our survey more prisoners than elsewhere said that it was easy to get bail information. In the previous six months, the bail information officer had interviewed over 900 prisoners and prepared 137 bail reports, with almost 80% resulting in bail.

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.

- 2.38** The inspection of health services was undertaken jointly by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement, with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

- 2.39** The National Offender Management Service (NOMS) commissioned Sodexo Justice Services to provide health services and NHS England commissioned Greater Manchester West (GMW) Mental Health NHS Foundation Trust to provide secondary mental health services. Well-attended partnership board meetings were held every six months and covered all areas. The health needs assessment had been completed in July 2014 and needed updating to reflect current need.
- 2.40** There was good oversight of death in custody action plans and there were opportunities to learn from serious incidents, which informed service improvement.

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>.

- 2.41** A new team of clinical managers were settling into their roles and beginning to drive service improvement. However, too few staff had received regular clinical and managerial supervision, so it was unclear if the needs of the individual or the organisation were being met. Twenty-four-hour nursing cover was provided.
- 2.42** Most staff had completed mandatory training, although this did not include any safeguarding training. Professional development opportunities were available. Health services staff followed a range of relevant Sodexo policies, although there was no safeguarding policy.
- 2.43** Clinics were held in the health centre, which was a clean, well-equipped environment. The waiting area had been decorated recently but there was no separate waiting room for vulnerable prisoners, who waited in the inpatient area, which was inappropriate.
- 2.44** Staff were aware of the prevention of infection and communicable diseases policy and we observed well-organised care and liaison with Public Health England during the inspection, when there was an outbreak of influenza.
- 2.45** Emergency equipment, including automated external defibrillators and oxygen, were placed strategically across the prison. However, we found out-of-date items, including intravenous glucose and some equipment that had not had an annual calibration since 2012, which posed a risk that the equipment might not have been effective in an emergency, and the monitoring requirements were not satisfactory. An ambulance was called promptly in emergencies.
- 2.46** A senior nurse had been identified for the care of older prisoners and there was access to age-appropriate screening and to mobility and health aids.
- 2.47** Good links with Salford City Council had enabled effective arrangements for social care assessments, and two health and social care assistants had subsequently been employed to deliver care. At the time of the inspection, they had 20 prisoners on their caseload. This was a good initiative, although links with custody staff and other departments needed to be developed, to ensure continuity of care (see also paragraph 2.22).
- 2.48** Health care complaints went through the general prison complaints system, which was inappropriate as it lacked confidentiality. Most of the responses to health-related complaints that we sampled did not fully address the issues highlighted and were not always respectful in tone (see also paragraph 2.34).
- 2.49** Prisoners had good access to smoking cessation via gym staff, and prisoners with long-term respiratory conditions were offered this service.
- 2.50** There was good access to immunisations and screening for blood-borne viruses. Barrier protection was available but this was not advertised. Health promotion was delivered during consultations and material was available within the health centre.
- 2.51** There was no patient forum but health was an agenda item on the prison's consultative meeting.

Recommendations

- 2.52** **Health services staff should have regular, recorded access to individual management and clinical supervision, and access to safeguarding training.**
- 2.53** **There should be an appropriate waiting room in the health centre for vulnerable prisoners.**

- 2.54** The emergency resuscitation equipment should be in good order, with an effective monitoring system.
- 2.55** Prisoners should be able to complain about health services through a well-publicised, confidential system and all responses to these complaints should be respectful and fully address the issues raised.

Delivery of care (physical health)

- 2.56** The initial health screening for new arrivals was undertaken promptly by a registered nurse, and a health care assistant completed a basic health check. Immediate health care needs were identified, including mental health and substance misuse needs but not learning disabilities. Appropriate referrals were made and a GP was available during reception. There were high levels of non-attendance at follow-up comprehensive health care assessments, which meant that prisoners were not reviewed systematically during the first few days in custody.
- 2.57** There was a wide range of nurse-led clinics, including triage, and effective use was made of visiting specialist services, including a weekly sexual health clinic. Prisoners with life-long conditions received regular reviews by appropriately trained staff, and care plans and assessment templates based on national clinical guidance were utilised. Entries in patients' electronic clinical records (SystemOne) were reasonable.
- 2.58** GP services were provided by a core group of regular doctors from a GP agency. Daily GP clinics were provided, including on Saturdays, but there was no out-of-hours GP provision. Staff told us that they liaised with the accident and emergency department at the local hospital and sent prisoners there if required. Prisoners had good access to urgent same-day GP appointments but routine appointment waiting times were slightly long, at two weeks and four days.
- 2.59** There was an appropriate range of allied health professional clinics, with mostly acceptable waiting times, but there was no podiatry service. This was being addressed but there were 19 prisoners waiting for this service, with the longest wait being 39 weeks, which was too long.
- 2.60** Although many external hospital appointments had been cancelled for a variety of reasons, including discharge and court appearances, this was monitored and managed effectively.
- 2.61** The inpatient unit provided a poor environment, comprising 10 single cells, one double observed cell and two four-bedded wards. The unit was staffed by rotational night duty staff and one nurse. One of the wards provided medical assessment and palliative care, although no prisoners required this facility during the inspection. The single cells were stark and occupied mostly by prisoners with complex mental health problems, five of whom were awaiting transfer under the Mental Health Act to external mental health facilities and had experienced long waits.
- 2.62** The regime on the unit was restricted, which meant that some prisoners had little time unlocked, which had a negative impact on their care. There was limited access to a shower for some, and minimal therapeutic activity, communal dining and association. There was only one primary mental health nurse covering the unit, which was insufficient to provide appropriate care. The service was disjointed, with little interface between the mental health teams and custody staff, and there were no formal admission or discharge protocols (see main recommendation S57).

- 2.63** We observed an education session being delivered in the bright day room on the unit to two inpatients and a small group of prisoners from the wings who had previously been resident there, which was positive.

Recommendations

- 2.64** **All new arrivals should receive a comprehensive secondary assessment within 72 hours.**
- 2.65** **Prisoners should be able to access all primary care services within a reasonable timescale and have 24-hour access to a GP for advice and face-to-face assessment.**

Pharmacy

- 2.66** Medicines were supplied from a local Boots pharmacy. In-possession medication was supplied as patient-named items, with appropriate labelling and a dispensing audit trail. Other medication was supplied mainly from stock, which was not in line with current recommendations as it limited the additional checks provided by selection and administration of medicines from individually labelled patient packs.
- 2.67** Approximately 50% of medicines were supplied in-possession but the policy was neither followed nor documented robustly, and for three of the five patients that we checked during the inspection no risk assessment had been completed.
- 2.68** The pharmacist undertook general medicine use reviews and clinical audits, reviewed prescribing data and attended monthly clinical governance and medicines management meetings. There was a prescribing formulary (a list of medications used to inform prescribing).
- 2.69** An adequate range of medications for treating minor ailments and an appropriate range of patient group directions (which enable nurses to supply and administer prescription-only medicine) were available and recorded on SystmOne.
- 2.70** The controlled drug register in the pharmacy did not fully comply with current regulations. The receipt and transfer of methadone solution for G and H wing were not entered into this register, as required. All clinical staff had access to pharmacy stock and there was inadequate auditing of its use. The audit trail for access to controlled drug cabinets on G and H wings and the central dispensing point for A to F wings was not sufficiently robust.
- 2.71** Nurses administered medicines up to three times a day, at appropriate times. There were some gaps on prescription charts but patients not attending or refusing medication on three consecutive occasions were referred to the prescriber or pharmacist for review. There were no in-cell facilities for storing medicines securely, and many prisoners shared cells, which presented a potential risk for diversion. The issuing of medication often took a long time and delayed the running of the regime (see also paragraph 3.3). Prisoners sometimes experienced delays in receiving their medication, causing gaps in their treatment.

Recommendations

- 2.72** **All medicines, with the exception of controlled drugs should be supplied from individually labelled patient packs.**

- 2.73** In-possession risk assessments, which consider the risks of the drug as well as the patient, should be routinely and consistently completed in line with the policy and recorded accurately on SystemOne.
- 2.74** The accessibility of all medicines, including controlled drugs and pharmacy stock, should be reviewed and the use of pharmacy stock should be better audited.
- 2.75** Lockable cupboards should be provided in cells for patients prescribed in-possession medication.
- 2.76** Prisoners' medications should be dispensed at the prescribed time.

Dentistry

- 2.77** Four dental sessions a week were provided by a dentist from a local practice, with a dental nurse employed by Sodexo Justice Services. A full range of treatments was provided; appointments were allocated appropriately, based on need; and emergency provision was effective. At the time of the inspection, there were 69 prisoners on the waiting list, and the average wait for routine appointments was just over two weeks. Oral health promotion and advice were provided.
- 2.78** The dental suite was modern, spacious, met current infection control standards and had a separate decontamination room. Dental equipment, including an X-ray machine, was maintained and serviced regularly.

Delivery of care (mental health)

- 2.79** In our survey, more prisoners than at comparator establishments (46% versus 40%) said that they had emotional well-being or mental health problems, and, of those with such problems, fewer than elsewhere (23% versus 43%) said that they had been helped or supported by anyone at the prison.
- 2.80** Some custody officers had received mental health awareness training during their induction but there was no ongoing mental health awareness programme; there were plans to deliver this training but dates had not yet been set.
- 2.81** A small team of primary mental health nurses carried out reception screening. At the time of the inspection, there were 89 prisoners on the waiting list for an initial triage appointment, with an approximate waiting time of three weeks, which was too long. Prisoners with identified mental health needs were given self-help material or were referred to the secondary care service but there was no access to planned ongoing treatment or psychological interventions for those with mild-to-moderate mental health issues or with a learning disability. This meant that the needs of this vulnerable group were not being met and posed a significant risk (see main recommendation S57).
- 2.82** An experienced team of mental health nurses, a senior support worker and an administrator provided secondary mental health services, and consultant psychiatrists delivered three sessions a week. Referrals were received from staff, the courts and community mental health teams. At the time of the inspection, there were 43 prisoners on the team's caseload, all of whom were managed effectively under the care programme approach. Prisoners were assessed within 10 days, and within 24 hours for more urgent referrals. Approximately 14 referrals were received each month. Comprehensive assessments and risk assessments were undertaken, and care planning and entries on SystemOne were good.

- 2.83** A useful single point referral meeting was held weekly, with representation from the primary care mental health team, offender supervisors and substance misuse workers.
- 2.84** Between February and November 2015, eight people had been transferred to external mental health facilities. All but one had waited longer than two weeks, with the longest wait being 23 weeks, which was too long.

Recommendations

- 2.85** **Custody staff should have mental health awareness training, so that they can take appropriate action when a prisoner has mental health problems.**
- 2.86** **Patients requiring mental health inpatient care should be transferred within two weeks.**

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.

- 2.87** In our survey, a third of prisoners were positive about the food provided, which was far better than at comparator prisons, and the food we saw being prepared and that we tasted was reasonable.
- 2.88** Prisoners were able to select their menu up to two weeks in advance using the electronic kiosks on the wings. A wide range of choice was available, to suit different diets. A hot lunch and evening meal were offered most days. Mealtimes were appropriate, and most prisoners were able to eat out of their cells. Breakfast was served on the morning it was to be eaten.
- 2.89** The wing serveries, trolleys and main kitchen were clean, and there were effective arrangements to support halal storage, preparation and delivery. The main kitchen employed up to 60 prisoners and provided opportunities to develop basic cookery skills and undertake the level 1 national vocational qualification.
- 2.90** Food comments books were available on the wing but those we reviewed were not well used. We were told that prisoners were able to contact the kitchen directly from the electronic kiosks to make complaints and suggestions but we did not meet any prisoners who knew about this opportunity. Other consultation routes included a standing agenda item at the prisoner consultation meetings and an annual food survey.

Purchases

Expected outcomes:

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

- 2.91** The prison shop was run and managed on site by Sodexo Justice Services. Prisoners had access to it twice a week, and within 24 hours of arrival, which reduced the potential for debt. Orders were placed via the electronic kiosks on the wings. The range of goods available was reasonable, and prisoners were also able to purchase clothes and a small range

of electrical items from a catalogue. No charges were levied for placing catalogue orders or organising returns.

- 2.92** Consultation with prisoners about the shop was adequate and took place via the monthly prisoner consultation meeting, where the shop was a standing agenda item.

Good practice

- 2.93** *Prisoners had access to the prison shop twice a week, and within 24 hours of arrival, which reduced the potential for 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 good for most and better than at comparator prisons. Those in full-time work achieved at least nine and a half hours a day out of their cell during the week and around six hours at the weekend. Others could expect to be unlocked for around six and a half hours a day but for a minority, such as those on the basic regime or those too frightened to associate, the amount of time unlocked was far too limited – in some cases less than an hour a day.
- 3.2** Too many prisoners were locked up for periods of the working day and we found around 40% locked up during our roll checks; however, this was mitigated to some extent by regular evening association. There was a good level of well-maintained association equipment on the wings.
- 3.3** The regime regularly ran late, especially in the mornings, often as a result of delays in the issuing of medications on the wings.

Recommendation

- 3.4** The published regime should run to time.

Learning and skills and work activities

Expected outcomes:

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

- 3.5** *Ofsted⁸ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:	<i>required improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>required improvement</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>required improvement</i>

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.

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>.

<i>Personal development and behaviour:</i>	<i>good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>good</i>

Management of learning and skills and work

- 3.6** The strategic direction of learning, skills and work had improved. Learning, skills and work linked to employment opportunities was seen as a key element to reducing reoffending rates. The strategic focus of the prison's education provision was to improve the basic skills levels of all the prisoners. Prisoners assessed on arrival as working at or below entry level 3 in English and/or mathematics were required to improve these skills before participating in any other work, training or education activities.
- 3.7** The prison had improved learning facilities, staff training and learning resources particularly well. There had been substantial investment in new information learning technology equipment, classroom furniture had been replaced, and all learning facilities had been decorated and refurbished, and were excellent. The provision of work and vocational qualifications had improved through increased partnership working in the prison. Additional work contracts with external companies provided more work for prisoners in the industrial workshops.
- 3.8** In three workshops, the work fully occupied prisoners for a 40-hour working week. A working prison culture was promoted well to prisoners. Additional funding had been obtained through Nergy and New College to provide useful additional national vocational qualifications in warehousing, manufacturing and recycling for those working in the prison industries workshops.
- 3.9** Quality assurance systems had led to improvements in the learning and skills provision overall, although management information and quality assurance systems required further improvement in order to monitor the effectiveness of provision. The learning and skills management information system was not able to provide efficiently certain key management data on success rates (see also paragraph 3.33 and recommendation 3.35) and there was insufficient quality assurance of prison- and subcontractor-delivered provision. The quality improvement group focused well on addressing most of the recommendations from the previous inspection. A staff training needs analysis had resulted in comprehensive staff development to update and further develop staff skills and knowledge. Staff were well qualified, although recent changes to key staff had had a negative impact on the quality of some teaching and learning.
- 3.10** The self-assessment report was self-critical and had successfully identified further improvements that were needed in the education provision, and a suitable improvement action plan was in place. Improvements had been made to the amount of work and learning and skills courses that were available to vulnerable prisoners but they still did not have access to many of the activities available to other prisoners.

Recommendations

- 3.11** **Regular quality checks on key learning and skills processes should be carried out, to provide consistency in recording progress and identify further improvements.**

3.12 Vulnerable prisoners should have equitable access to regime activities.

Provision of activities

- 3.13** The prison provided around 1,146 activity places on a full- or part-time daily basis, for five full working days a week. This was sufficient for all prisoners to be employed on at least a part-time basis but too many prisoners, around 20% of those allocated, failed to attend (see paragraph 3.30).
- 3.14** In education classes, 332 men were engaged in part-time learning, which included both classroom and outreach provision. Literacy and numeracy support was provided for around 40 prisoners in-cell and in the workshops each week. Fourteen prisoners were on distance learning courses (see also paragraph 3.38). The education department offered part-time places for accredited awards in functional skills English and mathematics from pre-entry to level 2, budgeting, healthy lifestyle, preparation for work, and information computer technology.
- 3.15** Nine industry contract workshops provided approximately 250 full- and 130 part-time places. A range of work was available, including packing goods, electric parts assembly, shoe repairs, and recycling of computer parts and DVDs. Too much of the work was repetitive and mundane, although there was more stimulating work in the Intelling Ltd call centre and Timpson's shoe repair workshops.
- 3.16** For 61 learners, there was a small amount of vocational training, linked to prison work, at level 2 in sustainable recycling, performing manufacturing operations and warehousing, and at level 1 in recycling and basic construction skills. The shoe repair and call centre workshops provided their own training, offering suitable prisoners a guaranteed job interview on release. Five prisoners received training in Canon printing machines as part of their work in the small print shop. Qualifications in catering and cleaning had recently stopped owing to a lack of funding; this had resulted in the range and level of vocational training becoming too limited. Important basic employment skills that prisoners developed in industrial workshops were not accredited.
- 3.17** Pay rates were equitable and did not act as a disincentive to attending education classes or training.
- 3.18** Induction and initial assessment ensured that prisoners were placed on suitable training and education programmes.

Recommendations

- 3.19 A wider range of vocational courses and progression opportunities should be provided for all prisoners.**
- 3.20 The achievement and demonstration of key employability skills in workshops should be recorded and recognised.**

Quality of provision

- 3.21** Teaching, learning and assessment required improvement. Most teachers planned learning well, making their lessons interesting and engaging. As a result, learners were motivated to learn and achieve. A minority of teachers failed to keep all learners fully challenged as the

pace of learning was too slow. Insufficient account was taken of the different abilities of learners in classes, resulting in the more able prisoners quickly becoming bored and disengaged. Teachers used the extensive learning technologies and resources well to try to stimulate and enhance learning. Teachers delivering personal, social, health and healthy living courses used effective workbooks, with helpful information and learning activities that provided a comprehensive record of learners' progress.

- 3.22** In vocational training and industry workshops, prisoners worked well on their tasks but staff did not provide regular coaching to expand and develop prisoners' skills and understanding further. Staff quickly identified learners who needed extra help with their studies but this did not lead systematically to the provision of appropriate support to maximise their progress. No specialist help was available in classrooms or in workshops, and the unqualified peer mentors who worked alongside learners were not always able to assist sufficiently. The coaching undertaken by peer mentors in all learning and skills areas was not formally recorded or accredited.
- 3.23** Prison contract work was well structured. Instructors and teachers encouraged and fostered mutually respectful attitudes and tolerance towards the views and beliefs of others. In workshops, instructors and peer mentors coached prisoners well to develop their practical skills and produce work to meet the requirements demanded by customers.
- 3.24** Assessment was accurate and timely. Teachers gave encouraging verbal feedback to prisoners in education classes but neither teachers nor workshop instructors gave sufficiently detailed written feedback. In a small minority of education lessons, teachers made spelling, grammatical and mathematical errors in handouts and presentations to learners. Most teachers did not measure or record learners' progress well. Those who did record progress used different methods to do so, and, while there were examples of good practice, in most education lessons this recording was not sufficiently detailed to enable the setting of individual targets against which future progress could be measured.

Recommendations

- 3.25** **Teaching and learning should be improved, to ensure that more teaching is of sufficiently good quality. Teachers should use individual target setting more effectively, to measure and record the progress of learners and provide more written feedback on assessed work so that that learners know what they need to do to improve.**
- 3.26** **Peer mentors should be properly trained and accredited for their work.**

Personal development and behaviour

- 3.27** Many learners grew in self-confidence, especially those in education classes who developed basic skills in English and mathematics. Prisoners developed a good work ethic and were generally respectful and well behaved in lessons and in the workshops.
- 3.28** Prisoners developed effective personal, practical and employability skills. They developed a good understanding of health-related matters on personal and social development courses and were able to relate their understanding to everyday living.
- 3.29** In the shoe repair, call centre, print shop and the electrical product assembly workshops, prisoners took pride in their work. All prisoners had a good regard for health and safety in the workshops. They wore appropriate personal protective equipment, where necessary,

and engaged in safe working practices. Prisoners and staff demonstrated mutual respect in all learning and skills and work areas. Prisoners worked cooperatively and developed productive working relationships.

- 3.30** Attendance was variable, with 20% of prisoners allocated to activities failing to attend, and punctuality was poor, mainly due to operational prison issues, such as medication times or incidents within the prison.

Recommendation

- 3.31 Attendance and punctuality should be improved.**

Education and vocational achievements

- 3.32** In education lessons, many learners made good progress from their various starting points. In English and mathematics courses, progress was too slow for a significant minority of learners. While much of prisoners' work in classroom-based learning was of a good standard, we saw too many examples of learners who did not take enough care with written work and whose portfolios of previous work did not demonstrate sufficient pride. In prison workshops, prisoners developed good work skills and learnt quickly how to perform routine tasks which contributed to the achievement of their qualifications. There were no significant variations in the achievements of different groups.
- 3.33** Learners entered for external accreditation in mathematics and English courses achieved well. However, over a quarter of those retained on English and mathematics courses did not take a qualification, and the drop-out rate was not properly recorded to determine accurately the proportion of prisoners successfully achieving their qualification. Learners' achievements on the higher-level mathematics course were low but they achieved well on information computer technology courses. They used technology well in computer lessons, making good progress in developing their presentation skills using computers.
- 3.34** Achievement of accredited qualifications on the few vocational courses was good and most prisoners who completed their course were successful. In vocational workshops, prisoners worked to production deadlines and quality standards that would be expected from employers. In the electrical assembly workshop, the proportion of errors in packaged assembled products had reduced to well within industrial tolerances.

Recommendation

- 3.35 The analysis of data should be developed, to allow accurate information to be provided about the overall success rates of all courses.**

Library

- 3.36** The library was welcoming and managed effectively by prison staff, supported by two full-time orderlies. It offered a suitable and recently purchased range of well-displayed fiction and non-fiction books, including an adequate selection of books in large print and foreign languages, and easy readers. Facilities for independent study and research were suitable and included five stand-alone computers. Access to these textbooks for longer periods of study than normal library visits allowed was supported through a well-managed appointment system.

- 3.37** Prisoners had timetabled access to the library at least once a week. Nearly half of the prison population had made use of these facilities at some point during their time at the establishment. Library opening hours included evenings, which enabled appropriate access for vulnerable prisoners and those with full-time jobs. An extensive survey of prisoners had concluded that demand for weekend library opening, as recommended after the previous inspection, was too low to make it a viable option.
- 3.38** Library staff provided good support for eight prisoners studying for Open University degrees and for others studying on Prisoners' Education Trust courses. In partnership with the Shannon Trust, they also trained the 19 mentors who worked effectively alongside 10 prisoners participating in the Turning Pages reading initiative. A well-attended weekly writing workshop was provided by the library during an evening session.

Physical education and healthy living

Expected outcomes:

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

- 3.39** PE facilities were good and comprised a sports-hall divided into two badminton courts and a weights area, two well-equipped cardiovascular rooms and a small classroom. An all-weather sports pitch was available and used well. Gym facilities included a wide range of equipment, which was maintained well.
- 3.40** PE staff had developed good relationships with prisoners. They were appropriately qualified and experienced, and offered a well-planned and varied range of courses and exercise opportunities. Three peer mentors and two gym orderlies, who had completed gym-related qualifications, helped to promote prisoners' physical health and well-being, and facilitated recreational gym sessions.
- 3.41** The prison provided a suitable range of sports and leisure activities but day to day, too much focus was placed on the use of weights, with insufficient attention to team sports, general fitness or cardiovascular fitness. Good links with external partners had resulted in some particularly interesting and popular activities. Street soccer, a registered charity working with disadvantaged men, Manchester United Football Club and a range of guest speakers from the sports world had been engaged to deliver motivational presentations to groups of prisoners.
- 3.42** There was good access to the gym facilities. They were open during the day, in the evenings and at weekends. Prisoners who engaged in full-time work or education were accommodated at times which did not interfere with their other commitments. Additional sessions were available to enhanced prisoners, older prisoners and those who were unemployed. Physiotherapy sessions were available for prisoners who had been referred by the health care department. Lifestyle management and well-being courses were taught well and had consistently high success rates.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1 The strategic management of resettlement was adequate. A thorough resettlement needs analysis was undertaken each year, and included offender assessment system (OASys) data alongside prisoner views of their needs. The strategy covered the resettlement pathways and was informed by the needs analysis but it did not yet include a clear vision for offender management or the new community rehabilitation company (CRC) arrangements. The action plan supporting the strategy was reviewed at the well-attended monthly resettlement meeting to monitor progress made.
- 4.2 The integrated offender management (IOM) scheme worked with those most likely to reoffend, and partnerships with the police and other agencies were strong. Offender management unit (OMU) staff attended meetings in the community to develop management plans, and IOM staff from the community regularly attended the prison to provide surgeries for prisoners involved in the scheme. There was good 'through-the-gate' support.
- 4.3 The CRC arrangements were to become fully operational shortly after the inspection, with the responsibility for delivery of some of the resettlement pathways moving to Shelter, which was contracted by Purple Futures CRC. In the meantime, the prison continued to deliver these resettlement pathways.
- 4.4 Links between the OMU and the CRC were not yet well developed. Information exchange between the two functions was limited, potentially leading to duplication of resettlement and risk management work.

Recommendation

- 4.5 **The resettlement strategy should set out how the offender management unit should be at the centre of resettlement work, and improve information exchange, particularly with the community rehabilitation company.**

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.

- 4.6 Just over 50% of the population was sentenced. Some prisoners had very short sentences but about half were serving over 12 months and required an OASys assessment and plan. Substantial efforts had been made to reduce the backlog of OASys assessments that were the responsibility of the prison, and at the time of the inspection only 11% of these were

late. However, over 40% (178 out of 406) of the higher-risk cases, managed by the National Probation Service, did not have an up-to-date assessment or sentence plan, which affected progression for some. For example, it was more difficult to prioritise progressive moves to other prisons without a clear sentence plan.

- 4.7** The quality of the OASys likelihood of reoffending assessment was good in almost all of the cases we looked at. They included information gathered from a range of sources and a clear analysis of the reasons behind the offending. However, we found the quality of sentence plans disappointing as most objectives lacked a focus on outcomes and were not individualised or specific enough.
- 4.8** In our survey, more prisoners than at other local prisons and than at the time of the previous inspection said that they had an offender supervisor. Offender supervisors were knowledgeable and capable in their role, and some training had been undertaken to expand further the skills of uniformed offender supervisors in assessing and managing risk of harm to others. Their cross-deployment did not adversely affect their capacity to do their job, and caseloads were manageable.
- 4.9** In our survey, more prisoners than at other local prisons said that their offender supervisor was helping them to achieve their targets. Contact between offender supervisors and prisoners was regular, and in most cases meaningful. However, in too many cases there was a lack of motivational work.
- 4.10** Home detention curfew processes were sound and well managed, starting 10 weeks before release, when time permitted. Many prisoners were serving very short sentences or little time left in prison, which meant that, despite substantial efforts to complete the assessment, many were released after their earliest eligibility date. Information gathered to inform the decision was appropriate but some community-based offender managers took too long to return their views, which led to some further delays in completion.
- 4.11** Management oversight and approval of home detention curfew assessments were good and an excellent range of monitoring had been introduced.

Recommendation

- 4.12 All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment and sentence plan, with objectives focusing on outcomes related to their risk and likelihood of offending.**

Public protection

- 4.13** Contact restrictions were applied on arrival for prisoners presenting a risk of harm to children or harassment of other victims. Prisoners were made aware of the restrictions and could apply for contact with their children. Applications were managed appropriately and resulted in defensible decisions on the level and type of contact agreed.
- 4.14** The role of the interdepartmental risk management team was clear and it provided additional oversight of some of the higher-risk cases. The meetings were well attended by a large number of staff from across the prison but not all made meaningful contributions. OMU staff tended to lead on discussions, and offender supervisors said that they would welcome more input from other staff, to share information about the risk of harm and make plans to manage it.

- 4.15** Up until a few months before the inspection, the monitoring of telephone calls had not been well targeted, with all prisoners presenting public protection concerns having their calls monitored for at least a month after arrival. Following a recent Interception of Communications Commissioner's Office inspection, the role and purpose of monitoring had been reviewed and it was now more targeted and based on an individualised risk assessment. As a result, the number of prisoners subject to monitoring of their telephone calls had reduced considerably and was far much more manageable and purposeful.
- 4.16** In many cases we looked at, the multi-agency public protection arrangements (MAPPA) management level for prisoners due for release was unclear. This potentially limited the prison's involvement in sharing risk management information with multi-agency public protection (MAPP) meetings throughout the months before release.
- 4.17** For cases that had been reviewed and a MAPPA level 2 or 3 agreed, there was good involvement by the OMU in sharing information. Reports to MAPP meetings contained relevant information about circumstances, diversity, risk factors and a summary of behaviour in custody. OMU staff regularly attended MAPP meetings in the community.
- 4.18** Risk of serious harm assessments contained relevant information and most cases we inspected had a current risk management plan. In almost all of these cases, the plan included actions that needed to be taken in custody and in the community to minimise the risk.

Recommendation

- 4.19 The multi-agency public protection arrangements (MAPPA) management level should be confirmed at least six months before release, to promote good information sharing and develop release plans.**

Categorisation

- 4.20** Initial categorisation and reviews were well managed. With 108 new receptions and about 15 reviews a week, the observation, classification and allocation officers had to work hard to keep this work up to date, and at the time of the inspection there was no backlog.
- 4.21** Initial categorisation and reviews were informed by all relevant information and approved by a manager. There was an appeal process but consideration of an appeal was undertaken by the manager who had approved the initial decision, which was inappropriate.
- 4.22** About 130 transfers a month were planned and about 104 undertaken. Too many prisoners refused to transfer; further exploration was needed, to reduce this number. Prioritisation of transfers was informed by sentence plan targets, and individual transfers were sought when necessary.
- 4.23** Too few prisoners convicted of sex offences were transferred to training prisons owing to the lack of places nationally, particularly for those in denial of their offending behaviour. Despite the large number of convicted sex offenders held at the prison (just under 100 at the time of the inspection), there had been no transfers for category B sex offenders in the previous five months. Some of these sex offenders had been at the prison for over a year, with too few opportunities to undertake offending behaviour work (see also paragraph 4.57).

Recommendation

- 4.24 Convicted sex offenders should be transferred within a short timescale to more appropriate prisons, so that they can progress.**

Indeterminate sentence prisoners

- 4.25** At the time of the inspection, the establishment held 41 indeterminate-sentenced prisoners (ISPs) – 28 serving an indeterminate sentence for public protection and 13 serving a life sentence. Many of these had been recalled.
- 4.26** There was no specific support available for this group. Those on remand who were likely to be given an indeterminate sentence were not provided with additional support or guidance. There was no consultation forum and there were no family days specifically for ISPs. However, newly sentenced ISPs were transferred to a more suitable prison fairly quickly.
- 4.27** Parole report preparation was up to date.

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.

- 4.28** The demand for resettlement services was high, with about 250 releases a month, often following very short sentences, and a high proportion of remand prisoners were bailed or released from court. There was also a resettlement population who arrived at the prison with only about 12 weeks left to serve before release. In our survey, more prisoners than at similar prisons knew who to turn to for resettlement help.
- 4.29** Immediate resettlement needs were identified on arrival by the OMU, using the basic custody screening tool (BCST) stage 1, and the CRC (Purple Futures) provided resettlement planning using BCST stage 2. The quality of the BCST plans was adequate and led to appropriate referrals for help. However, information exchange was poor, so CRC staff rarely knew the outcome of their referrals, making it difficult to monitor progress.
- 4.30** Pre-release reviews of the resettlement plan were undertaken too near release. Rather than aiming to see prisoners 12 weeks before release, to establish and oversee a plan, the CRC saw prisoners only two weeks before release, at a discharge board; this did not support good resettlement planning as it was often too late to have a positive impact on issues that were more difficult to address, such as accommodation. We also found cases in which no pre-release plan had been prepared, so we were not assured that all prisoners were seen before release.

Recommendation

- 4.31 Pre-release planning should be improved so that all prisoners, regardless of their sentence, are given an effective assessment of need before their release and these needs are met. (Repeated recommendation 4.37)**

Accommodation

- 4.32** The prison's housing team was well established and consisted of five full-time housing link workers and a dedicated manager. All new arrivals were seen individually by CRC workers during their induction, and those with housing issues were referred to the team quickly – usually on the same day.
- 4.33** Accommodation services were generally good; they included maintaining and surrendering tenancies and dealing with housing benefit and applications for accommodation before release.
- 4.34** There were also regular surgeries across the prison to advise and support prisoners on accommodation issues, as well as to identify any changes in circumstances. Outside the prison, the team had strong links with community housing support groups across the region and could also offer a range of practical help, including referrals to community tenancy support services and to tenant arrears advice services.
- 4.35** There was good communication between the housing team and the OMU, and we saw examples of contact by housing workers logged on the unit's prisoner contact log.
- 4.36** The 'no fixed accommodation' release rate for the previous six months was 3.5%, which was lower than we often see at similar prisons.

Education, training and employment

- 4.37** Two prison-employed coordinators engaged well with prisoners four to six weeks before their release date to assess their education, training and employment (ETE) needs. They provided good support for prisoners and worked well with existing through-the-gate partners and a wide range of employers. They organised employer recruitment days in the prison to enable prisoners to attend interviews and discuss employment opportunities in readiness for their release.
- 4.38** Useful pre-release employment courses were provided by the prison education department to develop prisoners' job search skills and improve their understanding of money management. Prisoners did not have access to the virtual campus (internet access for prisoners to community education, training and employment opportunities).
- 4.39** The prison, together with an employer providing contract work for prisoners in the prison, co-funded a charity to provide through-the-gate support. It provided effective help with prisoners' pre-release ETE needs and continued the support following release. This had proved to be beneficial in helping prisoners make a successful transition to life after prison and to reduce their reoffending rates.

Recommendation

- 4.40** **The virtual campus should be used to improve the range and levels of prisoners' learning and to give them access to resettlement courses and information.**

Health care

- 4.41** There was a weekly health care discharge planning clinic, where prisoners about to be released were given a week's supply of medication and a discharge summary. Pre-release

planning for those with enduring mental health problems was effective, with good communication with external services ensuring continuity of care. Good links with local palliative care and end-of-life services had been established.

Drugs and alcohol

- 4.42** Throughcare services for those with substance misuse issues were excellent. Two peer mentors, both of whom had previously been prisoners and clients of the service, had been employed by the CRC to join the recovery team on a paid, part-time basis. They co-facilitated groups, offered signposting to community services and accompanied prisoners to appointments on release.
- 4.43** The CRC also provided some local drug and alcohol services, and a team of recovery practitioners worked in both the prison and community settings offering through-the-gate support. Prisoners in recovery from other areas were followed up and reviewed regularly post-release for up to 12 weeks, and area teams visited the prison regularly.
- 4.44** Work with the families of substance users had been developed and family days held for those in recovery.
- 4.45** All prisoners with substance use issues were given appropriate harm reduction and overdose prevention information before release.

Good practice

- 4.46** *The prison had developed excellent, innovative through-the-gate services, including the employment of peer mentors, which supported prisoners' recovery post-release.*

Finance, benefit and debt

- 4.47** A full range of benefit and employment advice was available from Jobcentre Plus staff based at the prison. These staff visited residential units daily as they responded to applications from prisoners.
- 4.48** A budgeting and finance course was available through the education department and individual debt management was provided by the same tutor through a separate application. Prisoners were able to open bank accounts. The charity Money Advice Services also offered individual advice about debt at weekly surgeries.

Children, families and contact with the outside world

- 4.49** Work under this pathway had developed well. There was a good, collaborative working relationship between the prison's visits coordinating manager and family resettlement workers from the Prison Advice and Care Trust (PACT), who managed the visitors centre and provided a wide range of services, including contact visits, support for families struggling financially and liaison with social services. They also supported prisoners in improving their childcare and parenting skills, through courses that included relationship building and child development, as well as homework clubs.
- 4.50** Two prison officers had also been appointed to liaise with local authorities across Greater Manchester and other community groups as part of the government's 'troubled families'

initiative, and work with prisoners and their families to link into a range of support available in the community.

- 4.51** Provision of social visits, including evening visits, was good. In addition to regular social visits, family visits were offered four times a year. However, these were not available to the large number of prisoners on the basic regime and on closed visits.
- 4.52** The visitors centre was large, bright and clean, and provided a pleasant environment. Processes to identify and check in visitors were efficient and booking-in staff were polite and friendly. Visits started on time and searching procedures were proportionate and conducted well.
- 4.53** The main visits hall was large, bright and clean. Murals and posters decorated the walls and helped to soften the environment. The supervised children's play area was of a good size and well equipped. Staff supervision of visits was good. Visits staff were clearly aware of relevant issues, and those we observed were friendly and appropriately caring.

Recommendation

- 4.54 Family visits should be extended to all prisoners.**

Attitudes, thinking and behaviour

- 4.55** In our survey, more respondents than at similar prisons said that it was easy to get involved in an offending behaviour programme (25% versus 17%) and more said that they were, or had been, involved in one (16% versus 7%). The range of opportunities to address attitudes, thinking and behaviour was good for the main population of prisoners. There were accredited programmes to address substance misuse problems, and other, innovative interventions had been developed, such as the 'New me strength' programme, a version of the current thinking skills programme for use with those with specialist learning difficulties. The Resolve programme was due to start in April 2016 and would target the large proportion of prisoners convicted of violent offences.
- 4.56** There was a good focus on restorative practices, including the use of mediation and mentoring. The Sycamore Tree victim awareness programme was delivered four times a year. The Peacemakers programme, delivered by Reflex (a charity working with young adults), provided opportunities to improve consequential thinking skills and the Gr8 Wellbeing programme provided a focus on goal setting and next steps. Completion rates across most interventions were good.
- 4.57** However, sex offenders could not attend these interventions and had little opportunity to undertake offending behaviour work. This was compounded by a lack of a formal strategy aimed at managing this group and difficulties for some in being transferred to other prisons (see also paragraph 4.23).

Recommendation

- 4.58 A comprehensive strategy for addressing the offending behaviour needs of sex offenders should be developed.**

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** Prisoners who are at risk of suicide or self-harm and are segregated, on the basic regime or self-isolating should have access to regular and meaningful contact with staff and prisoners and to activity, in order to reduce their risk of harm. Assessment, care in custody and teamwork (ACCT) documents should clearly reflect the care planning and quality of interaction provided. (S55)
- 5.2** The regime on the basic wing should be improved and, on the basis of risk assessments, should allow more time unlocked and contact with staff to enable prisoners to demonstrate improved behaviour. Behaviour change programmes should be delivered consistently and reviews should discuss and reflect prisoners' progress. (S56)
- 5.3** Primary mental health services should be improved, to ensure that they meet prisoner need. Conditions on the inpatient unit for those with mental health issues should be improved, to ensure that their basic daily needs are met and that they have access to adequate time unlocked and therapeutic activities. (S57)

Recommendations

To GEOAmev

Courts, escort and transfers

- 5.4** Prisoners should be transported to the prison from court promptly once their case has been heard (1.6).
- 5.5** Prisoner escort records should be comprehensive and address all areas of risk. (1.7).

Recommendations

To NOMS

Categorisation

- 5.6** Convicted sex offenders should be transferred within a short timescale to more appropriate prisons, so that they can progress. (4.24)

Recommendations

To the director

Early days in custody

- 5.7** Delays for prisoners in reception should be reduced and all newly arrived prisoners should be able to shower and settle in to the first night wing, irrespective of their time of arrival. (1.16)
- 5.8** Induction information should be provided in a variety of languages and formats. (1.17, repeated recommendation 1.17)

Bullying and violence reduction

- 5.9** An effective process for challenging and reducing repeated violent behaviour and for supporting victims of such behaviour should be implemented and managed robustly. (1.25)
- 5.10** The risk to young adult prisoners from adult sex offenders should be assessed to reduce their risk of exploitation from adults. (1.26)
- 5.11** Prisoners who require protection should not remain on main location without adequate access to the regime and outdoor exercise. (1.27)

Self-harm and suicide

- 5.12** Staff entries in assessment, care in custody and teamwork (ACCT) documents should be improved. (1.33, repeated recommendation 1.42)

Safeguarding

- 5.13** There should be an adult safeguarding policy which addresses the duty of staff and the local authority to identify, refer and implement care for prisoners requiring safeguarding from abuse and exploitation in the prison and on release. (1.36)

Security

- 5.14** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.45, repeated recommendation 1.56)
- 5.15** Closed visits should only be applied where there is evidence of illicit activity relating to visits. (1.46, repeated recommendation 1.55)

Discipline

- 5.16** Less serious offences committed by young adults should be dealt with by the IEP system. (1.53)
- 5.17** Individualised care and reintegration planning should be developed and implemented for longer-stay prisoners and those with complex needs. (1.63)

Substance misuse

- 5.18** First night treatment for opiate-dependent prisoners should be provided consistently. (1.69)

5.19 Clinical reviews should take place in a respectful environment. (1.70)

Residential units

5.20 Cells designed to hold one prisoner should not be used to hold two. (2.6, repeated recommendation 2.12)

5.21 Emergency cell call speakers should not be blocked or muffled and calls should be answered within five minutes. (2.7)

5.22 Communal showers should be refurbished and include privacy screening. (2.8, repeated recommendation 2.13)

Staff-prisoner relationships

5.23 The quality and frequency of staff (including personal officer) interaction with prisoners should be improved and include assessment of prisoners' well-being, and this should be reflected in meaningful case note entries. (2.12)

Equality and diversity

5.24 There should be clear guidance to staff on their responsibilities in relation to the care and support of prisoners with protected characteristics. (2.15)

5.25 Equality data relating to access to the regime and services, and to the treatment of prisoners with protected characteristics, should be monitored and presented for review at the diversity and inclusion action team meeting. (2.16)

5.26 Care and support plans should be multidisciplinary and ensure that appropriate levels of care and support are provided consistently. (2.27)

5.27 The personal emergency evacuation plan system should be applied consistently and provide assurance that the safety of all identified prisoners is assured in an emergency. (2.28)

Health services

5.28 Health services staff should have regular, recorded access to individual management and clinical supervision, and access to safeguarding training. (2.52)

5.29 There should be an appropriate waiting room in the health centre for vulnerable prisoners. (2.53)

5.30 The emergency resuscitation equipment should be in good order, with an effective monitoring system. (2.54)

5.31 Prisoners should be able to complain about health services through a well-publicised, confidential system and all responses to these complaints should be respectful and fully address the issues raised. (2.55)

5.32 All new arrivals should receive a comprehensive secondary assessment within 72 hours. (2.64)

5.33 Prisoners should be able to access all primary care services within a reasonable timescale and have 24-hour access to a GP for advice and face-to-face assessment. (2.65)

- 5.34** All medicines, with the exception of controlled drugs should be supplied from individually labelled patient packs. (2.72)
- 5.35** In-possession risk assessments, which consider the risks of the drug as well as the patient, should be routinely and consistently completed in line with the policy and recorded accurately on SystemOne. (2.73)
- 5.36** The accessibility of all medicines, including controlled drugs and pharmacy stock, should be reviewed and the use of pharmacy stock should be better audited. (2.74)
- 5.37** Lockable cupboards should be provided in cells for patients prescribed in-possession medication. (2.75)
- 5.38** Prisoners' medications should be dispensed at the prescribed time. (2.76)
- 5.39** Custody staff should have mental health awareness training, so that they can take appropriate action when a prisoner has mental health problems. (2.85)
- 5.40** Patients requiring mental health inpatient care should be transferred within two weeks. (2.86)

Time out of cell

- 5.41** The published regime should run to time. (3.4)

Learning and skills and work activities

- 5.42** Regular quality checks on key learning and skills processes should be carried out, to provide consistency in recording progress and identify further improvements. (3.11)
- 5.43** Vulnerable prisoners should have equitable access to regime activities. (3.12)
- 5.44** A wider range of vocational courses and progression opportunities should be provided for all prisoners. (3.19)
- 5.45** The achievement and demonstration of key employability skills in workshops should be recorded and recognised. (3.20)
- 5.46** Teaching and learning should be improved, to ensure that more teaching is of sufficiently good quality. Teachers should use individual target setting more effectively, to measure and record the progress of learners and provide more written feedback on assessed work so that that learners know what they need to do to improve. (3.25)
- 5.47** Peer mentors should be properly trained and accredited for their work. (3.26)
- 5.48** Attendance and punctuality should be improved. (3.31)
- 5.49** The analysis of data should be developed, to allow accurate information to be provided about the overall success rates of all courses. (3.35)

Strategic management of resettlement

- 5.50** The resettlement strategy should set out how the offender management unit should be at the centre of resettlement work, and improve information exchange, particularly with the community rehabilitation company. (4.5)

Offender management and planning

- 5.51** All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment and sentence plan, with objectives focusing on outcomes related to their risk and likelihood of offending. (4.12)
- 5.52** The multi-agency public protection arrangements (MAPPAs) management level should be confirmed at least six months before release, to promote good information sharing and develop release plans. (4.19)

Reintegration planning

- 5.53** Pre-release planning should be improved so that all prisoners, regardless of their sentence, are given an effective assessment of need before their release and these needs are met. (4.31, repeated recommendation 4.37)
- 5.54** The virtual campus should be used to improve the range and levels of prisoners' learning and to give them access to resettlement courses and information. (4.40)
- 5.55** Family visits should be extended to all prisoners. (4.54)
- 5.56** A comprehensive strategy for addressing the offending behaviour needs of sex offenders should be developed. (4.58)

Examples of good practice

Substance misuse

- 5.57** Prisoners with drug and alcohol problems could access an impressive range of recovery-focused interventions, peer mentors and designated units which enhanced motivation and provided high-quality support. (1.71)

Purchases

- 5.58** Prisoners had access to the prison shop twice a week, and within 24 hours of arrival, which reduced the potential for debt. (2.93)

Reintegration planning

- 5.59** The prison had developed excellent, innovative through-the-gate services, including the employment of peer mentors, which supported prisoners' recovery post-release. (4.46)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Elizabeth Walsh	Inspector
Gordon Riach	Inspector
Francesca Cooney	Inspector
Helen Ranns	Researcher
Patricia Taflan	Researcher
Catherine Shaw	Researcher
Sophie Skinner	Researcher
Sigrid Engelen	Substance misuse inspector
Maureen Jamieson	Health services inspector
Rachel O'Callaghan	Pharmacist
John Grimmer	Ofsted inspector
Mary Devane	Ofsted inspector
Bob Busby	Ofsted inspector
Allan Shaw	Ofsted inspector
Avtar Singh	Offender management inspector
Mike Ryan	Offender management inspector
Kathleen Byrne	Care Quality Commission 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 2012, the reception process was efficient, and the first night experience and induction were positive for most prisoners. Most prisoners felt safe and arrangements to deal with bullying and violent incidents were good. However, the number of incidents remained high, especially among young adults. Staff were committed to support prisoners at risk of suicide and self-harm. The incentives scheme was used effectively to challenge poor behaviour. Adjudications were used appropriately but governance required improvement. The use of force was relatively low. Segregation unit staff had a good knowledge of their residents but the regime for some was poor. Prisoners with substance misuse needs were well catered for. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Induction information should be provided in a variety of languages and formats. (1.17)

Not achieved (recommendation repeated, 1.18)

Investigations into incidents of violence should be thorough and include a full examination of all available evidence. Effective quality checks should be introduced. (1.33)

Achieved

Staff entries in assessment, care in custody and teamwork (ACCT) documents should be improved. (1.42)

Not achieved (recommendation repeated, 1.34)

The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.46)

Achieved

The prison should manage suspicion drug testing more effectively, ensuring tests take place within the required timescale, and investigate and understand the reasons for the low positive rate.(1.54)

Achieved

Closed visits should only be applied where there is evidence of illicit activity relating to visits. (1.55)

Not achieved (recommendation repeated, 1.48)

Prisoners should only be strip searched on the basis of intelligence or specific suspicion. (1.56)

Not achieved (recommendation repeated, 1.47)

Decisions taken under the incentives and earned privileges (IEP) scheme to demote prisoners to basic regime should be justified and based on evidence. (1.63)

Achieved

IEP appeals processes should be thorough, fair and credible, taking into account all relevant issues. (1.64)

Achieved

All disciplinary charges should be fully investigated with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.71)

Achieved

The application of all unofficial punishments should stop. (1.72)

Achieved

The special accommodation cells should be modified to allow in natural light or be taken out of use. (1.77)

Not achieved

Managerial oversight and accountability for all use of force, including the filming and reviewing of planned interventions and use of designated special accommodation and other unfurnished cells, should be improved. (1.78)

Partially achieved

Prisoners on assessment, care in custody and teamwork (ACCT) documents should only be held in the care and separation unit when there are exceptional circumstances to justify this. (1.85)

Not achieved

Prescribing regimes for opiate-dependent prisoners should be flexible and based on individual need. Sufficient specialist clinical input should be available to ensure timely assessments and reviews. (1.93)

Achieved

Substance misuse services should develop service user feedback to inform future developments, and the needs of vulnerable prisoners should be reviewed. (1.94)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, the condition of residential accommodation and the communal environment were good, as was prisoner access to amenities. There were a significant number of complaints against staff, but most prisoners indicated that staff treated them with respect. Structures to promote diversity were weak and consultation underdeveloped. There was evidence that some minority groups felt victimised or unsafe, and the negative perceptions of young adults and prisoners with disabilities were concerning. There was good provision to meet prisoners' faith needs, and health services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The needs of all prisoners with a protected characteristic should be reflected and addressed in the prison's strategic approach to managing diversity. The identification of such needs should be improved and there should be measurable improvement in the perceptions of, and outcomes for, minority groups. (HP46)

Partially achieved

Recommendations

Cells designed to hold one prisoner should not be used to hold two. (2.12)

Not achieved (recommendation repeated, 2.6)

Communal showers should be refurbished and include privacy screening. (2.13)

Not achieved (recommendation repeated, 2.7)

All formal complaints against staff should be thoroughly investigated. (2.20)

Achieved

Consultation with prisoners from minority groups should be improved. (2.29)

Achieved

The prison should analyse prisoners' perceptions of their treatment at Forest Bank, including prisoners from all minority groups, and develop an action plan to resolve concerns, which should be reviewed frequently. (2.39)

Achieved

The quality of responses to complaints should be improved. (2.49)

Achieved

Prisoners should have access to a dedicated health care forum. (2.61)

Not achieved

There should be better communication and consultation with prisoners about the food, and the catering department should respond to issues raised consistently. (2.95)

Achieved

Purposeful activity

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

At the last inspection, in 2012, prisoners had a reasonable amount of time out of cell over the week but a high proportion were locked up at any one time during the working day. The prison performed poorly against Ofsted's principal assessments and we were concerned by the lack of direction in education, as it was difficult to measure whether outcomes were meaningful. The analysis of training need was inadequate. The quality of teaching had declined and required improvement. The lack of data analysis and quality assurance remained a concern. Industrial workshops and vocational training were well managed and provided useful basic employability skills, and a few prisoners gained vocational qualifications. Vulnerable prisoners and young adults had limited education, vocational training and library opportunities. PE provision was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The quality of activities, including the learning and skills, work and library provision, offered to vulnerable prisoners should be improved. (HP47)

Achieved

There should be a clear strategy, underpinned by a thorough review of prisoners' learning needs, to ensure activities and learning offered will support prisoners to gain employment on release. All activities should be monitored by effective quality assurance that provides accurate information about outcomes and quality. (HP48)

Partially achieved

Recommendations

All prisoners should be able to access activities during the core day. (3.4)

Partially achieved

A broader range of level 1 and 2 vocational qualifications should be available. (3.19)

Achieved

Teaching and learning should be improved, and include better learning resources and environments, and planning and recording of learning to improve prisoner progress. (3.27)

Achieved

Prisoners' progress should be recorded at the end of each education class and appropriate learning targets set for the next session to meet their individual needs. (3.28)

Not achieved

Prisoners with learning difficulties and disabilities should be accurately identified and this information shared promptly with staff in vocational training and workshops to support prisoners in learning new skills. (3.29)

Achieved

Data on the success rates of all prisoners who start courses should be accurately kept and analysed to enable effective evaluation of education and training courses, and identify and address any gaps in the achievement rates of different groups of prisoners. (3.33)

Not achieved

A weekend and evening library service should be introduced. (3.38)

Partially achieved

All prisoners should be assessed by health care staff before they participate in new programmes of strenuous exercise. Gym staff should review individual prisoners' progress on their exercise programmes regularly and record health benefits and skills development. (3.46)

Achieved

Resettlement

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

At the last inspection, in 2012, community partnership arrangements were especially impressive for a local prison. Integrated offender management work had increased and outcomes were very good. Public protection arrangements were well organised for the majority of prisoners although we were concerned about the assessment and coordination of some higher risk cases. There was helpful pathway provision in support of finance and debt, accommodation and children and families. There was a lack of treatment provision for sex offenders and accredited programmes were generally limited, but there was good work with other initiatives

on some unique non-accredited offending behaviour programmes. There were effective links with community drugs and alcohol programmes. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The prison should develop a clear policy that outlines the function of offender management and how this will be implemented and developed. (4.7)

Not achieved

The prison should introduce a system for all prisoners serving sentences of less than 12 months to monitor any resettlement needs identified on induction and review them before release. (4.20)

Achieved

Initial OASys (offender assessment system) assessments and sentence plans should be completed for all prisoners serving over 12 months before they transfer from Forest Bank. (4.21)

Not achieved

The prison should develop a strategy to ensure there is appropriate offence-focused work with all sex offenders before their release. (4.22)

Not achieved

The prison should work with any partners to evaluate the effectiveness of the integrated offender management models working across the Greater Manchester area. (4.23)

No longer relevant

Risk management plans should be completed in all relevant cases and should describe how objectives in the sentence plan will address risk of harm issues, including risks of harm the prisoner poses while in custody. (4.28)

Achieved

The prison should develop a protocol with the Greater Manchester Probation Trust to improve communication and resolve operational problems. (4.29)

No longer relevant

The prison should increase the use of release on temporary licence to support appropriate training or resettlement for prisoners before their release. (4.32)

No longer relevant

Pre-release planning should be improved so that all prisoners, regardless of their sentence, are given an effective assessment of need before their release and these needs are met. (4.37)

Not achieved (recommendation repeated, 4.31)

Data should be collected about prisoners' progression into employment, training and education on release to measure the effectiveness of the service for all groups of prisoners and support development planning. (4.44)

Achieved

Family visits and meals should be extended to all prisoners. (4.58)

Not achieved

Non-accredited offending behaviour programmes should be evaluated to establish their effectiveness. (4.63)

Partially achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Sodexo Limited

Location: HMP Forest Bank

Location ID: 1-13209351135

Regulated activities: 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 12

We found that the registered person did not protect patients against the risks of receiving unsafe care and treatment. This was in breach of Regulation 12(1)(2)(a)(b)(d)(e)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

Care and treatment was not always provided to patients in a way that protected their safety and welfare.

Providers must make sure that the premises and any equipment used is safe.

Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

Primary health care – equipment.

We looked at equipment used to respond to patients who presented in an emergency. We found several items were out of date, for example, intravenous glucose had gone past its expiry date of January 2016 and an electronic thermometer that was last tested in November 2012. We found a sharps box that contained needles in one emergency bag that was not dated, which meant that we couldn't identify how long it had been there and if it was safe to use.

Arrangements were in place to monitor equipment in some of the emergency bags in use but not all.

Primary health care.

We found that an initial health assessment for new arrivals to the prison was undertaken by health care staff and immediate health needs were identified including mental health and substance misuse but the assessment did not include a learning disability assessment.

We found that a comprehensive follow-up assessment was offered but non-attendance rates were high which meant that new arrivals did not receive a detailed assessment within 72 hours of their arrival at the prison. This posed a risk, particularly to those prisoners with primary mental health needs.

Primary mental health care – in patient.

The inpatient unit comprised 10 single cells, one double observed cell and two four-bedded wards along with two four bedded wards, one of which provided palliative care.

The 10 single-cell beds were occupied mostly by patients with complex mental health problems. The condition of these cells was poor and not suitable to meet the needs of people with complex mental health problems. A restricted prison regime, coupled with low staffing levels of Registered Mental Health nurses meant that some patients had very limited time unlocked from the cell and this impacted on their personal care and mental health. Patients had limited access to a shower, minimal access to therapeutic activity, communal dining and association. There was only one primary mental health nurse covering the unit which was insufficient to provide appropriate care. The service was disjointed with limited interface between the mental health teams and there were no formal admission or discharge protocols in relation to the inpatient unit.

Primary mental health care.

Primary mental health services did not meet the needs of patients.

Patients waited three weeks to access the services of the primary mental health team and this was too long, although patients who presented in crisis were seen sooner.

Patients attended for an initial triage appointment with a registered mental health nurse after which they could access self-help material or could be referred to the secondary mental health services for support. However patients with mild to moderated mental health issues did not have access to planned ongoing treatment or psychological interventions as comparable with community mental health services.

Patients in crisis often saw a different nurse at each appointment which meant that there was no continuity of care provided. It wasn't apparent from care records what support patients were receiving or what the purpose and goal of staff intervention was. Risk assessments for these patients were not routinely completed.

Whilst clinical records detailed several individual patient/nurse interventions, patients did not have a plan of care despite the frequency of patient contact.

There were no primary mental health services for patients with a learning disability which meant that the needs of this vulnerable group was not being met and posed significant risk.

<p>Regulation 16 Receiving and acting on complaints</p>	<p>We found that in respect of receiving and acting on complaints the registered provider did not always investigate and take necessary and proportionate action in response to the complaint. We found that the registered person did not operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.</p> <p>This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation was not being met</p> <p>To meet this regulation providers must have an effective and accessible system for identifying, receiving, recording, handling and responding to complaints from patients using the service. All complaints must be investigated thoroughly and any necessary action taken where failures have been identified.</p> <p>We found that the registered provider did not always investigate and take necessary and proportionate action in response to complaints made by patients who used the service.</p> <p>We found that the registered person did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints.</p> <p>The healthcare complaints system did not manage patients' complaints confidentially. Complaints specific to healthcare were received through the main prison services complaint system. This meant that patient details and the reason for their complaint were not kept private and confidential.</p> <p>The complaints system was not effective in ensuring that complainants received appropriate responses, or that proportionate action was taken in response to complaints. Responses to complaints were of variable quality, did not address all the issues raised, did not always provide satisfactory resolution and where appropriate did not always include an apology.</p> <p>Patients did not have access to information about the options available to them when making a complaint, should they not be satisfied with the outcome of the complaint investigation.</p> <p>There was no information displayed in healthcare that advised patients about how to raise a concern or a complaint.</p>	
<p>Regulation 18 Staffing</p>	<p>We found the registered person did not ensure that persons employed by the service provider receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry</p>

	<p>out the duties.</p> <p>This was in breach of regulation 18(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation was not being met</p> <p>To meet this regulation providers must ensure that staff receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.</p> <p>We found evidence that staff did not receive formal regular supervision. Staff did not receive copies of supervision meetings, performance discussions and or copies of their annual appraisal.</p> <p>Where work performance issues had been raised with a member of staff this was recorded in an email.</p> <p>We saw copies of annual appraisals for primary health care staff only, and did not see any evidence of appraisal that had been completed for previous years.</p> <p>Further to meet this regulation staff should be supported to participate and undertake mandatory training.</p> <p>We found that health care staff had not completed training in safeguarding adults and child protection. The provider did not have a safeguarding adults or child protection policy. This compromised patient safety.</p>	

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	50	753	55.9
Recall	5	195	13.9
Convicted unsentenced	22	123	10.1
Remand	35	236	18.9
Civil prisoners	0	1	0.1
Detainees	3	11	1.0
Total	116	1,320	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	63	377	30.6
Less than 6 months	11	126	9.8
6 months to less than 12 months	18	89	7.5
12 months to less than 2 years	8	157	11.5
2 years to less than 4 years	10	233	16.9
4 years to less than 10 years	6	222	15.9
10 years and over (not life)	0	75	5.2
ISPP (indeterminate sentence for public protection)	0	28	2.9
Life	0	13	1.9
Total	116	1,320	100

Age	Number of prisoners	%
Please state minimum age here: 18	0	0
Under 21 years	116	8.1
21 years to 29 years	542	37.7
30 years to 39 years	438	30.5
40 years to 49 years	217	15.1
50 years to 59 years	87	6.1
60 years to 69 years	26	1.8
70 plus years	10	0.7
Please state maximum age here: 80	0	0
Total	1,436	100

Nationality	18–20-year-olds	21 and over	%
British	103	1,241	93.6
Foreign nationals + Not stated	11 + 2	73 + 6	5.8 + 0.6
Total			

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	62	371	30.2
Uncategorised sentenced	5	25	2.1
Category A	0	0	0
Category B	0	65	4.5
Category C	1	854	59.5
Category D	0	4	0.3
Other	48	1	3.4
Total	116	1,320	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	83	1,083	81.2
Irish	0	7	0.8
Gypsy/Irish Traveller	1	12	0.9
Other white	3	28	2.2
Mixed			
White and black Caribbean	5	13	1.3
White and black African	2	3	0.3
White and Asian	0	4	0.3
Other mixed	3	6	0.6
Asian or Asian British			
Indian	0	17	1.2
Pakistani	7	67	5.2
Bangladeshi	2	11	0.9
Chinese	0	1	0.1
Other Asian	4	18	1.5
Black or black British			
Caribbean	2	18	1.4
African	3	19	1.5
Other black	0	8	0.6
Other ethnic group			
Arab	0	1	0.1
Other ethnic group	1	4	0.3
Not stated			
Total	116	1,320	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	5	250	17.8
Roman Catholic	20	350	25.8
Other Christian denominations	7	73	5.6
Muslim	19	133	10.6
Sikh	0	3	0.2
Hindu	0	1	0.1
Buddhist	0	12	0.8
Jewish	0	1	0.1
Other	1	6	0.5
No religion	61	485	38
Total	116	1,320	100

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

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	20	1.4	193	13.4
1 month to 3 months	25	1.7	267	18.6
3 months to 6 months	6	0.4	201	14
6 months to 1 year	1	0.1	19	13.9
1 year to 2 years	1	0.1	75	5.2
2 years to 4 years	0	0	8	0.6
4 years or more	0	0	0	0
Total	53	3.7	943	65.7

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	0	0
Total	0	0	0

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	30	6.8	121	27.5
1 month to 3 months	16	3.6	132	30
3 months to 6 months	12	2.7	93	21.1
6 months to 1 year	4	0.9	28	6.4
1 year to 2 years	1	0.2	2	0.5
2 years to 4 years	0	0	1	0.2
4 years or more	0	0	0	0
Total	63	4.4	377	26.3

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

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 establishment⁹. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a systematic sampling method.

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 8 February 2016 the prisoner population at HMP Forest Bank was 1,436. Using the method described above, questionnaires were distributed to a sample of 240 prisoners.

We received a total of 182 completed questionnaires, a response rate of 76%. This included one questionnaire completed via interview. Sixteen respondents refused to complete a questionnaire and 42 questionnaires were not returned.

Wing/Unit	Number of completed survey returns
A	25
B	29
C	25
D	26

⁹ 95% confidence interval with a sampling error of 7%. 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.

E	20
F	20
G	13
H	22
Health care	1
Segregation	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Forest Bank.

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 has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Forest Bank in 2016 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 2013.
- The current survey responses from HMP Forest Bank in 2016 compared with the responses of prisoners surveyed at HMP Forest Bank in 2012.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2016 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 2016 survey between those who are aged 50 and over and those under 50.

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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% 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>	16 (9%)
	<i>21 - 29</i>	67 (37%)
	<i>30 - 39</i>	46 (26%)
	<i>40 - 49</i>	33 (18%)
	<i>50 - 59</i>	14 (8%)
	<i>60 - 69</i>	1 (1%)
	<i>70 and over</i>	3 (2%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	107 (59%)
	<i>Yes - on recall</i>	24 (13%)
	<i>No - awaiting trial</i>	24 (13%)
	<i>No - awaiting sentence</i>	25 (14%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	50 (28%)
	<i>Less than 6 months</i>	25 (14%)
	<i>6 months to less than 1 year</i>	16 (9%)
	<i>1 year to less than 2 years</i>	16 (9%)
	<i>2 years to less than 4 years</i>	31 (17%)
	<i>4 years to less than 10 years</i>	30 (17%)
	<i>10 years or more</i>	7 (4%)
	<i>IPP (indeterminate sentence for public protection)</i>	2 (1%)
	<i>Life</i>	1 (1%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	20 (11%)
	<i>No</i>	160 (89%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	175 (97%)
	<i>No</i>	5 (3%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	175 (97%)
	<i>No</i>	6 (3%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	139 (79%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	6 (3%)	<i>Mixed race - white and black Caribbean</i> 2 (1%)
	<i>Black or black British - Caribbean</i>	4 (2%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 4 (2%)
	<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i> 1 (1%)
	<i>Asian or Asian British - Pakistani</i>	8 (5%)	<i>Other ethnic group</i> 1 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		6 (4%)
	<i>No</i>		164 (96%)
Q1.10	What is your religion?		
	<i>None</i>	61 (35%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	42 (24%)	<i>Jewish</i> 0 (0%)
	<i>Catholic</i>	46 (27%)	<i>Muslim</i> 14 (8%)
	<i>Protestant</i>	0 (0%)	<i>Sikh</i> 1 (1%)
	<i>Other Christian denomination</i>	3 (2%)	<i>Other</i> 4 (2%)
	<i>Buddhist</i>	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		168 (96%)
	<i>Homosexual/Gay</i>		2 (1%)
	<i>Bisexual</i>		5 (3%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?		
	<i>Yes</i>		50 (28%)
	<i>No</i>		127 (72%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		7 (4%)
	<i>No</i>		169 (96%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		48 (27%)
	<i>No</i>		128 (73%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		98 (55%)
	<i>No</i>		79 (45%)

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>	139 (77%)
	<i>2 hours or longer</i>	28 (15%)
	<i>Don't remember</i>	14 (8%)

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>	139 (77%)
	Yes	19 (11%)
	No	19 (11%)
	Don't remember	3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	139 (78%)
	Yes	3 (2%)
	No	34 (19%)
	Don't remember	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	87 (48%)
	No	80 (44%)
	Don't remember	13 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	136 (76%)
	No	41 (23%)
	Don't remember	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	44 (24%)
	Well	84 (46%)
	Neither	39 (22%)
	Badly	7 (4%)
	Very badly	4 (2%)
	Don't remember	3 (2%)
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	120 (67%)
	Yes, I received written information	1 (1%)
	No, I was not told anything	49 (27%)
	Don't remember	10 (6%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	142 (80%)
	No	32 (18%)
	Don't remember	4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	68 (38%)
	<i>2 hours or longer</i>	102 (58%)
	Don't remember	7 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	130 (75%)
	No	34 (20%)
	Don't remember	10 (6%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		32 (18%)
	<i>Well</i>		72 (41%)
	<i>Neither</i>		40 (23%)
	<i>Badly</i>		18 (10%)
	<i>Very badly</i>		12 (7%)
	<i>Don't remember</i>		2 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	17 (10%)	<i>Physical health</i> 26 (15%)
	<i>Housing problems</i>	40 (23%)	<i>Mental health</i> 44 (25%)
	<i>Contacting employers</i>	11 (6%)	<i>Needing protection from other prisoners</i> 17 (10%)
	<i>Contacting family</i>	51 (29%)	<i>Getting phone numbers</i> 43 (25%)
	<i>Childcare</i>	5 (3%)	<i>Other</i> 8 (5%)
	<i>Money worries</i>	45 (26%)	<i>Did not have any problems</i> 52 (30%)
	<i>Feeling depressed or suicidal</i>	38 (22%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		43 (25%)
	<i>No</i>		79 (45%)
	<i>Did not have any problems</i>		52 (30%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		145 (82%)
	<i>A shower</i>		43 (24%)
	<i>A free telephone call</i>		119 (67%)
	<i>Something to eat</i>		119 (67%)
	<i>PIN phone credit</i>		76 (43%)
	<i>Toiletries/ basic items</i>		96 (54%)
	<i>Did not receive anything</i>		3 (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>		98 (56%)
	<i>Someone from health services</i>		115 (66%)
	<i>A Listener/Samaritans</i>		58 (33%)
	<i>Prison shop/ canteen</i>		60 (34%)
	<i>Did not have access to any of these</i>		31 (18%)
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>		85 (50%)
	<i>What support was available for people feeling depressed or suicidal</i>		72 (42%)
	<i>How to make routine requests (applications)</i>		73 (43%)
	<i>Your entitlement to visits</i>		71 (42%)
	<i>Health services</i>		77 (45%)
	<i>Chaplaincy</i>		82 (48%)
	<i>Not offered any information</i>		43 (25%)

Q3.9	Did you feel safe on your first night here?	
	Yes	121 (68%)
	No	49 (28%)
	Don't remember	8 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	21 (12%)
	Within the first week	119 (67%)
	More than a week	28 (16%)
	Don't remember	9 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	21 (12%)
	Yes	92 (53%)
	No	50 (29%)
	Don't remember	10 (6%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	24 (14%)
	Within the first week	83 (47%)
	More than a week	49 (28%)
	Don't remember	20 (11%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	27 (16%)	50 (29%)	30 (17%)	39 (22%)	16 (9%) 12 (7%)
	Attend legal visits?	27 (17%)	64 (41%)	32 (21%)	16 (10%)	6 (4%) 11 (7%)
	Get bail information?	15 (10%)	22 (14%)	40 (26%)	29 (19%)	18 (12%) 29 (19%)
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					29 (17%)
	Yes					53 (31%)
	No					91 (53%)
Q4.3	Can you get legal books in the library?					
	Yes					64 (38%)
	No					8 (5%)
	Don't know					97 (57%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	Do you normally have enough clean, suitable clothes for the week?	107 (63%)	59 (35%)	4 (2%)		
	Are you normally able to have a shower every day?	162 (93%)	11 (6%)	1 (1%)		
	Do you normally receive clean sheets every week?	152 (89%)	14 (8%)	5 (3%)		
	Do you normally get cell cleaning materials every week?	146 (84%)	23 (13%)	4 (2%)		
	Is your cell call bell normally answered within five minutes?	58 (33%)	102 (59%)	14 (8%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	111 (65%)	59 (35%)	1 (1%)		
	If you need to, can you normally get your stored property?	38 (23%)	78 (47%)	51 (31%)		

Q4.5	What is the food like here?	
	<i>Very good</i>	6 (3%)
	<i>Good</i>	52 (30%)
	<i>Neither</i>	54 (31%)
	<i>Bad</i>	40 (23%)
	<i>Very bad</i>	23 (13%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	11 (6%)
	<i>Yes</i>	70 (40%)
	<i>No</i>	93 (53%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	<i>Yes</i>	110 (62%)
	<i>No</i>	16 (9%)
	<i>Don't know</i>	51 (29%)
Q4.8	Are your religious beliefs respected?	
	<i>Yes</i>	75 (42%)
	<i>No</i>	29 (16%)
	<i>Don't know/ N/A</i>	73 (41%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	<i>Yes</i>	111 (63%)
	<i>No</i>	13 (7%)
	<i>Don't know/ N/A</i>	52 (30%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	37 (21%)
	<i>Very easy</i>	43 (24%)
	<i>Easy</i>	34 (19%)
	<i>Neither</i>	14 (8%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	5 (3%)
	<i>Don't know</i>	36 (20%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	<i>Yes</i>	113 (64%)
	<i>No</i>	46 (26%)
	<i>Don't know</i>	18 (10%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)	
		Not made one Yes No
	Are applications dealt with fairly?	39 (23%) 71 (42%) 61 (36%)
	Are applications dealt with quickly (within seven days)?	39 (24%) 62 (38%) 61 (38%)
Q5.3	Is it easy to make a complaint?	
	<i>Yes</i>	71 (41%)
	<i>No</i>	51 (29%)
	<i>Don't know</i>	53 (30%)

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

	Not made one	Yes	No
Are complaints dealt with fairly?	89 (52%)	17 (10%)	66 (38%)
Are complaints dealt with quickly (within seven days)?	89 (53%)	19 (11%)	60 (36%)

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

Yes	34 (20%)
No	136 (80%)

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

Don't know who they are	67 (40%)
Very easy	12 (7%)
Easy	20 (12%)
Neither	36 (21%)
Difficult	21 (13%)
Very difficult	12 (7%)

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.)**

Don't know what the IEP scheme is	27 (16%)
Yes	60 (35%)
No	68 (40%)
Don't know	16 (9%)

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

Don't know what the IEP scheme is	27 (16%)
Yes	63 (38%)
No	58 (35%)
Don't know	18 (11%)

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

Yes	15 (9%)
No	157 (91%)

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

I have not been to segregation in the last 6 months	126 (77%)
Very well	5 (3%)
Well	7 (4%)
Neither	5 (3%)
Badly	12 (7%)
Very badly	8 (5%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes	124 (73%)
No	47 (27%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	104 (62%)
	No	64 (38%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	45 (26%)
	No	127 (74%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	19 (11%)
	<i>Never</i>	34 (20%)
	<i>Rarely</i>	41 (24%)
	<i>Some of the time</i>	44 (25%)
	<i>Most of the time</i>	27 (16%)
	<i>All of the time</i>	9 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	112 (64%)
	<i>In the first week</i>	32 (18%)
	<i>More than a week</i>	13 (7%)
	<i>Don't remember</i>	18 (10%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	112 (65%)
	<i>Very helpful</i>	19 (11%)
	<i>Helpful</i>	26 (15%)
	<i>Neither</i>	9 (5%)
	<i>Not very helpful</i>	2 (1%)
	<i>Not at all helpful</i>	4 (2%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes	87 (50%)		
	No	88 (50%)		
Q8.2	Do you feel unsafe now?			
	Yes	39 (23%)		
	No	131 (77%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	88 (54%)	<i>At meal times</i>	16 (10%)
	<i>Everywhere</i>	26 (16%)	<i>At health services</i>	11 (7%)
	<i>Segregation unit</i>	7 (4%)	<i>Visits area</i>	22 (13%)
	<i>Association areas</i>	13 (8%)	<i>In wing showers</i>	21 (13%)
	<i>Reception area</i>	14 (9%)	<i>In gym showers</i>	15 (9%)
	<i>At the gym</i>	15 (9%)	<i>In corridors/stairwells</i>	21 (13%)
	<i>In an exercise yard</i>	16 (10%)	<i>On your landing/wing</i>	19 (12%)
	<i>At work</i>	13 (8%)	<i>In your cell</i>	21 (13%)
	<i>During movement</i>	34 (21%)	<i>At religious services</i>	2 (1%)
	<i>At education</i>	14 (9%)		

Q8.4	Have you been victimised by other prisoners here?	
	Yes	46 (27%)
	No	124 (73%)
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>	20 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	17 (10%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	24 (14%)
	<i>Having your canteen/property taken</i>	8 (5%)
	<i>Medication</i>	4 (2%)
	<i>Debt</i>	5 (3%)
	<i>Drugs</i>	6 (4%)
	<i>Your race or ethnic origin</i>	8 (5%)
	<i>Your religion/religious beliefs</i>	10 (6%)
	<i>Your nationality</i>	8 (5%)
	<i>You are from a different part of the country than others</i>	8 (5%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	9 (5%)
	<i>You were new here</i>	6 (4%)
	<i>Your offence/ crime</i>	17 (10%)
	<i>Gang related issues</i>	7 (4%)
Q8.6	Have you been victimised by staff here?	
	Yes	56 (33%)
	No	114 (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>	19 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	24 (14%)
	<i>Medication</i>	12 (7%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	6 (4%)
	<i>Your religion/religious beliefs</i>	7 (4%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here</i>	3 (2%)
	<i>Your offence/ crime</i>	9 (5%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	99 (61%)
	Yes	18 (11%)
	No	44 (27%)

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	23 (14%)	7 (4%)	20 (12%)	25 (15%)	54 (32%)	38 (23%)
	The nurse	17 (10%)	11 (7%)	49 (30%)	27 (16%)	41 (25%)	19 (12%)
	The dentist	28 (17%)	5 (3%)	11 (7%)	13 (8%)	40 (24%)	67 (41%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	35 (20%)	19 (11%)	46 (27%)	26 (15%)	25 (15%)	20 (12%)
	The nurse	26 (16%)	25 (15%)	39 (24%)	30 (18%)	24 (15%)	21 (13%)
	The dentist	54 (33%)	10 (6%)	20 (12%)	25 (15%)	23 (14%)	31 (19%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						25 (15%)
	<i>Very good</i>						12 (7%)
	<i>Good</i>						38 (23%)
	<i>Neither</i>						34 (21%)
	<i>Bad</i>						26 (16%)
	<i>Very bad</i>						27 (17%)
Q9.4	Are you currently taking medication?						
	Yes						83 (49%)
	No						86 (51%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						86 (50%)
	<i>Yes, all my meds</i>						28 (16%)
	<i>Yes, some of my meds</i>						16 (9%)
	<i>No</i>						41 (24%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						77 (46%)
	No						92 (54%)
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>						92 (54%)
	Yes						18 (11%)
	No						59 (35%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	64 (38%)
	No	105 (62%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	41 (24%)
	No	127 (76%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	64 (38%)
	<i>Easy</i>	27 (16%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	5 (3%)
	<i>Very difficult</i>	6 (4%)
	<i>Don't know</i>	58 (34%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	9 (5%)
	<i>Easy</i>	11 (7%)
	<i>Neither</i>	13 (8%)
	<i>Difficult</i>	12 (7%)
	<i>Very difficult</i>	33 (20%)
	<i>Don't know</i>	90 (54%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	29 (17%)
	<i>No</i>	138 (83%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	13 (8%)
	<i>No</i>	153 (92%)
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>	89 (56%)
	<i>Yes</i>	29 (18%)
	<i>No</i>	40 (25%)
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>	127 (77%)
	<i>Yes</i>	20 (12%)
	<i>No</i>	19 (11%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	114 (73%)
	<i>Yes</i>	37 (24%)
	<i>No</i>	6 (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	26 (15%)	37 (22%)	43 (26%)	23 (14%)	26 (15%)	13 (8%)
	Vocational or skills training	38 (24%)	22 (14%)	41 (26%)	24 (15%)	21 (13%)	14 (9%)
	Education (including basic skills)	30 (19%)	31 (20%)	55 (35%)	21 (13%)	12 (8%)	9 (6%)
	Offending behaviour programmes	45 (28%)	13 (8%)	27 (17%)	20 (13%)	32 (20%)	21 (13%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				48 (30%)
	Prison job				87 (54%)
	Vocational or skills training				13 (8%)
	Education (including basic skills)				30 (19%)
	Offending behaviour programmes				25 (16%)
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>	Yes	No	Don't know
	Prison job	34 (23%)	50 (34%)	47 (32%)	14 (10%)
	Vocational or skills training	38 (34%)	33 (29%)	27 (24%)	14 (13%)
	Education (including basic skills)	37 (30%)	39 (32%)	32 (26%)	14 (11%)
	Offending behaviour programmes	41 (34%)	31 (26%)	31 (26%)	17 (14%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				36 (22%)
	Never				42 (25%)
	<i>Less than once a week</i>				42 (25%)
	<i>About once a week</i>				44 (27%)
	<i>More than once a week</i>				2 (1%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				65 (40%)
	Yes				51 (31%)
	No				48 (29%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				35 (22%)
	0				34 (21%)
	1 to 2				55 (34%)
	3 to 5				24 (15%)
	More than 5				14 (9%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				30 (18%)
	0				38 (23%)
	1 to 2				38 (23%)
	3 to 5				28 (17%)
	More than 5				29 (18%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				11 (7%)
	0				11 (7%)
	1 to 2				10 (6%)
	3 to 5				13 (8%)
	More than 5				116 (72%)

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>	20 (12%)
	<i>2 to less than 4 hours</i>	42 (26%)
	<i>4 to less than 6 hours</i>	34 (21%)
	<i>6 to less than 8 hours</i>	22 (13%)
	<i>8 to less than 10 hours</i>	12 (7%)
	<i>10 hours or more</i>	23 (14%)
	<i>Don't know</i>	10 (6%)

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	42 (26%)
	No	122 (74%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	62 (38%)
	No	102 (62%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	36 (22%)
	No	127 (78%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	23 (14%)
	<i>Very easy</i>	31 (19%)
	<i>Easy</i>	40 (24%)
	<i>Neither</i>	18 (11%)
	<i>Difficult</i>	29 (18%)
	<i>Very difficult</i>	20 (12%)
	<i>Don't know</i>	4 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	50 (29%)
	Yes	82 (48%)
	No	38 (22%)
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>	88 (52%)
	<i>No contact</i>	39 (23%)
	<i>Letter</i>	10 (6%)
	<i>Phone</i>	5 (3%)
	<i>Visit</i>	34 (20%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	83 (51%)
	No	81 (49%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	50 (29%)
	Yes	62 (36%)
	No	58 (34%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	108 (64%)
	<i>Very involved</i>	18 (11%)
	<i>Involved</i>	12 (7%)
	<i>Neither</i>	8 (5%)
	<i>Not very involved</i>	8 (5%)
	<i>Not at all involved</i>	14 (8%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	108 (64%)
	<i>Nobody</i>	27 (16%)
	<i>Offender supervisor</i>	26 (15%)
	<i>Offender manager</i>	17 (10%)
	<i>Named/ personal officer</i>	7 (4%)
	<i>Staff from other departments</i>	14 (8%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	108 (62%)
	Yes	45 (26%)
	No	10 (6%)
	<i>Don't know</i>	10 (6%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	108 (62%)
	Yes	23 (13%)
	No	25 (14%)
	<i>Don't know</i>	17 (10%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	108 (63%)
	Yes	19 (11%)
	No	23 (13%)
	<i>Don't know</i>	22 (13%)
Q13.10	Do you have a needs-based custody plan?	
	Yes	18 (11%)
	No	76 (47%)
	<i>Don't know</i>	69 (42%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	20 (13%)
	No	138 (87%)

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

	<i>Do not need help</i>	Yes	No
Employment	32 (21%)	39 (25%)	83 (54%)
Accommodation	31 (20%)	54 (35%)	70 (45%)
Benefits	29 (19%)	64 (42%)	60 (39%)
Finances	28 (20%)	38 (27%)	77 (54%)
Education	28 (20%)	41 (29%)	74 (52%)
Drugs and alcohol	33 (23%)	52 (36%)	59 (41%)

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>	50 (30%)
Yes	55 (33%)
No	62 (37%)

Main comparator and comparator to last time



Prisoner survey responses HMP Forest Bank 2016

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 Forest Bank 2016	Local prisons comparator	HMP Forest Bank 2016	HMP Forest Bank 2012
	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		182	6,039	182	204
SECTION 1: General information					
1.2	Are you under 21 years of age?	9%	6%	9%	11%
1.3	Are you sentenced?	72%	67%	72%	69%
1.3	Are you on recall?	13%	9%	13%	13%
1.4	Is your sentence less than 12 months?	23%	20%	23%	20%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	2%
1.5	Are you a foreign national?	11%	13%	11%	9%
1.6	Do you understand spoken English?	97%	97%	97%	99%
1.7	Do you understand written English?	97%	96%	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	15%	25%	15%	16%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	4%	4%
1.1	Are you Muslim?	8%	13%	8%	13%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	3%
1.12	Do you consider yourself to have a disability?	28%	25%	28%	21%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	4%
1.14	Is this your first time in prison?	27%	33%	27%	25%
1.15	Do you have any children under the age of 18?	55%	54%	55%	52%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	16%	23%	16%	15%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	46%	38%	46%	14%
2.3	Were you offered a toilet break?	8%	8%	8%	11%
2.4	Was the van clean?	48%	58%	48%	53%
2.5	Did you feel safe?	76%	74%	76%	81%
2.6	Were you treated well/very well by the escort staff?	71%	66%	71%	66%
2.7	Before you arrived here were you told that you were coming here?	67%	63%	67%	68%
2.7	Before you arrived here did you receive any written information about coming here?	1%	4%	1%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	78%	80%	81%

Main comparator and comparator to last time

Key to tables

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Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction				
3.1 Were you in reception for less than 2 hours?	38%	40%	38%	47%
3.2 When you were searched in reception, was this carried out in a respectful way?	75%	78%	75%	77%
3.3 Were you treated well/very well in reception?	59%	62%	59%	64%
When you first arrived:				
3.4 Did you have any problems?	70%	77%	70%	68%
3.4 Did you have any problems with loss of property?	10%	16%	10%	10%
3.4 Did you have any housing problems?	23%	22%	23%	21%
3.4 Did you have any problems contacting employers?	6%	5%	6%	4%
3.4 Did you have any problems contacting family?	29%	35%	29%	16%
3.4 Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	1%
3.4 Did you have any money worries?	26%	24%	26%	21%
3.4 Did you have any problems with feeling depressed or suicidal?	22%	24%	22%	16%
3.4 Did you have any physical health problems?	15%	18%	15%	16%
3.4 Did you have any mental health problems?	25%	24%	25%	17%
3.4 Did you have any problems with needing protection from other prisoners?	10%	8%	10%	5%
3.4 Did you have problems accessing phone numbers?	25%	32%	25%	19%
For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	35%	31%	35%	31%
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	82%	79%	82%	83%
3.6 A shower?	24%	29%	24%	19%
3.6 A free telephone call?	67%	53%	67%	76%
3.6 Something to eat?	67%	71%	67%	67%
3.6 PIN phone credit?	43%	51%	43%	52%
3.6 Toiletries/ basic items?	54%	57%	54%	51%
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	56%	45%	56%	56%
3.7 Someone from health services?	66%	67%	66%	66%
3.7 A Listener/Samaritans?	33%	31%	33%	34%
3.7 Prison shop/ canteen?	35%	21%	35%	37%

Main comparator and comparator to last time

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	50%	40%	50%	50%
3.8	Support was available for people feeling depressed or suicidal?	42%	36%	42%	47%
3.8	How to make routine requests?	43%	34%	43%	48%
3.8	Your entitlement to visits?	42%	33%	42%	47%
3.8	Health services?	45%	44%	45%	49%
3.8	The chaplaincy?	48%	39%	48%	49%
3.9	Did you feel safe on your first night here?	68%	70%	68%	83%
3.10	Have you been on an induction course?	88%	74%	88%	81%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	61%	49%	61%	68%
3.12	Did you receive an education (skills for life) assessment?	86%	73%	86%	63%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	44%	36%	44%	56%
4.1	Attend legal visits?	58%	50%	58%	68%
4.1	Get bail information?	24%	17%	24%	31%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	31%	42%	31%	39%
4.3	Can you get legal books in the library?	38%	35%	38%	39%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	63%	49%	63%	65%
4.4	Are you normally able to have a shower every day?	93%	73%	93%	97%
4.4	Do you normally receive clean sheets every week?	89%	67%	89%	90%
4.4	Do you normally get cell cleaning materials every week?	84%	51%	84%	88%
4.4	Is your cell call bell normally answered within five minutes?	33%	25%	33%	55%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	56%	65%	76%
4.4	Can you normally get your stored property, if you need to?	23%	20%	23%	31%
4.5	Is the food in this prison good/very good?	33%	20%	33%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	47%	40%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	52%	62%	61%
4.8	Are your religious beliefs are respected?	42%	49%	42%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	50%	63%	60%
4.10	Is it easy/very easy to attend religious services?	43%	44%	43%	47%

Main comparator and comparator to last time

Key to tables

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	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?	64%	72%	64%	78%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	54%	48%	54%	64%
5.2	Do you feel applications are dealt with quickly (within seven days)?	50%	33%	50%	50%
5.3	Is it easy to make a complaint?	41%	49%	41%	63%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	21%	28%	21%	41%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	24%	24%	24%	47%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	21%	20%	16%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	18%	19%	19%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	40%	35%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	39%	38%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	10%	9%	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?	33%	35%	33%	30%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	73%	72%	73%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	62%	67%	62%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	27%	26%	29%
7.4	Do staff normally speak to you most of the time/all of the time during association?	21%	17%	21%	25%
7.5	Do you have a personal officer?	36%	34%	36%	52%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	75%	67%	75%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	50%	46%	50%	30%
8.2	Do you feel unsafe now?	23%	21%	23%	16%
8.4	Have you been victimised by other prisoners here?	27%	32%	27%	28%

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	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	13%	12%	12%
8.5	Hit, kicked or assaulted you?	10%	9%	10%	5%
8.5	Sexually abused you?	1%	2%	1%	1%
8.5	Threatened or intimidated you?	14%	17%	14%	15%
8.5	Taken your canteen/property?	5%	8%	5%	3%
8.5	Victimised you because of medication?	2%	6%	2%	5%
8.5	Victimised you because of debt?	3%	4%	3%	4%
8.5	Victimised you because of drugs?	4%	5%	4%	4%
8.5	Victimised you because of your race or ethnic origin?	5%	4%	5%	2%
8.5	Victimised you because of your religion/religious beliefs?	6%	3%	6%	2%
8.5	Victimised you because of your nationality?	5%	3%	5%	1%
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	2%
8.5	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	3%	3%	3%	2%
8.5	Victimised you because you have a disability?	5%	4%	5%	2%
8.5	Victimised you because you were new here?	4%	7%	4%	4%
8.5	Victimised you because of your offence/crime?	10%	6%	10%	5%
8.5	Victimised you because of gang related issues?	4%	5%	4%	1%
8.6	Have you been victimised by staff here?	33%	33%	33%	30%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	12%	11%	11%
8.7	Hit, kicked or assaulted you?	6%	6%	6%	4%
8.7	Sexually abused you?	3%	1%	3%	1%
8.7	Threatened or intimidated you?	14%	13%	14%	9%
8.7	Victimised you because of medication?	7%	5%	7%	6%
8.7	Victimised you because of debt?	1%	2%	1%	3%
8.7	Victimised you because of drugs?	2%	3%	2%	4%

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8.7	Victimised you because of your race or ethnic origin?	4%	4%	4%	3%
8.7	Victimised you because of your religion/religious beliefs?	4%	4%	4%	3%
8.7	Victimised you because of your nationality?	3%	3%	3%	4%
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	1%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	2%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	2%	2%	2%	2%
8.7	Victimised you because you have a disability?	4%	3%	4%	4%
8.7	Victimised you because you were new here?	2%	5%	2%	2%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	4%
8.7	Victimised you because of gang related issues?	2%	3%	2%	2%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	29%	34%	29%	23%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	16%	21%	16%	21%
9.1	Is it easy/very easy to see the nurse?	37%	43%	37%	46%
9.1	Is it easy/very easy to see the dentist?	10%	9%	10%	10%
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?	48%	40%	48%	47%
9.2	The nurse?	46%	51%	46%	56%
9.2	The dentist?	28%	30%	28%	21%
9.3	The overall quality of health services?	37%	36%	37%	38%
9.4	Are you currently taking medication?	49%	52%	49%	42%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	52%	58%	52%	54%
9.6	Do you have any emotional well being or mental health problems?	46%	40%	46%	29%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	23%	43%	23%	33%

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SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	38%	32%	38%	31%
10.2	Did you have a problem with alcohol when you came into this prison?	24%	21%	24%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	54%	37%	54%	39%
10.4	Is it easy/very easy to get alcohol in this prison?	12%	17%	12%	9%
10.5	Have you developed a problem with drugs since you have been in this prison?	17%	9%	17%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	8%	8%	10%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	42%	57%	42%	63%
10.8	Have you received any support or help with your alcohol problem while in this prison?	51%	54%	51%	60%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	86%	77%	86%	81%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	48%	30%	48%	42%
11.1	Vocational or skills training?	39%	28%	39%	34%
11.1	Education (including basic skills)?	55%	43%	55%	44%
11.1	Offending behaviour programmes?	25%	17%	25%	29%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	54%	43%	54%	49%
11.2	Vocational or skills training?	8%	8%	8%	4%
11.2	Education (including basic skills)?	19%	24%	19%	21%
11.2	Offending behaviour programmes?	16%	7%	16%	9%
11.3	Have you had a job while in this prison?	77%	68%	77%	76%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	45%	39%	45%	34%
11.3	Have you been involved in vocational or skills training while in this prison?	66%	55%	66%	58%
	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%	44%	45%	27%
11.3	Have you been involved in education while in this prison?	70%	66%	70%	66%

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	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	46%	51%	46%	37%
11.3	Have you been involved in offending behaviour programmes while in this prison?	66%	53%	66%	60%
	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?	39%	39%	39%	37%
11.4	Do you go to the library at least once a week?	28%	28%	28%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	31%	32%	31%	24%
11.6	Do you go to the gym three or more times a week?	24%	24%	24%	44%
11.7	Do you go outside for exercise three or more times a week?	35%	40%	35%	37%
11.8	Do you go on association more than five times each week?	72%	41%	72%	81%
11.9	Do you spend ten or more hours out of your cell on a weekday?	14%	9%	14%	16%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	26%	31%	26%	32%
12.2	Have you had any problems with sending or receiving mail?	38%	49%	38%	42%
12.3	Have you had any problems getting access to the telephones?	22%	35%	22%	17%
12.4	Is it easy/ very easy for your friends and family to get here?	43%	35%	43%	51%
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?	68%	61%	68%	65%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	48%	42%	48%	37%
13.2	Contact by letter?	12%	29%	12%	24%
13.2	Contact by phone?	6%	13%	6%	14%
13.2	Contact by visit?	42%	36%	42%	49%
13.3	Do you have a named offender supervisor in this prison?	51%	29%	51%	34%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	52%	32%	52%	38%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	50%	56%	50%	67%

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	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	44%	45%	44%	34%
13.6	Offender supervisor?	43%	32%	43%	43%
13.6	Offender manager?	28%	26%	28%	34%
13.6	Named/ personal officer?	11%	11%	11%	11%
13.6	Staff from other departments?	23%	17%	23%	17%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	69%	52%	69%	76%
13.8	Are there plans for you to achieve any of your targets in another prison?	35%	28%	35%	24%
13.9	Are there plans for you to achieve any of your targets in the community?	30%	32%	30%	33%
13.10	Do you have a needs based custody plan?	11%	7%	11%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	11%	13%	16%
	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?	32%	26%	32%	29%
13.12	Accommodation?	44%	31%	44%	43%
13.12	Benefits?	52%	34%	52%	54%
13.12	Finances?	33%	21%	33%	29%
13.12	Education?	36%	27%	36%	31%
13.12	Drugs and alcohol?	47%	40%	47%	44%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	47%	45%	47%	46%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Forest Bank 2016

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in green is significantly better				
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	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		27	149	20	160
1.3	Are you sentenced?	67%	74%	75%	72%
1.5	Are you a foreign national?	33%	7%		
1.6	Do you understand spoken English?	100%	98%	85%	99%
1.7	Do you understand written English?	96%	98%	80%	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.)			47%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	11%	3%
1.1	Are you Muslim?	45%	1%	26%	6%
1.12	Do you consider yourself to have a disability?	22%	29%	30%	28%
1.13	Are you a veteran (ex-armed services)?	8%	3%	5%	4%
1.14	Is this your first time in prison?	35%	26%	42%	26%
2.6	Were you treated well/very well by the escort staff?	67%	73%	80%	69%
2.7	Before you arrived here were you told that you were coming here?	67%	67%	65%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	59%	77%	79%	74%
3.3	Were you treated well/very well in reception?	55%	60%	63%	58%
3.4	Did you have any problems when you first arrived?	65%	71%	67%	70%
3.7	Did you have access to someone from health care when you first arrived here?	64%	67%	37%	70%
3.9	Did you feel safe on your first night here?	69%	69%	58%	69%
3.10	Have you been on an induction course?	92%	87%	80%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	56%	43%	42%	44%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	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?	81%	60%	74%	61%
4.4	Are you normally able to have a shower every day?	92%	93%	90%	93%
4.4	Is your cell call bell normally answered within five minutes?	46%	31%	60%	30%
4.5	Is the food in this prison good/very good?	52%	30%	47%	32%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	40%	35%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	64%	42%	64%
4.8	Do you feel your religious beliefs are respected?	54%	41%	61%	40%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	82%	58%	79%	61%
5.1	Is it easy to make an application?	67%	65%	67%	63%
5.3	Is it easy to make a complaint?	33%	42%	42%	40%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	35%	28%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	28%	40%	23%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	10%	11%	9%
7.1	Do most staff, in this prison, treat you with respect?	89%	70%	89%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	63%	63%	61%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	28%	20%	23%	21%
7.4	Do you have a personal officer?	48%	35%	50%	34%
8.1	Have you ever felt unsafe here?	50%	50%	63%	49%
8.2	Do you feel unsafe now?	19%	24%	33%	22%
8.3	Have you been victimised by other prisoners?	26%	27%	41%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	15%	24%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	18%	3%	6%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	22%	3%	6%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	22%	2%	18%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	6%	12%	5%
8.6	Have you been victimised by a member of staff?	24%	35%	28%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	4%	16%	11%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	2%	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	3%	6%	4%
8.7	Have you been victimised because of your nationality? (By staff)	8%	2%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%	11%	3%
9.1	Is it easy/very easy to see the doctor?	12%	17%	17%	16%
9.1	Is it easy/ very easy to see the nurse?	48%	35%	47%	36%
9.4	Are you currently taking medication?	32%	53%	42%	50%
9.6	Do you feel you have any emotional well being/mental health issues?	16%	51%	44%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	55%	44%	54%
11.2	Are you currently working in the prison?	48%	55%	59%	54%
11.2	Are you currently undertaking vocational or skills training?	4%	9%	6%	8%
11.2	Are you currently in education (including basic skills)?	28%	17%	35%	16%
11.2	Are you currently taking part in an offending behaviour programme?	8%	17%	12%	16%
11.4	Do you go to the library at least once a week?	39%	26%	39%	27%
11.6	Do you go to the gym three or more times a week?	21%	24%	17%	24%
11.7	Do you go outside for exercise three or more times a week?	33%	35%	31%	35%
11.8	On average, do you go on association more than five times each week?	75%	72%	71%	73%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	18%	14%	11%	14%
12.2	Have you had any problems sending or receiving mail?	29%	40%	17%	41%
12.3	Have you had any problems getting access to the telephones?	18%	22%	24%	22%

Diversity Analysis



Key question responses (disability, age over 50) HMP Forest Bank 2016

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

Key to tables

Any 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					
Number of completed questionnaires returned		50	127	18	162
1.3	Are you sentenced?	61%	77%	78%	72%
1.5	Are you a foreign national?	12%	11%	17%	11%
1.6	Do you understand spoken English?	96%	98%	100%	97%
1.7	Do you understand written English?	94%	98%	94%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	17%	11%	16%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	3%	6%	3%
1.1	Are you Muslim?	8%	8%	6%	9%
1.12	Do you consider yourself to have a disability?			23%	29%
1.13	Are you a veteran (ex-armed services)?	6%	3%	6%	4%
1.14	Is this your first time in prison?	24%	29%	35%	27%
2.6	Were you treated well/very well by the escort staff?	66%	73%	78%	70%
2.7	Before you arrived here were you told that you were coming here?	72%	65%	44%	69%
3.2	When you were searched in reception, was this carried out in a respectful way?	65%	78%	88%	73%
3.3	Were you treated well/very well in reception?	52%	62%	73%	57%
3.4	Did you have any problems when you first arrived?	87%	63%	61%	71%
3.7	Did you have access to someone from health care when you first arrived here?	67%	66%	56%	67%
3.9	Did you feel safe on your first night here?	54%	73%	78%	67%
3.10	Have you been on an induction course?	78%	91%	100%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	28%	51%	65%	42%

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?	54%	66%	78%	61%
4.4	Are you normally able to have a shower every day?	83%	97%	100%	92%
4.4	Is your cell call bell normally answered within five minutes?	19%	40%	61%	31%
4.5	Is the food in this prison good/very good?	21%	38%	67%	29%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	42%	61%	38%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	64%	67%	61%
4.8	Do you feel your religious beliefs are respected?	35%	45%	65%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	63%	73%	62%
5.1	Is it easy to make an application?	55%	69%	78%	62%
5.3	Is it easy to make a complaint?	30%	46%	23%	42%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	20%	41%	35%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	41%	39%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	7%	0%	10%
7.1	Do most staff, in this prison, treat you with respect?	60%	78%	88%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	67%	73%	60%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	23%	17%	21%
7.4	Do you have a personal officer?	19%	44%	35%	36%
8.1	Have you ever felt unsafe here?	61%	46%	39%	52%
8.2	Do you feel unsafe now?	37%	18%	17%	24%
8.3	Have you been victimised by other prisoners?	38%	24%	37%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	11%	31%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	3%	0%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	4%	6%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	3%	0%	5%
8.5	Have you been victimised because of your age? (By prisoners)	5%	3%	25%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	18%	1%	6%	5%
8.6	Have you been victimised by a member of staff?	54%	26%	19%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	30%	8%	13%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	4%	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	4%	6%	4%
8.7	Have you been victimised because of your nationality? (By staff)	0%	4%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	4%	2%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	11%	2%	6%	4%
9.1	Is it easy/very easy to see the doctor?	9%	19%	27%	15%
9.1	Is it easy/ very easy to see the nurse?	17%	44%	47%	35%
9.4	Are you currently taking medication?	71%	41%	63%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	76%	34%	13%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	59%	52%	53%	54%
11.2	Are you currently working in the prison?	31%	62%	73%	52%
11.2	Are you currently undertaking vocational or skills training?	2%	10%	7%	8%
11.2	Are you currently in education (including basic skills)?	19%	19%	13%	19%
11.2	Are you currently taking part in an offending behaviour programme?	7%	19%	27%	14%
11.4	Do you go to the library at least once a week?	23%	29%	41%	26%
11.6	Do you go to the gym three or more times a week?	12%	28%	0%	26%
11.7	Do you go outside for exercise three or more times a week?	22%	40%	25%	37%
11.8	On average, do you go on association more than five times each week?	68%	74%	69%	73%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	16%	13%	14%
12.2	Have you had any problems sending or receiving mail?	53%	32%	20%	40%
12.3	Have you had any problems getting access to the telephones?	33%	17%	13%	23%