

Report on an unannounced inspection of

HMP Preston

by HM Chief Inspector of Prisons

6–17 March 2017

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



Crown copyright 2017

This publication (excluding logos) is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

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

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

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

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

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	27
Section 3. Purposeful activity	39
Section 4. Resettlement	45
Section 5. Summary of recommendations and good practice	51
Section 6. Appendices	57
Appendix I: Inspection team	57
Appendix II: Progress on recommendations from the last report	59
Appendix III: Care Quality Commission Requirement Notices	67
Appendix IV: Prison population profile	71
Appendix V: Summary of prisoner questionnaires and interviews	75

Glossary of terms

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

Introduction

HMP Preston is a traditional local prison. Parts of it date from the 18th century and it holds just over 800 adult male prisoners, drawn mainly from Lancashire and elsewhere in the North West. The prison's location embedded in the local community and its role serving that community are real advantages to the institution, giving clarity to its purpose and function. When we last inspected in early 2014, we reported generally satisfactory outcomes and found a prison that was doing some good work to reform and resettle those it held. We did, however, make a number of recommendations, particularly in the area of safety. At this inspection we found that the prison continued to do reasonably well, particularly when compared to similar prisons, and there had been improvement to outcomes in safety.

Generally, prisoners received a positive welcome and induction to the prison despite a poor reception environment. Management arrangements to support the reduction of violence were too reactive and quite limited, although day-to-day operational management of violence reduction was stronger; unlike in many similar prisons, violence was not increasing overall. A confident staff group ensured a generally calm prison, and vulnerable prisoners were now receiving better support. It was clear, however, that with only a little more attention there was the potential for more effective work to reduce violence. For example, despite quite good support for individuals, formal safeguarding arrangements were weak.

Four prisoners had tragically taken their own lives since we last inspected, although levels of self-harm were lower than we usually see at similar prisons. Comprehensive follow-up plans were in place in response to formal investigations following the deaths. Case management of those at risk of self-harm was mixed but prisoners in crisis indicated to us that they felt supported by staff, and mental health input was good.

The management of security was generally sound, with an improving approach to reducing the supply of illegal drugs, but more thought and risk assessment were needed before the application of some procedures. Prisoners were unusually positive about the value of the incentives and privileges scheme in promoting positive behaviour. The use of force had not increased since our last inspection but accountability and supervision were not good enough. Arrangements in the segregation unit were adequate and prisoners were not held there for long.

The prison remained overcrowded, with too many prisoners sharing a cell designed for one, and conditions were variable. Access to basic amenities, such as showers, telephones and cleaning materials, needed to be better. We observed some good interactions between staff and prisoners, and staff were generally experienced and decent, but we also observed some poor culture and practice that required challenge. Not enough was being done in the prison to promote equality, an area that had been neglected. We have made this issue the subject of one of our main recommendations.

Health care provision had deteriorated, largely as a consequence of uncertainty connected to the imminent transfer of services to a new provider. Outcomes across the service were inconsistent and we had particular concerns regarding dentistry and primary mental health needs, which were largely unmet. The provision of social care was similarly variable. We have made two main recommendations about health care provision in the establishment.

The amount of time prisoners spent out of their cells had deteriorated, but 85% of prisoners were still engaged in some form of purposeful activity. Prisoner attendance at work or education was good, with the quality of provision, as well as learner achievements, similarly meeting requirements. Our colleagues in Ofsted judged the effectiveness of learning, skills and work to be 'good' overall.

The effectiveness of resettlement services remained a strength. Offender management was efficient and public protection arrangements were robust. The community rehabilitation company (CRC), and resettlement work in general, gave prisoners being released significant support.

Preston remained a traditional and stable institution despite having many of the disadvantages common to old, inner-city prisons. In many areas it continued to do better than comparable prisons. The prison could, however, do more, and there is no room for complacency. With more consistency, greater imagination and better coordination, even better outcomes are within the prison's grasp. The management team was competent, settled and committed to the success of the prison. The staff group were capable and confident. Preston was a reasonably good prison; it should be ambitious and become a very good prison.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

May 2017

Fact page

Task of the establishment

Category B local resettlement prison for young adult and adult males.

Prison status

Public

Region

North West

Number held

720

Certified normal accommodation

433

Operational capacity

811

Date of last full inspection

31 March –11 April 2014

Brief history

HMP Preston was built in 1790 and later enlarged as a radial prison. The four wings leading from the centre building were constructed between 1840 and 1895. Since 1790, it was used as a civil defence centre and a naval detention quarters, before becoming a training prison for category C prisoners. In 1990 it became a local prison.

Short description of residential units

A1	–	separation and care unit
A2	–	first night centre/substance misuse and stabilisation unit
A3/4/5	–	general population
B	–	vulnerable prisoner unit
C1	–	induction and first night centre
C2	–	resettlement unit
C3/4	–	general population
D	–	general population
F	–	risk-assessed workers' unit accommodating prison orderlies.
G	–	substance misuse recovery unit

Name of governor

Steven Lawrence

Escort contractor

GEOAmey

Health service providers

Lancashire Care NHS Foundation Trust

Phoenix Futures

Greater Manchester Mental Health NHS Foundation Trust

Learning and skills provider

Novus

Independent Monitoring Board chair

Chris Creelman

Community rehabilitation company (CRC)

Cumbria and Lancashire Community Rehabilitation Company

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 and the General Pharmaceutical Council (GPhC). 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** *All prisoners, including category D prisoners going to open conditions, were handcuffed from reception to the escort vans. The reception environment remained poor. Initial risk assessment and first night procedures were good for most prisoners. Violence reduction work had improved, although some weaknesses remained. There had been appropriate action to address recommendations following deaths in custody. Levels of self-harm were lower than at similar prisons. With some exceptions, security was proportionate and reasonably effective. Although the availability of drugs was too high, a comprehensive drug strategy was being implemented. Governance of use of force was poor. Prisoners in the segregation unit were helped to move out quickly. Substance misuse services had improved and were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2** *At the last inspection in 2014, we found that outcomes for prisoners in Preston were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of safety. At this follow-up inspection we found that seven of the recommendations had been achieved, four had been partially achieved and 12 had not been achieved.*
- S3** In our survey, most prisoners were positive about their journeys to Preston, although some had long waits at court. Prisoners transferring out of Preston were often sent to vehicles from reception handcuffed in pairs and without adequate supervision by staff; this included some category D prisoners going to open conditions, which was inappropriate. Reception processes were swift but the environment was poor and cell sharing risks were not assessed in private. However, there were thorough and private initial assessment and first night interviews on the first night centre. Peer workers welcomed new arrivals to the unit and delivered a comprehensive induction the following day, but most new arrivals on the stabilisation unit did not receive a formal induction.
- S4** Staff dealt confidently with prisoners and helped to ensure a reasonably calm environment. The number of assaults was similar to other local prisons, although there were more fights. The weekly Safer Prisons meeting provided good multidisciplinary case management of violent incidents and individual prisons of concern. Despite improvements in the management of violence reduction, weaknesses remained. Violence reduction meetings were poorly attended, monitoring data were not used sufficiently and there was no violence reduction action plan. A useful safety survey had been completed but there had been insufficient action on its findings. The treatment of vulnerable prisoners had improved since the last inspection, but this group still experienced too much abuse when moving around the prison.
- S5** There had been four self-inflicted deaths since the previous inspection. Action plans following reports by the Prison s and Probation Ombudsman were comprehensive and had addressed some key weaknesses. Even though over half of prisoners in our survey said they had emotional or mental health problems, self-harm levels were lower than at similar prisons. Health care staff attended most case management reviews for prisoners in crisis, and this contributed to better care planning and risk assessment than we often see. However, the process was undermined by poor identification of triggers to self-harm and perfunctory monitoring. Prisoners had good access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were positive about their support from Samaritans and the safer custody team. The weekly Safer Preston meeting

contributed to good case management of prisoners at risk of self-harm and those with safeguarding needs. Wing staff were generally sensitive to the vulnerability of prisoners in their care, but there were no wing care plans for those with particularly complex needs. The management of safeguarding lacked focus, with no prison policy or contact with the local authority.

- S6 Management of security was sound. Procedural and physical security arrangements were generally proportionate, but too many prisoners were routinely strip searched and some were on closed visits for non-visits-related activities. Analysis of intelligence reports was prompt and thorough but not all target searches were carried out. Too many prisoners felt it was easy to get illegal drugs, but a supply reduction and substance misuse strategy was being implemented. The mandatory drug testing positive rate was around 10%, just within target. Suspicion drug testing had not been consistent or sufficient.
- S7 More prisoners than we usually find said that the incentives and earned privileges (IEP) scheme was helping to change behaviour, but unemployed men on the basic level lacked opportunities to demonstrate improvements in behaviour. Adjudications were conducted fairly.
- S8 Force had been used 123 times in the previous six months. There was appropriate use of restraint techniques in most cases, but too much of the paperwork justifying the use of force or special cell was missing or incomplete. We also saw some evidence of excessive use of force that had not been identified by managers. Use of the special cell was appropriate in the cases where documents were available. Lessons from use of force incidents were not sufficiently well identified and shared.
- S9 The segregation unit was used more than at our last inspection and than at other local prisons, but most prisoners were held there for short periods. There was good work alongside the mental health team to help move prisoners off the unit as soon as possible. Unit staff relationships with prisoners were appropriate but functional. Communal areas and cells were reasonably clean and free of graffiti, but the shower and exercise yards were in poor condition.
- S10 Clinical management of substance misusing patients had improved. There was more flexible prescribing, an appropriate emphasis on reduced prescribing, and good support for patients undergoing stabilisation. Psychosocial support had improved with a wider range of educational and therapeutic options. The stabilisation unit demonstrated exemplary partnership working between the prison, clinical and psychosocial teams, and it was an effective and supportive environment that encouraged recovery from addiction.

Respect

S11 *The prison was generally clean but many cells lacked toilet screening and most showers were in a very poor condition. Despite some good staff interactions with prisoners, there were consistent reports of disrespectful staff behaviour. Equality and diversity work was poor and had been largely neglected. Faith provision was very good. The complaints system had improved. Health services were reasonable for inpatients and those with acute needs, but poor for those with chronic needs. Mental health provision had deteriorated. The quality of food was reasonable overall. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S12 *At the last inspection in 2014, we found that outcomes for prisoners in Preston were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect. At this follow-up inspection we found that five of the recommendations had been achieved, five had been partially achieved and 13 had not been achieved.*

S13 Many prisoners shared cells that were too small for two prisoners, and lacked privacy and decency. Many cells had inadequate or no screening around toilets. Communal areas were clean but exercise yards were bleak and the communal toilet areas on most wings lacked screening. In our survey, fewer than two-thirds of prisoners said they could shower every day, and showers on many units were dilapidated. Prisoners had difficulties obtaining sufficient cleaning materials. There was no governance or monitoring of the application system, and it was difficult to assess its effectiveness. Prisoner information desk workers had a low profile and were not used to their full potential.

S14 We observed some good interactions between prisoners and a generally experienced and decent staff group. However, we also had consistent reports of poor and disrespectful staff behaviour and some elements of poor staff culture persisted. Formal prisoner consultation arrangements were in their infancy but good.

S15 The strategic management of equality work had been neglected until recently. Consultation with prisoners from protected characteristics groups was minimal, and in our survey, black and minority ethnic prisoners had more negative experiences than white prisoners in a range of areas. Equality monitoring data were not used to identify and address discrimination. Foreign national prisoners received little support in understanding and obtaining independent legal advice. There were insufficient cells adapted for prisoners with mobility problems. Not all staff were aware of prisoners with emergency evacuation needs. Retired and disabled prisoners who were unable to work spent too long locked in their cells without sufficient stimulus or activity.

S16 Faith provision was strong with extensive opportunities for worship. The chaplaincy was well integrated into the life of the prison and provided some good support for prisoners most in need, such as those bereaved or on case management for risk of self-harm or suicide.

S17 The handling of prisoner complaints and checks on the promptness and quality of responses had improved and were good. The data collected were not yet analysed to detect patterns, which could have helped to improve services.

S18 Health care provision had deteriorated. The imminent transfer of health services to a new provider was having a destabilising effect, and significant staff shortages had affected service provision. Access to GPs was reasonably good for prisoners on ordinary location, but those on the vulnerable prisoner wing waited up to four weeks. Care for prisoners with long-term conditions was inconsistent and care plans were inadequate. A clinic to manage minor ailments and assist prisoners reporting sick was frequently cancelled and had failed to take

place on 41 occasions in the previous six months. The standard of care on the inpatient unit was generally good. Medication administration was not confidential, and medication queues were poorly managed. Dental provision was insufficient to meet need and waiting lists were too long. There was a high level of mental health need. Prisoners with serious mental illness and those in crisis were appropriately prioritised, but primary mental health needs were largely unmet. There was insufficient psychiatrist input. Social care needs were largely met but there were some significant exceptions.

- S19 Although some prisoners described the food as poor, others were more positive and, on the whole, the quality of food was adequate. Menus were reasonably varied, with a range of meals for special events. The kitchen was well organised and in good condition. The system for prison shop purchases functioned smoothly, with good prisoner consultation. However, black and minority ethnic prisoners were much less content than white prisoners with the range of good offered, and some new arrivals still had to wait too long for their first orders.

Purposeful activity

S20 *Time out of cell had deteriorated, but 85% of prisoners were involved in some activity on most days. Management of activities was good, as were prisoner attendance and punctuality in education and work. The quality of education and vocational training was good and achievements were high. Library and PE provision were reasonable. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S21 *At the last inspection in 2014, we found that outcomes for prisoners in Preston were reasonably good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved and two had not been achieved.*

- S22 Prisoners who were fully employed could have just over nine hours a day out of cell, but a significant minority had only around an hour. Our roll checks showed that 39% of prisoners were locked up during the working day when not at work or in education. This included men on remand who could choose not to work. There were too few opportunities for association.
- S23 There was good partnership working between the prison and the Offenders' Learning and Skills Services (OLASS) provider, Novus. The prison self-assessment of learning and skills provision was comprehensive and provided a clear view of strengths and weaknesses. Learning and skills had a high priority and senior managers had a good focus on improving the provision. The variety of activities had improved, and there were plans to introduce more functional skills and work opportunities. Quality improvement measures were good overall, but the observation of teaching and learning for the non-OLASS provision was underdeveloped. The learning and skills delivered by Novus were good.
- S24 The prison made good use of the available activity places, with 85% of prisoners having planned purposeful activity throughout the week. The education induction provided clear information to prisoners, and assessment of their English and mathematics skills was effective. Prisoner allocation to activities was fair and equitable.
- S25 Teachers used a variety of activities to engage and motivate prisoners. Peer mentors were used well, providing good individual support. Behaviour was managed well by teachers and tutors. Coaching in vocational training was good. Targets set for prisoners in a minority of cases were not sufficiently clear. Prisoners demonstrated good attitudes to their learning and

work. They worked well individually and in groups, and were respectful towards tutors and peers. Attendance and punctuality were generally very good. Prisoners developed a good work ethic, but this was not sufficiently well recorded. Achievement on the majority of accredited courses was good. Standards of work, including written work, were generally good, particularly in art and horticulture.

- S26 The library contained an appropriate range of material and staff were responsive to the needs of the population. Prisoners had good access to gym facilities, which were being upgraded to community-equivalent provision. Surveys and data were used to plan appropriate activities, and learning and health awareness were embedded into planned gym sessions.

Resettlement

S27 *Management of resettlement functions was good, although joint working was underdeveloped. The community rehabilitation company (CRC)² provided good support for prisoners. The resettlement unit was not used to its full potential. Offender management was efficient. There was little backlog of offender assessment system (OASys) assessments and the quality was reasonable. Public protection work was robust. Recategorisation processes and assessments were well managed. Resettlement planning and work were generally good, and few prisoners were released without accommodation. The visits environment was poor and there was no visitors' centre. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S28 *At the last inspection in 2014, we found that outcomes for prisoners in Preston were reasonably good against this healthy prison test. We made eight recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, one had been partially achieved and one had not been achieved.*

S29 The resettlement strategy and action plans were detailed and up to date, and meetings were well attended. Operational management of resettlement was good, but there was a lack of joint working between the offender management and resettlement pathway functions at a strategic level. While the resettlement unit had much potential, it was not operating as such, its purpose was not clear and too many prisoners were lodged there inappropriately.

S30 Offender management unit staff were focused appropriately on the completion of OASys (offender assessment system) assessments, sentence planning and transfer. The OASys backlog was reasonably low and most prisoners were quickly moved on to another prison. The quality of OASys and sentence plans was reasonable, and there were good quality assurance processes for those completed. The quality of some basic custody screens completed by offender supervisors was poor. A few prisoners had been at the prison for over a year with little contact with offender supervisors. Home detention curfew decisions were well informed and inclusive, but not all were sufficiently timely.

S31 Public protection arrangements were robust and well managed. The initial screening template and process were an example of good practice and helped avoid information being missed or overlooked. The interdepartmental risk management team meeting was usually well attended and considered cases in detail. Multi-agency public protection arrangements (MAPPAs) reports were reasonably good.

² Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The national probation service has maintained responsibility for high- and very high-risk offenders.

- S32 Prisoners' initial categorisation and transfers to other establishments were generally prompt, but there were some exceptions. Categorisation reviews were usually well informed but not all were sufficiently timely. There was little opportunity for indeterminate sentence prisoners to progress and reduce their risk of reoffending while at the prison.
- S33 The prison released around 130 prisoners a month, many having served short sentences. Sodexo had contracted Shelter to deliver CRC services. Shelter staff saw almost all prisoners before their release and developed generally detailed and appropriate resettlement plans, which helped offset the poor quality of some basic custody screens. In our survey, prisoners were more positive than the comparators in their awareness of resettlement services
- S34 Shelter ensured that 95% or more of those released went to settled accommodation, and only 30 prisoners in the establishment were without a release address at the time of the inspection. There was good through-the-gate coordination on housing issues.
- S35 The National Careers Service provided good action plans for education and training, based on prisoners' longer term objectives. It had good links with Shelter and Jobcentre Plus, which effectively supported prisoners seeking education, training or employment on release.
- S36 Health care discharge planning was timely and appropriate. Prisoners on medication were given one week's supply where appropriate and offered a discharge summary for their GP. Arrangements for patients with palliative or end-of-life needs were good. Pre-release preparation for prisoners with substance misuse needs was good.
- S37 Peer workers provided some generic finance, benefit and debt advice, and 92% of prisoners had a bank account. Shelter worked with Jobcentre Plus to help prisoners open Post Office accounts, and delivered money management training and provided identifying documents to enable those released to claim benefits without delay.
- S38 Visitors spoke highly of the helpfulness and courtesy of visits staff. However, there was still no visitors' centre, which led to visitors queuing up outside in all weathers, and the visits hall was bare and bleak, with no facilities for children. Family days had been improved and were used for constructive work to reduce reoffending. The Prison Advice and Care Trust (PACT) provided some family relationships support programmes.
- S39 As a local prison, there were no accredited offending behaviour programmes, but more prisoners than the comparator said they had plans to achieve their sentence plan targets elsewhere. A few prisoners, including some with significant risks, could spend the remainder of their time at the prison with no opportunity to reduce their risk, although we found no cases where this had occurred.

Main concerns and recommendations

S40 Concern: The reception area was unfit for purpose, cramped, and lacked natural light and privacy for confidential interviews. Toilets, showers and searching areas were not fully screened.

Recommendation: The reception area should provide a suitable environment, including sufficient and private space for risk assessments and Listener interviews. Toilets, showers and searching areas should be fully screened.

S41 Concern: The management of diversity and equality had been neglected. The equality policy had yet to be fully implemented. The prison did not use the equality monitoring tool or consult with all protected groups to understand their perspectives, or to identify and tackle discrimination.

Recommendation: The prison should develop and implement its equality and diversity policy in full. The equality monitoring tool should be used to identify and address areas of discrimination. Regular support groups should be established for prisoners with protected characteristics.

S42 Concern: Access to primary health care and simple remedies was poor for some groups. The special sick clinic was regularly cancelled. Vulnerable prisoners could wait for up to four weeks to see a GP. There had been no recent physiotherapy provision despite a waiting list.

Recommendation: All prisoners, regardless of their location should be able to access all primary care clinics, including physiotherapy, within community-equivalent waiting times. Prisoners should also have quick access to treatment for minor ailments.

S43 Concern: There was a high level of mental health need. Primary mental health needs were largely unmet and there was insufficient psychiatric provision.

Recommendation: Prisoners with mild to moderate mental health needs should have prompt access to a full range of community-equivalent mental health services.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 The prison had received an average of 63 new arrivals a week in the previous six months. Most prisoners had short journeys to the prison but, as at previous inspections, many waited too long in court cells, sometimes for up to six hours.
- I.2 Most prisoners were reasonably positive about their journeys. In our survey, more prisoners than at our last inspection said they felt safe during their transfer and that their property arrived with them, and over two-thirds said they were told that they were going to the prison.
- I.3 As at our previous inspections, all prisoners were strip searched on entering and leaving reception, including those transferring to open conditions and those being released, which was disproportionate to risk (see paragraph 1.29 and recommendation 1.33). Some men were handcuffed in pairs and told to walk to the van with little staff supervision, which was potentially unsafe. Category D prisoners transferring to open prisons were also handcuffed, which was unnecessary and disproportionate.

Recommendations

- I.4 **Prisoners should be transferred promptly to the prison following their court appearance.** (Repeated recommendation 1.6)
- I.5 **Handcuffs should only be used on the basis of assessed 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.6 The reception area was unwelcoming and cramped with no natural light, but prisoners were not there for long. Staff could observe most holding rooms directly. Vulnerable prisoners were held in small cells out of staff sight, but could be observed via CCTV. There were no privacy screens around the toilets (see main recommendation S40).
- I.7 Reception processes were swift but cell sharing risks were assessed at an open desk rather than in private. New arrivals were given the opportunity to shower and have a hot meal before transferring to CI, the first night and induction centre, but the showers were in a poor state and offered little privacy. Reception orderlies and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) offered good peer support.

- I.8** Prisoners who did not have suitable clothing could borrow items from the clothing exchange for court appearances and other outside appointments.
- I.9** Staff on C1 were polite and completed a private, comprehensive first night assessment with new arrivals. Although prisoners were asked for their preferred name, staff on the unit referred to them by their surname only. Once on C1, prisoners were offered a reception pack and telephone credit - unless they were subject to public protection procedures or posed a risk to children and had to wait for their telephone numbers to be approved. New arrivals requiring stabilisation from the effects of drugs or alcohol were quickly located on to A2, the stabilisation unit.
- I.10** At the time of inspection C1 held many prisoners on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm. As a result, new arrivals were placed in cells with prisoners in crisis, which was inappropriate. Staff only checked on new arrivals during their first night if they were located in single cells, and those sharing cells with other prisoners received no additional checks.
- I.11** Prisoners on C1 received a comprehensive induction talk from peer mentors the day after arrival, as well as an education and gym induction. New prisoners generally spent most of their time locked in their cells on C1, and were only unlocked for short periods to receive information or be interviewed. Peer mentors visited prisoners during this time and offered support through hatches on cell doors. Some prisoners spent too long on C1, often due to security reasons or being deemed high risk for cell sharing. New prisoners located on A2 did not receive an induction and were transferred to the main units without one.

Recommendations

- I.12** **Staff should routinely check on the welfare of new arrivals throughout their first night.**
- I.13** **All prisoners on the first night unit should be kept fully occupied, and they should not be locked in cells during the working day.**
- I.14** **All prisoners, including those on the stabilisation unit, should receive a full induction.**

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.15** The management of violence reduction had improved overall but weaknesses remained. Staff dealt confidently with prisoners and helped to ensure a reasonably calm environment. Unlike other local prisons, levels of violence were not increasing. The number of assaults in the previous six months was similar to that in other local prisons, although the number of fights was higher. In our survey, while a similar proportion of prisoners to the comparator said they felt unsafe, there were negative responses about staff intimidation and we found some evidence of disrespectful staff behaviour (see paragraph 2.12 and recommendation 2.15).

- I.16** Violence reduction strategy meetings were poorly attended, there was insufficient use of monitoring data and no violence reduction action plan. However, the day-to-day operational management of violence reduction was stronger than strategic management. There was a good model for managing prisoners of particular concern. The weekly Safer Preston meeting was generally well attended and provided good multidisciplinary case management of violent incidents and prisoners of concern. However, its work was undermined by poor wing staff entries in prisoner electronic case notes, and the lack of specific individual targets for perpetrators. There were no interventions for victims, other than support from staff.
- I.17** There were no violence reduction prisoner representatives. There was a monthly Safer Preston prisoner consultation committee meeting, but this generated little substantive discussion or action. There had been a useful safety survey of prisoners, but insufficient action on its findings.
- I.18** The treatment of vulnerable prisoners had improved since the last inspection. They had better access to regime activities and were no longer locked into their cells elsewhere while they waited for a place in the vulnerable prisoner wing (B). However, vulnerable prisoners suffered abuse from other prisoners when they moved about the prison and in the exercise yard, and there were reports of some disrespectful treatment from staff (see paragraph 2.12).

Recommendations

- I.19** **There should be effective multidisciplinary strategic oversight of violence reduction work, supported by use of monitoring data, consultation and action planning.**
- I.20** **Perpetrators of violence should be set individual targets to improve their behaviour. Wing staff should supervise progress against these targets, discuss progress with the prisoner and note discussions on prisoner electronic case notes.**

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.21** There had been four self-inflicted deaths since our last inspection. The prison had developed comprehensive action plans in response to the Prisons and Probation Ombudsman (PPO) reports on the three deaths in 2014, which addressed some key weaknesses, including better risk assessment of new arrivals.
- I.22** In our survey, 54% of prisoners said they had emotional, well-being or mental health problems, against the comparator of 43%. Despite this, the 107 incidents of self-harm in the previous six months were fewer than we usually see.
- I.23** The bimonthly strategic Safer Preston meeting monitored self-harm issues well, with more detailed discussion of this area than of violence reduction. Mental health staff attended the weekly operational Safer Preston meeting, which contributed to good case management of the prisoners of most concern.

- I.24** In the previous six months, 318 ACCT documents had been opened, which was high for the type of prison. Case management of prisoners on an ACCT was inconsistent, but almost all case reviews were multidisciplinary. There was good engagement by mental health and substance misuse staff, which contributed to better assessment of risk and more detailed care planning than we often see. However, there was poor identification of the triggers that caused prisoners to self-harm, and perfunctory monitoring. Some ACCT managers did not pay enough attention to helping prisoners maintain good family contact and keeping them occupied. The majority of prisoners on ACCT felt well supported by staff.
- I.25** Prisoners had good access to Listeners, who were very positive about their support from Samaritans and safer custody staff. The chaplaincy ran a useful support group for prisoners struggling with prison life.

Recommendation

- I.26** **Staff should accurately identify triggers to self-harm in prisoners' assessment, care in custody and teamwork (ACCT) documentation. There should be consistent management of case reviews, and observations should evidence meaningful interaction with and support for the prisoner.**

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.27** The management of safeguarding lacked focus, with no prison policy or contact with the local authority. Nonetheless, new arrivals were screened for issues such as disability and physical and mental health. Although wing staff had not been trained in safeguarding, those we spoke with recognised the need to protect prisoners in their care, and told us they would refer cases of concern to the appropriate departments. There was some good case management of prisoners with safeguarding needs at the weekly Safer Preston meeting, but some prisoners with complex needs had no care plan. The risk of young adults being groomed on B wing had not been assessed.

Recommendation

- I.28** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes, including wing care plans to meet safeguarding needs.

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

Security

Expected outcomes:

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

- I.29** The management of security was robust. Monthly security meetings were reasonably well attended and supported by a detailed report. The greatest security threats were mobile telephones and drugs. Procedural and physical security arrangements were proportionate to the risks. However, too many prisoners were strip searched, including all of those leaving reception (see paragraph I.3) and 10% per cent of prisoners leaving visits. Strip searching was not recorded. Twenty-six prisoners were on closed visits, not all for activity related to visits, which was inappropriate. Their status was reviewed monthly.
- I.30** The security department had received 2,383 intelligence reports in the previous six months. The reports were promptly collated and well analysed. Most subsequent actions were completed but too many target searches and suspicion drug tests were not. The security team took proportionate steps to monitor and disrupt organised criminal networks, extremists and prisoners likely to attempt an escape. Links with the police were good.
- I.31** In our survey, 14% of prisoners said that they had developed a problem with drugs since they had been in the prison, against the comparator of 10%. About 10% of prisoners had tested positive in mandatory drug testing (MDT) in the previous six months, which was just within target. Work to reduce the supply of drugs into the prison was improving, and a supply reduction and substance misuse strategy was being implemented. The security team worked closely with other departments, with a multidisciplinary supply reduction meeting held immediately after each security meeting.
- I.32** The facilities for MDT lacked privacy and limited the number of tests that could be carried out. Suspicion drug testing was inconsistent and insufficient, with only 10 tests in the previous five months. The most misused substances were cannabis, subutex (buprenorphine), opiates and synthetic cannabinoids.

Recommendations

- I.33 Prisoners should only be strip-searched following a risk assessment and all strip-searches should be recorded.** (Repeated recommendation I.54)
- I.34 Prisoners should only be subject to closed visits on the basis of visits-related issues.** (Repeated recommendation I.56)
- I.35 Where intelligence reports indicate that target searches and suspicion drug tests are necessary, they should be carried out swiftly.**

Incentives and earned privileges

Expected outcomes:

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

- I.36** In our survey 46% of prisoners said the different levels of the IEP scheme encouraged them to change their behaviour, against the comparator of 38%. Prisoners on the basic level had very little time out of their cells for telephone calls and showers, but were not restricted from purposeful activity. The records showed few targets to help prisoners on the basic level improve their behaviour, and staff entries lacked information and were mostly negative. Quality checks of records by managers were limited to those for prisoners assessed by the weekly Safer Preston meeting.
- I.37** Remand prisoners were denied additional time out of their cells to complete domestic tasks unless they worked full time. This was inappropriate as remand prisoners are not required to work.

Recommendation

- I.38** Remand prisoners should not be treated less favourably because they choose not to work.

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.39** Prison officers exerted their authority without relying on formal disciplinary procedures too often. There had been 679 adjudications in the previous six months, which was low for a local prison. The most common charges were for possession of unauthorised articles, threatening and abusive behaviour, and disobeying orders. The hearings we observed and the papers we reviewed showed that adjudications were generally conducted fairly. Awards were generally proportionate but sometimes counterproductive - for example, a prisoner was punished for refusing to move out of the segregation unit to the mainstream prison by being confined to the segregation unit for five days. Adjudicators made efforts to understand the underlying causes of poor behaviour and considered mitigating factors when deciding punishments. Attendance at the quarterly adjudications standards meetings was low but analysis of trends was good.

The use of force

- I.40** Staff were confident and exercised their authority without resorting to force often. The use of force was similar to our last inspection, with 123 incidents in the previous six months, which was relatively low for the type of prison. However, too much documentation for the

use of force was incomplete or failed to justify its use, and in some cases was missing completely. Staff mostly used appropriate restraint techniques but force was sometimes used inappropriately. In the previous six months, five staff had drawn their batons, and in one case used it to strike a prisoner who was threatening to harm himself with a razor. We also found cases where staff had forcibly strip searched prisoners under restraint by cutting off their prison clothing with anti-ligature knives. In another case, an officer had applied several 'forceful kicks' to a prisoner. These apparently excessive and potentially unlawful uses of force had not been identified and we referred them all to senior managers for further action during the inspection. Briefings before and after planned use of force were mixed; some were perfunctory and others exemplary.

- I.41 The segregation unit contained two special cells, which had been used on seven occasions in the previous six months. Too much documentation justifying this deep custody was missing or lacked adequate justification.
- I.42 A use of force committee met once a month but attendance was very low. It analysed incidents to identify trends and hotspots. The committee reviewed some video footage of planned incidents but failed to learn and disseminate lessons from incidents sufficiently.

Recommendation

- I.43 **All reports of incidents of use of force should be comprehensively completed by all staff involved within a reasonable timeframe and reviewed promptly to ensure that force was used proportionately.** (Repeated recommendation I.76)

Segregation

- I.44 In the previous six months, 233 prisoners had been segregated, which was higher than at our previous inspection and for similar prisons. Most prisoners were segregated for short periods. A member of the mental health in-reach team visited the unit each day and spoke to all prisoners, and the team and segregation unit staff worked well together to move challenging and complex prisoners off the unit as soon as possible. Relationships between segregation staff and prisoners were appropriate but functional. Staff addressed prisoners only by their surnames. Prisoners received a shower and telephone call each day but had only 20 minutes' exercise.
- I.45 Communal areas on the unit were clean but the shower unit was dilapidated and required complete refurbishment. The exercise yard was cage-like, graffiti-covered and stark. Cells were graffiti-free and largely clean but looked worn, with old furniture and very poor fixed metal beds. Toilets were very dirty and lacked seats and lids.

Recommendations

- I.46 **All prisoners in the segregation unit should receive at least one hour in the open air every day.**
- I.47 **The segregation unit showers and cells should be refurbished.**

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.48** The new integrated drugs strategy promoted a recovery approach, with Greater Manchester Mental Health NHS Foundation Trust providing improved clinical management services. Improvements included more appropriate flexibility in prescribing, adherence to national guidelines and 24-hour nursing cover for the detoxification unit on A2 wing. About 125 prisoners were in treatment with around 35-40% on reducing regimes, and support for prisoners who were stabilising was good. Cooperation between clinical and psychosocial support teams had improved. Prisoners with dual-diagnosis mental health and substance misuse needs had good access to a specialist consultant psychiatrist.
- I.49** In our survey, more prisoners than the comparator who had received support with their drug or alcohol problem said this was helpful (86% against 73%). Phoenix Futures provided psychosocial services and assessment had been enhanced. All new arrivals were offered a screening in their first week. The service was supporting 235 prisoners towards recovery. They could access an extensive range of educational and therapeutic approaches to address their needs.
- I.50** The strategic approach to harm minimisation was appropriately assertive and included raising awareness during prisoner induction of the risks of using new psychoactive substances (NPS).⁴ This contributed to the low number of NPS medical emergencies.
- I.51** Effective peer supporters worked in several areas of the prison. The substance misuse recovery unit (G wing) provided exemplary partnership working between the prison, clinical and psychosocial teams. It was an effective and supportive environment that encouraged recovery from addiction.

Good practice

- I.52** *The substance misuse recovery unit (G wing) provided exemplary partnership working between the prison, clinical and psychosocial teams. It was an effective and supportive environment that encouraged prisoner recovery from addiction.*

⁴ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1 The prison was overcrowded, with 270 more prisoners than the certified normal accommodation. Many prisoners shared cells designed for one, and most cells lacked privacy curtains around toilets. The condition of cells was variable. There was some graffiti and many prisoners used sheets for curtains. Many cells did not have lockable cabinets. Toilets were in a poor state; many were very dirty and some did not flush properly. Prisoners working on the wings worked hard to keep communal areas clean. The external areas were generally clean. Exercise yards were stark with a few wooden benches.
- 2.2 In our survey, 64% of prisoners said they could shower every day, against the comparator of 72% and 79% at our last inspection. Prisoners said this was because of the lack of time they could spend out of their cells. Showers on most units were in poor condition and lacked privacy, as did most communal toilet areas.
- 2.3 In our survey, fewer prisoners than the comparator and at the last inspection said that they could get cell cleaning materials every week. Some told us it was difficult to keep their cells clean because of shortages of cleaning materials.
- 2.4 Prisoners waited too long for their cell call bells to be answered, in some cases, up to 18 minutes. Staff responses were quicker at night. Managers checked staff response to cell call bells and challenged staff responsible for delays. Staff asked prisoners who wanted to go to the gym to press their cell call bells, which could have caused confusion in a genuine emergency.
- 2.5 Unconvicted prisoners and those on the enhanced, but not the standard, level of the incentives and earned privileges (IEP) scheme could wear their own clothes, as long as they had three sets of clothing. However, in practice few had three sets so most wore prison-issue clothes.
- 2.6 Many telephones could not be used in private and there were not enough of them. In our survey, over half of prisoners said they had problems getting access to telephones, more than the comparator and at the last inspection. The times calls could be made had recently been restricted, which had made access more difficult.
- 2.7 In our survey, about three-quarters of prisoners felt it was easy to submit an application, but fewer of those who had made an application than at the previous inspection said that it was dealt with fairly (48% against 58%). Many prisoners said that applications were not answered quickly, and there was no tracking system to monitor them. Prisoner information desk workers on most units managed the application process but they often had a low profile and were not yet working effectively. Staff did not oversee the peer workers and there was no governance of their work.

Recommendations

- 2.8 Cell toilets and communal toilet and shower areas should be deep cleaned and properly screened. Prisoners should have ready access to cell cleaning materials and have adequately furnished cells.**
- 2.9 Staff should answer cell call bells promptly, and bells should only be used for emergencies.**
- 2.10 All prisoners should have the option of wearing their own clothes.**
- 2.11 Managers should oversee the applications system to ensure responses are fair and prompt.**

Staff-prisoner relationships

Expected outcomes:

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

- 2.12** Staff were generally decent and experienced, and we observed some good interactions with prisoners. However, some prisoners reported poor and disrespectful staff behaviour, especially on the vulnerable prisoner unit (B wing) where some prisoners said a few staff used offensive language towards them. Poor staff culture and practice were evident in some parts of the prison. We found offensive notices in staff and prisoner areas.
- 2.13** The personal officer strategy was ineffective. Most personal officer entries in prisoners' electronic case notes were negative, and some personal officers did not contact their prisoners for periods of eight weeks or more. Personal officer entries were only quality checked by managers on one unit.
- 2.14** The monthly prisoner consultative committee allowed prisoners to raise a wide range of issues. Actions from these were discussed at a local governance board, chaired by the governor, which brought together comments from the consultative meetings throughout the prison.

Recommendation

- 2.15 All staff should address prisoners with respect, and managers should identify and challenge any poor staff culture and practice.**

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

- 2.16** The management of diversity and equality work had been neglected until shortly before the inspection. A new team had been appointed and better monitoring and consultation had begun, but with few outcomes to date.
- 2.17** The prisoner equality action group met monthly to discuss equality issues. Meetings were chaired by the deputy governor and sometimes involved prisoner representatives. The meeting considered the number of prisoners in each protected characteristics group, but did not use the equality monitoring tool to identify and address possible discrimination. When we examined the monitoring data they pointed to concern in the number of adjudications involving young adults, something that the prison had not picked up.
- 2.18** Consultation with protected groups was limited. A new group of prisoner equality representatives had held their inaugural meeting, as had new black and minority ethnic and LGBT (lesbian, bisexual, gay and transgender) focus groups set up to consult with prisoners in those groups. The prison did not consult with prisoners with other protected characteristics.
- 2.19** The system to report discrimination was not well used. Six discrimination incidents had been reported in the previous two months, but two of these had been submitted by officers reporting they had been accused of racism. The record of investigations had insufficient detail, and there was no quality assurance or external scrutiny.
- 2.20** An improvement plan for 2017/18 was part of the new equality policy. There had been a good start on several actions, but prisoner representatives had not been appointed for each protected characteristic and no staff training was planned, even for those responsible for implementing the improvement plan. In a recent safety survey, some prisoners said they were intimidated because of their protected characteristic, but the prison had not taken action to investigate this finding (see main recommendation S41).

Protected characteristics

- 2.21** Fourteen per cent of prisoners were from black and ethnic minority backgrounds. In our survey, black and minority ethnic prisoners were more negative than white prisoners across a range of areas – including treatment by escort staff, experience of reception, feelings of safety on the first night, ease of making a complaint, and access to telephones.

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

- 2.22** Forty-three foreign nationals were held at the time of our inspection. Written information for new arrivals was in 20 languages. A professional telephone interpreting service was available, and Google Translate provided an immediate tool for day-to-day communication with non-English speakers. Extra telephone credit was available to foreign nationals with family living abroad. In the previous six months, six prisoners had been held beyond the end of their sentence under immigration powers, one for nearly a year. Foreign nationals received little help in obtaining and understanding independent legal advice. A Home Office Immigration Enforcement officer visited regularly but there was no source of independent advice.
- 2.23** The prison kept records of prisoners with disabilities, including mobility, autism and learning disabilities. New arrivals were able to self-report at their first night interview, with further opportunities to identify prisoners with disabilities at the mental health screening and education assessment. However, the equality team did not check whether needs had been addressed, and information on a learning or behavioural difficulty was not passed to wing staff unless the prisoner was perceived 'not to be managing'.
- 2.24** Two cells had been adapted for wheelchair users and those with mobility needs, which was not sufficient, as three further prisoners needed adapted cells at the time of our inspection. One wheelchair user had to collapse his wheelchair each time he entered or left the cell. While social care had improved, some prisoners were left without sufficient support (see paragraph 2.76). In our survey, more prisoners with disabilities than those without (35% against 22%) said they currently felt unsafe; 43% against 24% said that they had been victimised by other prisoners; and 43% against 27% that they had been victimised by staff. There were no support forums for prisoners with disabilities, and those who were unable to work or attend education were usually locked in their cells for more than 22 hours a day. Not all staff were aware of prisoners who required assistance in an emergency evacuation.
- 2.25** There were 19 prisoners over 60 and nine over 70. While there were no activities specifically for older prisoners, some attended education. Those who were retired and who did not attend education or work spent too long locked in their cell without stimulus or activity. As with disabled prisoners this frequently amounted to more than 22 hours a day.
- 2.26** Fifty young adults were held at the time of our inspection. They did not share cells with adult prisoners and were located across the prison. There was no strategy to identify and address issues affecting this group, such as managing their behaviour.
- 2.27** In our survey, 6% of prisoners said they were gay or bisexual, which was a significant difference from the comparator of 3%. A LGBT focus group had held its inaugural meeting in January 2017 with low attendance.

Recommendations

- 2.28 Access to independent immigration advice should be facilitated.** (Repeated recommendation 2.41)
- 2.29 Retired and disabled prisoners who are not in work or education should be unlocked during the working day and given the opportunity to participate in activities.**
- 2.30 There should be sufficient adapted cells to meet the needs of the population.**

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.

- 2.31** There were 16 part-time members of the chaplaincy, led by a full-time Muslim chaplain. Chaplains met new arrivals within their first 24 hours. If they identified a need for more support they returned later that day.
- 2.32** There were worship or prayer services for 11 different religious or belief groups each week, with events to celebrate important festivals. The chaplaincy contributed to a range of prison processes, including reviews for prisoners in crisis and visiting them in between reviews, as well as meetings of the prisoner equality action group (see paragraph 2.17). A member of the team visited all wings most days, including the segregation unit.
- 2.33** The chaplaincy played a significant role in supporting prisoners who had been bereaved or who were at the end of their lives. It also actively assisted prisoners due for release by contacting outside networks on their behalf through community faith, and provided a chaplaincy discharge information leaflet with the contact details of many useful support organisations. Prisoners were very positive about the pastoral support they received from the chaplaincy, whether or not they followed a particular faith.

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.

- 2.34** Prisoners submitted an average of 112 complaints a month. They were handled efficiently, with mailboxes used to improve tracking and accountability. Performance had improved over recent months, and responses that were out of date had fallen from 34% to 10%. Communication to prisoners about procedures had improved, with an easy-read flowchart. Responses to complaints were generally fair and clear.
- 2.35** The deputy governor checked 10% of responses a month and followed up poor practice with relevant staff. For prisoners who did not speak English well, the complaints manager had an electronic translator to help communicate responses. The reliability of translations was verified to a reasonable extent by checking non-confidential examples with staff and prisoners who knew other languages. Thorough reports were now made at senior management meetings, although data were not used to identify weaknesses and take appropriate action.

Good practice

- 2.36** *The complaints manager used an electronic translator to convey the content of complaint responses to prisoners who did not speak English well, and made good efforts to verify the accuracy of non-confidential translations with the help of multilingual staff and prisoners.*

Legal rights

Expected outcomes:

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

2.37 Offender supervisors explained legal rights to prisoners, served legal documents and provided support for bail applications, including referrals to Shelter for bail addresses. Freephone helpline numbers were available but not promoted. The library provided legal reference books for prisoners preparing their own cases. One legal textbook that prisoners borrowed was out of date. Facilities for legal visits were good, and several comfortable and private rooms were available. The booking system for legal appointments worked well.

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 jointly undertaken 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; these have been detailed in Appendix III of this report.

Governance arrangements

2.39 Lancashire Care NHS Foundation Trust provided all health services, but Spectrum Community Health CIC was due to take over from 1 April 2017. Joint working with service providers, the prison and commissioners was supported by regular meetings. Local governance arrangements were poor. Learning from prisoner feedback, adverse incidents and complaints did not improve the service effectively. The prisoner health needs analysis was out of date and did not inform service development.

2.40 The 24-hour health service was short staffed, which affected service delivery, including nurse-led clinics for long-term conditions and primary mental health care. Resources were suitably prioritised to provide acute and emergency care. There were 11 GP sessions a week, and out-of-hours provision was appropriate. There was active health staff recruitment, including excellent links with the local university and its nursing students. Health staff were identifiable and professional in their interactions with prisoners. Electronic records were reasonably good, but there was not enough good quality care planning. There was appropriate mandatory training for health staff and compliance was adequate. The mental health team received informal clinical supervision but it was not recorded. The primary care team received none, contrary to the local supervision policy

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** All serious incidents were reported and reviewed but too many did not show any learning to inform future practice. There had been 12 deaths since our last inspection (eight from natural causes). There was a health-focused action plan to address health-related Prisons and Probation Ombudsman recommendations following deaths in custody, but it was incomplete.
- 2.42** The health care areas were visibly clean but there were issues with infection control, including inappropriate storage of cleaning equipment. The emergency response system was effective, and emergency equipment was appropriate and checked regularly. The number of prison officers with first aid training was adequate.
- 2.43** There was a lack of health promotion material and no strategy. The well man clinic held within 72 hours of the prisoner's arrival incorporated some health promotion activity, including identification of smoking cessation support. Barrier protection was available but it was not advertised or easily available.
- 2.44** There was limited prisoner involvement in service development. There were prisoner surveys but these did not lead to action plans. Inpatient meetings were infrequent and poorly attended. There was some prisoner engagement through the prison's larger prisoner forums, but none with a focus on health.
- 2.45** Prisoners could make health complaints through a confidential health care complaint/concerns system, which was clearly advertised, although a significant proportion chose to use the prison complaints system, which could compromise confidentiality. All complaints were logged and responded to appropriately. Responses were no longer added to the clinical record. The number of complaints was not particularly high, at 238 during the previous six months. Data were analysed for themes and trends but did not influence service development.

Recommendations

- 2.46 Health care staff should have clinical supervision routinely and this should be recorded appropriately.**
- 2.47 There should be a timetable of health promotion activity that meets the needs of the population, supported by accessible literature, and a health promotion action plan.**
- 2.48 The health services should use learning from prisoner feedback, complaints and adverse incidents to inform service improvement.**

Delivery of care (physical health)

- 2.49** Nurses saw all new arrivals and made appropriate referrals. There was a second, more in-depth assessment by both physical health and mental health staff within 72 hours. Prisoners were offered blood-borne disease screening and immunisations if required, and baseline tests were completed for prisoners with chronic conditions. Community records were requested but the wait for response sometimes delayed treatment.
- 2.50** In our survey, only 34% of prisoners said it was easy to see a nurse, against the comparator of 41%, but more than at the previous inspection said it was easy to see the GP. Prisoners who had used health services were positive about the quality.

- 2.51** Prisoners used a confidential application to access health services, with triage by the advanced nurse practitioner. GP waiting times were reasonable for prisoners on normal location, at around five days, but those on the vulnerable prisoner wing could wait for up to four weeks as they had fewer weekly clinics. We were informed that the physiotherapist had not been in the prison for two months, even though there were eight patients on the waiting list. (See main recommendation S42.) Waiting times to see the optician were too long at up to seven weeks. Non-attendance rates at clinics were too high at 19% to 26% a month. Although data had been analysed, there was little evidence of a plan to reduce non-attendance.
- 2.52** Arrangements for the care and treatment of prisoners with minor ailments were inadequate. Access to a special sick clinic was through appointment made by prison officers. This clinic had been cancelled 41 times in the previous six months, with prisoners unable to access simple remedies. (See main recommendation S42.)
- 2.53** Prisoners with lifelong conditions did not receive regular reviews and formal care-planned support, mainly due to the lack of appropriately trained nurses. GPs provided some input, but this was not sufficient.
- 2.54** There was a clean and welcoming 30-bed inpatient facility for prisoners with severe physical and mental health need. Twelve beds were designated regional beds for other prisons in the area. Admission was based on clinical need and well managed. Physical health beds in the two dormitories were specialist hospital beds, and emergency call bell arrangements were adequate. Inpatients were positive about their care, and all had a named nurse. A range of activities were available to mental health inpatients, but were limited for those in the physical inpatient area.
- 2.55** There was an effective system to make referrals for external hospital appointments. The prison provided three escorts a day, which met requirements. Cancellation of appointments was within acceptable levels, and those cancelled were sanctioned by the GP and nurse practitioner and rebooked appropriately.

Recommendations

- 2.56** **Prisoners with lifelong conditions should receive regular reviews in nurse-led clinics, which generate care plans from appropriately trained and supervised staff.**
- 2.57** **Inpatients with physical health care needs should have access to an appropriate therapeutic regime and purposeful activity.**

Pharmacy

- 2.58** Lloyds pharmacy supplied appropriately labelled named-patient medications. Packaging leaflets were not routinely supplied but could be printed if requested. SystemOne (the clinical IT system) was used to record prescribing, administration and clinical notes. There was some clinical screening of prescriptions by the pharmacist but no medicine use reviews or pharmacy-led clinics. Prisoners did not know that they could speak with a pharmacist.
- 2.59** Nurses administered medicines from treatment rooms on wings twice a day. C and D wings shared the same treatment room and three prisoners could be served at the same time, which increased the risk of mistakes. There were not always adequate checks to ensure

prisoners swallowed their medicine. Staff working in treatment rooms were sometimes redeployed to other duties, resulting in delays to medication administration.

- 2.60** Fifty per cent of medicines were supplied in-possession, but the lack of a clear procedure for reordering medication not held in possession led to delays in treatment. Risks were appropriately assessed but not reviewed frequently enough. Many prisoners did not have secure storage in their cells, and there was evidence of theft and diversion. In-possession medication was supplied in clear bags so other prisoners could see the contents. Prison officers did not actively supervise queues of prisoners receiving medication, which compromised confidentiality and increased the risk of diversion.
- 2.61** Medicines were not always transported securely around the prison. Methadone solution was appropriately administered using a computerised methadone dispensing system. However, the controlled drug register and the method of recording methadone supplied to the treatment room on C/D wings did not comply with current legislation.
- 2.62** There was an adequate range of patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine), and prisoners could be supplied with medication for treating minor ailments, but only after an appointment at the special sick clinic; these were often cancelled (see paragraph 2.52), which caused unnecessary delays in treatment. There was an appropriate range of emergency medicines stock and their use was audited, but the monitoring of fridge temperatures was not robust. There was drug expenditure, tradable medicine, and clinical auditing and pharmacy input to bimonthly drugs and therapeutics meetings.

Recommendations

- 2.63** **The services provided by the pharmacy should be extended to include pharmacist-led clinics and medication reviews, and the availability of a pharmacist should be highlighted to prisoners.**
- 2.64** **Secure storage should be provided for patients prescribed in-possession medication.**
- 2.65** **Prison officers should adequately supervise medicines administration to ensure confidentiality and prevent diversion of medication.**
- 2.66** **Medicines should always be transported around the prison securely.**

Dentistry

- 2.67** Only 10% of prisoners in our survey said it was easy to see the dentist, although 45% of those who had seen the dentist were positive about the quality of the service, more than the comparator of 29%. There was not enough capacity to meet demand for routine dental services. There were 122 men on the waiting list, with 14 having waited for between six and 14 weeks, which was too long. Recent staff sickness had affected clinic provision and appointments had been cancelled.
- 2.68** Prisoners could access an appropriate range of NHS treatments, and urgent needs were addressed at the next available clinic. Equipment was serviced and maintained at the required intervals, and infection control procedures were robust. Oral hygiene promotion was offered during appointments, but there was no overall oral health promotion strategy.

Recommendation

- 2.69 Dental provision should meet the needs of the population, including access to routine dental assessments within six weeks of application.**

Delivery of care (mental health)

- 2.70** In our survey, 54% of prisoners said they had an emotional well-being or mental health problem, against the comparator of 43%. The integrated mental health team managed all mental health need through mental health nurses, a psychological therapist, counsellor, psychological well-being practitioner and psychiatrists. Staffing levels were too low to provide a satisfactory service, particularly for those with mild to moderate problems. We saw close working between the team and prison staff in the care and management of prisoners with complex needs.
- 2.71** There was an open referral system. Referrals were managed at a weekly meeting, which prioritised urgent need. At the time of our inspection, three nurses managed 44 prisoners with severe and enduring mental health need. Prisoners were seen regularly but care planning was inconsistent. The psychological well-being practitioner monitored a caseload of 28 patients who were not acutely unwell but who had a psychiatric history or were awaiting further assessment from a psychiatrist. There was insufficient psychiatrist input at the time of our inspection with 20 prisoners waiting for psychiatric assessment – the longest for 12 weeks.
- 2.72** Prisoners with primary mental health needs waited too long for services and provision was insufficient to meet need. There were 51 prisoners waiting to see the psychological well-being practitioner, one of whom had been waiting 38 weeks, while the counsellor had a caseload of 12 patients and 46 patients waiting. No groups were running. (See main recommendation S43.)
- 2.73** The mental health team undertook a wide range of activities, including a daily visit to the segregation unit, attendance at all assessment, care in custody and teamwork (ACCT) reviews, and input into the weekly Safer Preston meeting. The team saw all new arrivals within their first 72 hours, and responded rapidly to mental health crises and concerns raised by prison officers. Mental health awareness training for prison officers was good; over 200 had received it during the last three years.
- 2.74** Twelve prisoners had been transferred from the prison under the Mental Health Act in the previous six months. Nine had waited longer than two weeks. At the time of our inspection, the one prisoner awaiting transfer to secure services had been waiting two months.

Recommendations

- 2.75 All prisoners receiving mental health care should have a comprehensive care plan that is reviewed regularly.**
- 2.76 Transfers of prisoners to mental health services should take place within the current time guideline.**

Social care

- 2.77** The social care needs of new arrivals were assessed, with appropriate referrals to the local authority for a full assessment. Seven prisoners were waiting for assessment with the longest wait seven weeks, which was too long. Care planning was inconsistent. Although these prisoners were regularly reviewed, they were not reviewed promptly when their needs changed. Appropriate Mental Capacity Act assessments were completed when men declined assistance with personal care, which was a positive practice.

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.

- 2.78** Survey responses on the quality of food were similar to the comparator and the previous inspection. Older prisoners were more likely than younger prisoners to appreciate the food, but no respondent from a minority ethnic background said the food was good (see main recommendation S41). Breakfast packs were still distributed the day before they were due to be eaten. There was one hot meal at each weekday lunchtime, and a baguette and other items at the evening meal; the sameness of this meal caused dissatisfaction. The hot meals during the inspection were varied and of acceptable quality, but were sometimes dried out, especially for prisoners arriving in the prison through the afternoon and evening. Menus were varied and there were frequent special menus to mark festivals and other cultural events.
- 2.79** The kitchen was well run and in good condition and serveries were clean. There was a persistent problem with vermin, especially mice. The pest control officer attended regularly. Kitchen and servery workers completed food hygiene qualifications at levels 2 and 1 respectively. Food comments books on the wings were checked regularly, and prisoners were regularly consulted through routine prisoner meetings.

Purchases

Expected outcomes:

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

- 2.80** Prisoners were generally content with the reliability of the weekly shop ordering service, but the delivery of all orders on a Tuesday restricted options for prisoners that evening. The list of shop products was kept under review and discussed at the prisoner consultation meetings. Although there was a range of goods for ethnic minorities and for religious needs, in our survey, only 23% of prisoners from a minority ethnic background, compared with 47% of white prisoners, said that it stocked a sufficiently wide range of goods for their needs (see main recommendation S41).
- 2.81** New arrivals could still have a delay of almost two weeks to receive their first order but staff were flexible in meeting particular needs. Prisoners could buy a suitable range of goods through catalogues; orders were sent weekly and fulfilled reasonably quickly.

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** Prisoners who were fully employed could be out of their cells for just over nine hours a day. The time that part-time workers could spend out of their cells had reduced since our last inspection to a maximum of around six hours. Our roll checks revealed that 39% of prisoners were locked up during the working day, which was worse than at our last inspection.
- 3.2** In theory, prisoners who were unemployed, on the basic level of the incentives and earned privileges (IEP) scheme or on induction could spend two hours and 45 minutes a day out of their cells. However, in practice they had only about one hour a day out of their cells. Association only took place on Friday afternoons and at weekends.
- 3.3** Exercise in the open air was offered daily but was limited to 30 minutes. Prisoners attending education were also expected to have this exercise, but we did not see this happening.

Recommendation

- 3.4 All prisoners should have time to associate, shower, make telephone calls and have at least one hour's outdoor exercise every day.**

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.

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: **good**

Achievements of prisoners engaged in learning and skills and work: *good*

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: *good*

Personal development and behaviour: *good*

Leadership and management of learning and skills and work: *good*

Management of learning and skills and work

3.6 The governor and senior managers placed a high priority on learning, skills and work activities. They had improved vocational training and work opportunities to ensure prisoners could develop good employability skills, and there were now more education and work places for vulnerable prisoners. An expansion of activity places in education and work was due to be introduced. Prisoner attendance at activities had improved since the last inspection and was good. Classes were rarely cancelled because of prison staff shortages, and disruptions to learning were minimal.

3.7 Novus provided education and training under a contract with Offenders' Learning and Skills Services (OLASS). The good partnership between senior prison managers and Novus had resulted in effective joint working, particularly in the integration of functional skills in English and mathematics into activities such as horticulture, physical education and the kitchen. There were effective links between organisations such as the community rehabilitation company, National Careers Service and Jobcentre Plus, which were facilitated by the co-location of these services. Each organisation was clear about its role in helping prisoners to achieve their longer-term employment goals.

3.8 Quality improvement measures overall were good, and Novus had a strong focus on improving the quality of teaching and learning. Teachers had staff development opportunities to improve their teaching. Areas for development identified as part of the observation process were linked to teachers' individual professional development plans. The observation of teaching and learning in the non-OLASS provision was underdeveloped.

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

- 3.9** The prison self-assessment of the education and training provision was comprehensive overall and provided a clear view of strengths and weaknesses. The resulting improvement action plan was clear with measurable targets to assess progress toward successful completion. Senior managers and the quality improvement group effectively monitored progress in meeting objectives in the action plan, with a clear focus on improving the quality of the provision. Learner feedback was also used effectively to inform the self-assessment process. Senior managers analysed data well to evaluate courses and measure progress against key objectives in the improvement action plan.
- 3.10** The education and vocational training provision from Novus was good

Recommendation

- 3.11** **The observation of teaching and learning in the non-OLASS provision should identify areas that tutors need to improve, and these should be effectively linked to staff development.**

Good practice

- 3.12** *The integration of functional skills in English and mathematics into prison work enabled prisoners not formally engaged with education to develop these skills.*

Provision of activities

- 3.13** The prison had sufficient activity places to engage around 85% of prisoners with education or work throughout the week, with around half full time. The prison used its activities places effectively and ensured that prisoners accessed them as quickly as possible. A few new arrivals had delays in taking part in an activity as they had to wait for a place to become available.
- 3.14** The prisoner induction to education provided good information about the courses available. Prisoners received a prompt assessment of their skills in English and mathematics to establish their starting point, and their individual support needs were identified early on. Each prisoner had an interview with the National Careers Service that focused on their short- and long-term training and employment objectives.
- 3.15** Allocation of prisoners to activities was fair and equitable, using initial assessment information from Novus and the National Careers Service well. Prisoner pay rates were fair and did not disadvantage their attendance in education.
- 3.16** The education department provided courses in English, mathematics, English for speakers of other languages (ESOL), employability, art and information technology. Vocational training provided by Novus included painting and decorating, and industrial cleaning. The prison also provided activity places in waste management and horticulture. Provision was appropriate to meeting prisoners' needs, with a strong focus on developing their English and mathematics skills.
- 3.17** Prisoners could take part in a variety of prison work, such as wing cleaners, paint party, the kitchen and as prison orderlies. Vulnerable prisoners could work in textiles and the clothing exchange shop.

Quality of provision

- 3.18** Teachers had high expectations of prisoners and used a variety of activities to motivate them to learn. They challenged prisoners well to help them progress, and most prisoners enjoyed their learning and made good progress.
- 3.19** Teachers planned learning sessions well and used peer mentors very successfully to provide additional support for individual prisoners, enabling them to make rapid progress. Prisoners valued this additional support and its role in their progress.
- 3.20** Teachers and tutors used the assessments of prisoners' English and mathematics skills and individual learning support needs effectively to plan their lessons and meet prisoners' needs. They were skilled at working with prisoners with a wide range of abilities and support needs. Teachers managed prisoners' behaviour in class very well, challenging inappropriate behaviour and language well. As a result, prisoners behaved appropriately. Teachers were skilled at helping prisoners to be tolerant and respectful, which produced a calm and harmonious learning environment. Very few prisoners were excluded from education.
- 3.21** Assessment of learning was good. Teachers questioned prisoners successfully to assess their understanding during lessons, and gave them good verbal feedback on their progress. However, targets set by teachers in individual learning plans were not sufficiently clear to ensure that prisoners understood what they needed to do to improve. Spelling mistakes by a very small minority of teachers failed to encourage good written English.
- 3.22** Coaching in vocational training was good. Vocational tutors use their industrial skills well to help prisoners develop good workplace skills. Tutors in vocational training provided good challenges for the most able prisoners to keep them motivated, and they made more rapid progress in their skills development. English and mathematics were reinforced well by teachers and tutors in the majority of lessons.
- 3.23** Prisoners on information technology courses used the 'virtual campus'⁹ well to practise skills, consolidate learning and develop their independent learning skills.

Recommendation

- 3.24** **Teachers and tutors should set clear learning targets that enable prisoners to improve.**

Personal development and behaviour

- 3.25** Prisoners had good attitudes to their learning and work, displayed willingness in lessons and work, followed instructions and readily carried out tasks. They had good attendance, were rarely late for lessons and keen to learn. Prisoner behaviour in lessons was good; they were tolerant and respectful to teachers and peers. They were confident in talking about their work, and worked well individually and in groups.
- 3.26** Prisoners in employment developed a good work ethic, such as the need to meet production targets and to work as a team. The development of their personal and work skills was not routinely recognised or recorded to ensure they could identify their progress. However, a 'passport to employment' scheme recorded the work-related skills developed by prisoners before their release.

⁹ Giving internet access to community education, training and employment opportunities.

- 3.27** Prisoners had a good understanding of safe working practices, which was reinforced by teachers and tutors. They were clear about the need to use personal protective equipment to keep themselves and others safe.
- 3.28** Most prisoners seeking employment or training on release had a realistic understanding of what they needed to do to achieve their longer-term employment goals. Prisoners understood the practical application of their English and mathematics skills in the workplace, which was developed effectively by teachers and tutors. For example, they applied their skills development in English in writing job applications and producing advertising leaflets. In painting and decorating, prisoners applied mathematics to calculate the materials required, and in industrial cleaning the ratios for mixing cleaning solutions.

Recommendation

- 3.29 Tutors and instructors should record the skills that prisoners develop in work and workshops, and prisoners should understand the progress they make.**

Education and vocational achievements

- 3.30** The achievement of accredited qualifications was high in most courses. Prisoners made good progress in developing their English and mathematics skills, and most achieved their qualifications. Standards of their practical and written work were mostly good. In practical work - particularly art, painting and decorating, horticulture, textiles, the kitchen, graphic design and web design - prisoners produced work to a very high standard. Prisoners on mentoring courses achieved well and developed their skills very effectively to support other prisoners. Prisoners with complex learning needs made good progress, becoming more confident and independent. There were no significant differences in achievement between different groups of prisoners. Achievement rates on a small minority of courses required improvement, for example, graphic design and waste management.

Library

- 3.31** The library was well organised and managed by a full-time library manager and two part-time assistants, supported by two prisoner orderlies. In our survey, prisoners were more positive than the comparator about access to the library. Sixty-nine per cent of prisoners were registered users compared with 54% at the last inspection. Prisoners in each unit had a weekly visit to the library, and those studying in the education department could also visit it during their break. There were separate sessions for vulnerable prisoners. There was a small collection of books for prisoners in the segregation unit. Prisoners in the inpatient unit were encouraged to attend the library, with an outreach service provided for those who could not.
- 3.32** The library stock was good and books were available in 35 languages to meet prisoner need. There was a range of fiction, non-fiction, easy-reads and audio books. The library stocked up-to-date standard legal texts. However, it held an out-of-date immigration law textbook, which was poor practice.
- 3.33** The library promoted diversity events, including Holocaust Memorial Day and Black History Month. It also promoted reading schemes such as Storybook Dads (in which prisoners record stories for their children) and Turning Pages (to help prisoners learn to read) using qualified peer mentors. The library had surveyed prisoners and identified the need to

promote some services, such as Turning Pages. The monitoring of library service use, including by vulnerable prisoners, required further improvement.

Recommendation

- 3.34 The library facilities should be effectively promoted, and use of the library by all groups of prisoners should be monitored.**

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.

- 3.35** The gym facilities were very well used and were being upgraded to a community-equivalent gym. However, the showers in the weights hut were in very poor condition. There were no facilities for team sports but there was a wide range of structured activities, including health and fitness courses, and sessions combining functional skills learning with circuit training. Prisoners received a thorough induction, which included close liaison with the health care department. A limited range of appropriate qualifications was available.
- 3.36** Gym staff analysed attendance patterns and had adjusted the programme in response to changes, particularly to increase access for vulnerable prisoners. There were twice-yearly surveys of prisoners' PE experiences and preferences, and actions had followed. Prisoners had reasonable access to recreational PE in the evenings and at weekends. Prisoners with disabilities who wished to use the gym were given an individual exercise plan. Two staff had achieved level 4 qualification in cardiac rehabilitation work, and were putting these skills to good use. PE staff attended the resettlement unit to encourage men to stay fit after release. It was very positive that they were negotiating with a community provider for free gym passes for a month after release.

Recommendation

- 3.37 All showers in the gym should be in an acceptable condition.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** Strategic management of resettlement was reasonably good. The strategy and action plans were detailed and up to date, and there had been a resettlement needs analysis in January 2017, although it did not incorporate data from offender assessment system (OAsys) assessments.
- 4.2** There was a quarterly reducing reoffending strategy meeting, chaired by the head of reducing reoffending and generally well attended by the appropriate departments, although not the offender management unit (OMU). There was good operational management of offender management and resettlement pathways work, but a lack of joint work between the two at a strategic level. A new partnerships meeting, chaired by the community rehabilitation company (CRC),¹⁰ had met for the first time in January 2017. Its aim was to discuss all the operational pathway delivery.
- 4.3** Although it had much potential, the specialist resettlement unit did not operate as such. It was not properly focused on helping prisoners to prepare for release and did not appear to have a markedly different ethos from the rest of the prison. Many prisoners were there for reasons other than resettlement; for example, some men were placed there because they could not associate with prisoners on other wings for reasons of safety. Its overall purpose was unclear, even to some residents and staff.

Recommendations

- 4.4** The offender management and resettlement pathways functions should work closely together at a strategic level to reduce prisoner risk of reoffending.
- 4.5** The purpose of the resettlement unit should be clarified, it should hold only prisoners being prepared for resettlement, and the regime should support and promote effective resettlement.

¹⁰ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The national probation service has maintained responsibility for high- and very high-risk offenders.

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** The OMU was well resourced and comprised 10 prison offender supervisors and five probation offender supervisors. A senior probation officer was at the prison on four days a week. Low and medium risk cases were managed by prison staff, who had caseloads of around 50, and high risk cases by probation staff, who had caseloads of around 30. Offender supervisors also completed basic custody screening assessments, although the quality of some was poor.
- 4.7** As a local prison, OMU resources focused appropriately on OASys and sentence plan completion, which were of reasonable quality, and on prisoner transfer to the appropriate prison, which was relatively quick for most (see paragraph 4.18). The OASys backlog was reasonably low at 29, and almost all men left the prison with an up-to-date assessment. Probation staff countersigned OASys, and the senior probation officer quality assured 10% of assessments a month.
- 4.8** Most contact between offender supervisors and prisoners on their caseload was in response to trigger events, such as a recategorisation review. However, 20 prisoners who had been at the prison for more than a year were not receiving regular and meaningful contact with their offender supervisors.
- 4.9** In the previous six months, there had been 75 applications for release on home detention curfew (HDC), of which 39 had been approved. Relevant prisoners were invited to attend weekly HDC boards, which drew on information from a range of sources, including security and external offender managers. However, not all decisions were sufficiently timely, with many two or three weeks late.

Recommendations

- 4.10 Offender supervisors should complete prisoners' basic custody screenings to a good standard, and managers should oversee the screening to ensure quality.**
- 4.11 Offender supervisors should have regular and meaningful contact with prisoners held at the prison for long periods.**
- 4.12 Decisions on applications for home detention curfew should be timely and made as close to the prisoners' eligibility date as possible.**

Public protection

- 4.13** There were 237 prisoners subject to domestic violence restrictions, 120 to harassment restrictions and 141 identified as a risk to children. There were also seven multi-agency public protection arrangements (MAPPA) level 2 cases (requiring the active involvement of one or more agency), and 173 individuals of interest through the violent and sexual offenders register (ViSOR).

- 4.14** Public protection arrangements were robust and well managed by the probation offender supervisors and the senior probation officer. The initial screening process was thorough and an example of good practice. Probation staff made an initial sift of new arrivals using a range of information, and completed a form listing all pertinent public protection information in a format that was simple and easy for other staff to understand; this reduced the risk that information would be missed or overlooked.
- 4.15** Following this sift, probation staff recommended the prisoners to be made subject to mail and/or telephone monitoring, which was countersigned by the senior probation officer and signed off by the head of the OMU. A fortnightly meeting reviewed monitoring decisions. A large number of prisoners (150) were currently monitored. The prison was looking at ways to be less risk averse and balance risks appropriately, ensuring prisoners were removed from monitoring as early as possible.
- 4.16** There was a fortnightly interdepartmental risk management team meeting, which was usually well attended by relevant staff, including from the security department. The MAPPA reports we inspected were reasonably good quality.

Good practice

- 4.17** *Probation staff used a range of information to assess new arrivals for public protection concerns, and listed all pertinent information in a format that was simple and easy for other staff to understand, reducing the risk that information would be missed or overlooked.*

Categorisation

- 4.18** Initial categorisation was prompt; a case administrator used the standard algorithm and the outcome was ratified by an offender supervisor. Once the OASys (where required) was completed, there were generally prompt transfers to other appropriate establishments, based on offending behaviour and/or pathway needs. However, there were some exceptions - indeterminate sentence prisoners were more difficult to transfer, as were category B sex offenders; those with less than two years to serve were not accepted by other prisons. At the time of inspection there were 26 category C prisoners, 17 category C sex offender prisoners, 17 category B sex offender prisoners and a small number of young adults waiting to be transferred.
- 4.19** Recategorisation reviews were usually well informed but not all were sufficiently timely and the process did not include the prisoner. However, a new weekly board, which the prisoner would be able to attend, was due to start from April 2017.

Recommendation

- 4.20** **Recategorisation reviews should be timely.**

Indeterminate sentence prisoners

- 4.21** Prisoners on remand who were likely to receive an indeterminate sentence were not visited by offender supervisors to offer information and support. The prison held 16 indeterminate sentence prisoners, of whom 11 were subject to a life sentence and five to an indeterminate sentence for public protection. Around half had been released but recalled to prison due to a breach of licence. The prison offered little for prisoners on an indeterminate sentence to

demonstrate progression and a reduction in risk, and they were difficult to transfer quickly (see paragraph 4.18).

Recommendation

- 4.22 Prisoners likely to receive an indeterminate or life sentence should be identified on remand and monitored; they should also receive help to understand the potential implications of these sentences.** (Repeated recommendation 4.25)

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.

- 4.23** Around 130 prisoners a month were released, many having served short sentences. In our survey, prisoners were more positive than the comparators in their awareness of resettlement services. Sodexo had contracted Shelter to deliver CRC services. Shelter staff saw almost all prisoners before their release and developed generally detailed and appropriate resettlement plans, which helped offset the poor quality of some basic custody screens by offender supervisors. Discharge boards were held twice a week and usually incorporated input from all relevant resettlement pathway leads.

Accommodation

- 4.24** The Shelter team effectively identified prisoners' accommodation needs before their release and worked with statutory and other agencies to meet them. Volunteer mentors provided strong through-the-gate support to help prisoners access and retain accommodation on release. At least 95% of those released went to settled accommodation, but finding accommodation for the most problematic prisoners was increasingly difficult as provision in the community had dwindled. Many local authority housing departments would not commit to an address in advance but required the prisoner to report to their office on the day of release. Thirty prisoners had no release address at all at the time of our inspection.

Education, training and employment

- 4.25** The quality of the National Careers Service provided by Career Connect and the Works Company was good. Prisoners had an individual careers interview, and as part of their learning and skills induction they developed clear action plans that focused on their short- and longer-term career objectives. The National Careers Service had good links with the CRC, Jobcentre Plus and the education provider, with co-location of staff providing effective communication. This worked well to prepare prisoners for work developing their employability skills.
- 4.26** Prisoners nearing the end of their sentence had access to job search facilities, and good opportunities to develop CVs, undertake job applications and practise interview techniques. They developed good work-related skills while at the prison. There was no clear data on the number of prisoners who went into sustained employment or training after release.

Recommendation

- 4.27** The prison should collect and analyse data about prisoners' employment or training after release.

Health care

- 4.28** Health care staff saw all prisoners before their discharge, offered them a discharge summary letter for their GP and issued seven days' medication where appropriate. Prisoners with complex mental health needs were linked with community mental health and voluntary services where needed and supported closely before discharge. Health care staff provided good palliative and end-of-life care in the inpatient unit, and clinical staff provided high quality care for terminally ill prisoners.

Drugs and alcohol

- 4.29** There were effective links between Phoenix Futures (the psychosocial services provider) and Greater Manchester Mental Health Trust with community treatment, support agencies and housing bodies. Flames (Families and Loved Ones Accessing Mutual and Emotional Support), a support group for families affected by addiction, engaged families in individual recovery programmes. Peer support workers from agencies such as Alcoholics Anonymous could meet prisoners at the gate.

Finance, benefit and debt

- 4.30** Ninety-two per cent of prisoners had a bank account, and a bank offered accounts for those without one. Shelter worked with Jobcentre Plus to help open a Post Office account for prisoners who could not open a bank account. For prisoners who could not afford the £7.50 citizenship card, the Shelter team had negotiated with the local benefits agency to accept a Sodexo letter with a photo attached for the prisoner's first month of benefits. Shelter also provided money management training and held wing drop-in sessions on finance, benefits and debt. Prisoner information desk workers provided generic advice on financial issues and helped with standard letters.

Children, families and contact with the outside world

- 4.31** In our survey, 38% of prisoners said that staff had supported and helped them to maintain contact with family or friends, which was more than the comparator and at the previous inspection. Visitors said that staff were polite and welcoming. There was no visitors' centre. Few visitors had very long journeys, but on one day during the inspection visitors had to wait in the street for half an hour because there were no staff to admit them; visitors said this was unusual. The prison planned to provide a visitors' centre in cooperation with a local community group.
- 4.32** The visits hall was bare and bleak, with fixed steel furniture in long rows. Food and drink were available, but there was no longer any children's play area - children were restricted to playing among the tables and quickly became restless. This, and the lack of visitors' centre, made the visiting experience an ordeal for some.
- 4.33** A dedicated family worker, a member of prison staff, supported prisoners wanting to strengthen or re-establish family ties. There were regular family days, which were now used

as an intervention to reduce reoffending rather than a reward for good behaviour. One family day had been on the theme of recovery, with prisoners from the recovery wing talking about their progress while in prison, and stalls promoting the services available in prison and in the community. One family day on the theme of education had been held in conjunction with education staff, and provided an opportunity to motivate prisoners into attending education courses.

- 4.34** The Prison Advice and Care Trust charity (PACT) delivered a course 'Coming Home', helping suitable men to look at family life. The library facilitated the Storybook Dads programme, enabling prisoners to record a story for their children, to strengthen father-child relationships.

Recommendation

- 4.35** **The prison should install a suitable visitors' centre, and the visits hall should be made more welcoming with appropriate facilities for children.**

Attitudes, thinking and behaviour

- 4.36** As a local prison, no accredited offending behaviour programmes were delivered in Preston. In our survey, fewer prisoners than the comparator (38% against 50%) said they could achieve their sentence plan targets at the establishment, although more said there were plans for them to achieve them at another prison or in the community. Due to the difficulties in transferring some prisoners (see paragraph 4.18), staff confirmed that it was possible that a few prisoners, including some presenting significant risks of reoffending, could spend the remainder of their sentence at the prison with no opportunity to reduce their risk, although we found no specific examples of this.

Recommendation

- 4.37** **All prisoners should have the opportunity to progress through their sentence plan and complete necessary work to reduce their risk of reoffending, either at Preston or another establishment.**

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations 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 The reception area should provide a suitable environment, including sufficient and private space for risk assessments and Listener interviews. Toilets, showers and searching areas should be fully screened. (S40)
- 5.2 The prison should develop and implement its equality and diversity policy in full. The equality monitoring tool should be used to identify and address areas of discrimination. Regular support groups should be established for prisoners with protected characteristics. (S41)
- 5.3 All prisoners, regardless of their location should be able to access all primary care clinics, including physiotherapy, within community-equivalent waiting times. Prisoners should also have quick access to treatment for minor ailments. (S42)
- 5.4 Prisoners with mild to moderate mental health needs should have prompt access to a full range of community-equivalent mental health services. (S43)

Recommendation

To HMPPS and the governor

- 5.5 All prisoners should have the opportunity to progress through their sentence plan and complete necessary work to reduce their risk of reoffending, either at Preston or another establishment. (4.37)

Recommendations

To the governor

Courts, escort and transfers

- 5.6 Prisoners should be transferred promptly to the prison following their court appearance. (1.4, repeated recommendation 1.6)
- 5.7 Handcuffs should only be used on the basis of assessed risk. (1.5)

Early days in custody

- 5.8 Staff should routinely check on the welfare of new arrivals throughout their first night. (1.12)
- 5.9 All prisoners on the first night unit should be kept fully occupied, and they should not be locked in cells during the working day. (1.13)
- 5.10 All prisoners, including those on the stabilisation unit, should receive a full induction. (1.14)

Bullying and violence reduction

- 5.11** There should be effective multidisciplinary strategic oversight of violence reduction work, supported by use of monitoring data, consultation and action planning. (I.19)
- 5.12** Perpetrators of violence should be set individual targets to improve their behaviour. Wing staff should supervise progress against these targets, discuss progress with the prisoner and note discussions on prisoner electronic case notes. (I.20)

Self-harm and suicide

- 5.13** Staff should accurately identify triggers to self-harm in prisoners' assessment, care in custody and teamwork (ACCT) documentation. There should be consistent management of case reviews, and observations should evidence meaningful interaction with and support for the prisoner. (I.26)

Safeguarding

- 5.14** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes, including wing care plans to meet safeguarding needs. (I.28)

Security

- 5.15** Prisoners should only be strip-searched following a risk assessment and all strip-searches should be recorded. (I.33, repeated recommendation I.54)
- 5.16** Prisoners should only be subject to closed visits on the basis of visits-related issues. (I.34, repeated recommendation I.56)
- 5.17** Where intelligence reports indicate that target searches and suspicion drug tests are necessary, they should be carried out swiftly. (I.35)

Incentives and earned privileges

- 5.18** Remand prisoners should not be treated less favourably because they choose not to work. (I.38)

Discipline

- 5.19** All reports of incidents of use of force should be comprehensively completed by all staff involved within a reasonable timeframe and reviewed promptly to ensure that force was used proportionately. (I.43, repeated recommendation I.76)
- 5.20** All prisoners in the segregation unit should receive at least one hour in the open air every day. (I.46)
- 5.21** The segregation unit showers and cells should be refurbished. (I.47)

Residential units

- 5.22** Cell toilets and communal toilet and shower areas should be deep cleaned and properly screened. Prisoners should have ready access to cell cleaning materials and have adequately furnished cells. (2.8)
- 5.23** Staff should answer cell call bells promptly, and bells should only be used for emergencies. (2.9)
- 5.24** All prisoners should have the option of wearing their own clothes. (2.10)
- 5.25** Managers should oversee the applications system to ensure responses are fair and prompt. (2.11)

Staff-prisoner relationships

- 5.26** All staff should address prisoners with respect, and managers should identify and challenge any poor staff culture and practice. (2.15)

Equality and diversity

- 5.27** Access to independent immigration advice should be facilitated. (2.28, repeated recommendation 2.41)
- 5.28** Retired and disabled prisoners who are not in work or education should be unlocked during the working day and given the opportunity to participate in activities. (2.29)
- 5.29** There should be sufficient adapted cells to meet the needs of the population. (2.30)

Health services

- 5.30** Health care staff should have clinical supervision routinely and this should be recorded appropriately. (2.46)
- 5.31** There should be a timetable of health promotion activity that meets the needs of the population, supported by accessible literature, and a health promotion action plan. (2.47)
- 5.32** The health services should use learning from prisoner feedback, complaints and adverse incidents to inform service improvement. (2.48)
- 5.33** Prisoners with lifelong conditions should receive regular reviews in nurse-led clinics, which generate care plans from appropriately trained and supervised staff. (2.56)
- 5.34** Inpatients with physical health care needs should have access to an appropriate therapeutic regime and purposeful activity. (2.57)
- 5.35** The services provided by the pharmacy should be extended to include pharmacist-led clinics and medication reviews, and the availability of a pharmacist should be highlighted to prisoners. (2.63)
- 5.36** Secure storage should be provided for patients prescribed in-possession medication. (2.64)
- 5.37** Prison officers should adequately supervise medicines administration to ensure confidentiality and prevent diversion of medication. (2.65)

- 5.38** Medicines should always be transported around the prison securely. (2.66)
- 5.39** Dental provision should meet the needs of the population, including access to routine dental assessments within six weeks of application. (2.69)
- 5.40** All prisoners receiving mental health care should have a comprehensive care plan that is reviewed regularly. (2.75)
- 5.41** Transfers of prisoners to mental health services should take place within the current time guideline. (2.76)

Time out of cell

- 5.42** All prisoners should have time to associate, shower, make telephone calls and have at least one hour's outdoor exercise every day. (3.4)

Learning and skills and work activities

- 5.43** The observation of teaching and learning in the non-OLASS provision should identify areas that tutors need to improve, and these should be effectively linked to staff development. (3.11)
- 5.44** Teachers and tutors should set clear learning targets that enable prisoners to improve. (3.24)
- 5.45** Tutors and instructors should record the skills that prisoners develop in work and workshops, and prisoners should understand the progress they make. (3.29)
- 5.46** The library facilities should be effectively promoted, and use of the library by all groups of prisoners should be monitored. (3.34)

Physical education and healthy living

- 5.47** All showers in the gym should be in an acceptable condition. (3.37)

Strategic management of resettlement

- 5.48** The offender management and resettlement pathways functions should work closely together at a strategic level to reduce prisoner risk of reoffending. (4.4)
- 5.49** The purpose of the resettlement unit should be clarified, it should hold only prisoners being prepared for resettlement, and the regime should support and promote effective resettlement. (4.5)

Offender management and planning

- 5.50** Offender supervisors should complete prisoners' basic custody screenings to a good standard, and managers should oversee the screening to ensure quality. (4.10)
- 5.51** Offender supervisors should have regular and meaningful contact with prisoners held at the prison for long periods. (4.11)
- 5.52** Decisions on applications for home detention curfew should be timely and made as close to the prisoners' eligibility date as possible. (4.12)

- 5.53** Recategorisation reviews should be timely. (4.20)
- 5.54** Prisoners likely to receive an indeterminate or life sentence should be identified on remand and monitored; they should also receive help to understand the potential implications of these sentences. (4.22, repeated recommendation 4.25)

Reintegration planning

- 5.55** The prison should collect and analyse data about prisoners' employment or training after release. (4.27)
- 5.56** The prison should install a suitable visitors' centre, and the visits hall should be made more welcoming with appropriate facilities for children. (4.35)

Examples of good practice

- 5.57** The substance misuse recovery unit (G wing) provided exemplary partnership working between the prison, clinical and psychosocial teams. It was an effective and supportive environment that encouraged prisoner recovery from addiction. (1.52)
- 5.58** The complaints manager used an electronic translator to convey the content of complaint responses to prisoners who did not speak English well, and made good efforts to verify the accuracy of non-confidential translations with the help of multilingual staff and prisoners. (2.36)
- 5.59** The integration of functional skills in English and mathematics into prison work enabled prisoners not formally engaged with education to develop these skills. (3.12)
- 5.60** Probation staff used a range of information to assess new arrivals for public protection concerns, and listed all pertinent information in a format that was simple and easy for other staff to understand, reducing the risk that information would be missed or overlooked. (4.17)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Deri Hughes-Roberts	Inspector
Martin Kettle	Inspector
Tamara Pattinson	Inspector
Fran Russell	Inspector
Patricia Taflan	Researcher
Ellis Cowling	Researcher
Jayne Price	Researcher
Emma Seymour	Researcher
Catherine Shaw	Head of Research, Development and Thematics
Liz Walsh	Health services inspector
Paul Tarbuck	Substance misuse inspector
Rachel O'Callaghan	Pharmacist
Jo MacDonald	Care Quality Commission
Matthew Tedstone	Care Quality Commission
Keith Humphreys	Offender management inspector
Stephen Miller	Ofsted lead inspector
Mary Devane	Ofsted inspector
Sheena Maberly	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2014, most prisoners' journeys to the prison were short, but there were delays in court cells. Reception was cramped although first night and induction procedures were good. Too many prisoners felt unsafe and victimised, and while the number of incidents was not high, processes to ensure prisoners were safe were not robust. The prevalence of drugs contributed to some prisoners feeling unsafe. Support for prisoners who were at risk of self-harm was generally good. Safeguarding arrangements needed development. Security was proportionate, but drug supply reduction work and responses to intelligence needed to improve. The incentives and earned privileges (IEP) scheme was adequately managed, although staff did not always challenge poor behaviour. Full investigations took place as part of the adjudication process. Use of force was not used excessively but the segregation unit was poor. Substance misuse services were reasonable, but some aspects needed improvement. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Antisocial behaviour should be robustly managed and challenged, and safer custody procedures should be informed by effective consultation with prisoners. (S43)

Partially achieved

The prison should take a more proactive approach to supply reduction, develop and implement a detailed supply reduction action plan and ensure it is properly integrated into the overall drug strategy. (S44)

Achieved

Recommendations

Prisoners should be transferred promptly to the prison following their court appearance. (1.6)

Not achieved (recommendation repeated, 1.4)

Prisoners being transferred to open prisons should not be automatically strip-searched or handcuffed. (1.7)

Not achieved

The reception area should provide all prisoners with a suitable environment, including sufficient space for private interviews to be conducted. (1.18)

Not achieved

The safety of vulnerable prisoners should be ensured on and off the unit and they should have the same regime as others. (1.31)

Partially achieved

Consistent case managers should be provided for each ACCT case. (1.40)

Not achieved

Safeguarding policy and practice should be further developed in conjunction with the local safeguarding adults board. (1.45)

Not achieved

Prisoners should only be strip-searched following a risk assessment and all strip-searches should be recorded. (1.54)

Not achieved (recommendation repeated, 1.33)

Sufficient resources should be provided to ensure that information from security information reports can be acted on promptly and required actions carried out swiftly. (1.55)

Partially achieved

Prisoners should only be subject to closed visits on the basis of visits-related issues. (1.56)

Not achieved (recommendation repeated, 1.34)

The IEP scheme should be applied consistently across the prison and in accordance with the published policy. (1.65)

Achieved

Prisoners on the basic regime should be monitored, regularly reviewed and set realistic targets to address their poor behaviour. (1.66)

Partially achieved

There should be sufficient opportunities for prisoners to prove their suitability for enhanced status. (1.67)

Not achieved

All reports of incidents of use of force should be comprehensively completed by all staff involved within a reasonable timeframe and reviewed promptly to ensure that force was used proportionately. (1.76)

Not achieved (recommendation repeated, 1.43)

Accurate and comprehensive video recordings of planned use of force incidents should be produced and stored appropriately. (1.77)

Achieved

The segregation unit showers should be refurbished. (1.84)

Not achieved

The segregation unit should be improved so that it is a suitable environment for work with challenging prisoners. (1.85)

Not achieved

All prisoners in the unit should have detailed care and reintegration plans with specific and time-bound targets. Plans should be based on an initial and ongoing assessment of their risks and needs and access to as full a regime as possible. (1.86)

Not achieved

Prisoners requiring stabilisation or detoxification should be admitted to the substance misuse assessment unit without delay, and appropriate 24-hour observation and monitoring arrangements should be in place. (1.94)

Achieved

Prescribing regimes for opiate-dependent prisoners should be flexible and based on individual needs, and prisoners should be involved in treatment planning. (1.95)

Achieved

Joint working between clinical and psychosocial substance misuse services should be improved so that fully integrated care is provided; the psychosocial support service should ensure that interventions meet the needs of the population, including those of short-term prisoners. (1.96)

Achieved

The substance misuse strategy document should be updated and contain an action plan informed by the needs analysis. (1.97)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2014, the prison was overcrowded and, while most areas were clean, some cells were in a poor condition. Prisoners were less positive about relationships with staff. We saw some good interactions, but too many were dismissive. The management of equality and diversity was developing, but outcomes for most protected groups required improvement. The chaplaincy was integrated well into the life of the prison. Too many responses to complaints were inadequate, but legal services were good. Health services were generally good, but there were delays in seeing a GP and pharmacy services needed attention. Mental health support was very good overall. Catering arrangements were reasonable, but there could be delays before prisoners received their first canteen order. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All staff should be encouraged to interact positively with prisoners; this should include providing them with the opportunity to discuss problems, concerns and their progress in addressing resettlement targets. Managers should ensure this happened. (S45)

Not achieved

Recommendations

All cell toilets should be adequately screened and cells adequately furnished. (2.11)

Not achieved

Prisoners on the standard level of the IEP scheme should be allowed to wear their own clothes. (2.12)

Not achieved

Formal consultation with prisoners should be enhanced and issues raised taken forward. (2.16)

Achieved

Community organisations should be involved in helping develop practice and providing external scrutiny. (2.27)

Not achieved

The investigation of incidents reported through DIRF procedures and the quality assurance of responses to them should be improved. (2.28)

Not achieved

Regular support groups should be established for all prisoners with protected characteristics under the Equality Act 2010 to ensure their voices are heard, and their needs identified to review if they are being met. (2.40)

Partially achieved

Access to independent immigration advice should be facilitated. (2.41)

Not achieved (recommendation repeated, 2.28)

Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (2.42)

Not achieved

A senior manager should routinely quality assure the complaints procedure to raise the standard of responses and identify areas for improvement. (2.53)

Achieved

The complaints system should be clearly understood by all prisoners and complaints or concerns should not be included in prisoners' clinical records. (2.69)

Partially achieved

All clinical areas and waiting rooms should be suitable and comply fully with infection control guidelines. (2.70)

Achieved

Prisoners should not wait more than five working days for a routine GP appointment. (2.81)

Partially achieved

Reading glasses should be available without prisoners having to see an optician. (2.82)

Not achieved

The inpatient unit should offer prisoners adequate therapeutic activities in a satisfactory environment that is appropriately adapted to patients' needs. (2.83)

Not achieved

A pharmacist should attend the prison regularly to provide governance assurance on medication and regular clinics for prisoners. (2.92)

Not achieved

There should be a full range of easily accessible and up-to-date policies and procedures that are reviewed regularly. (2.93)

Achieved

Medicines should be prescribed, stored and administered in line with professional standards and all drug administration should take place in conditions of confidentiality and security. (2.94)

Partially achieved

The in-possession policy should reflect current best practice guidance on the prescribing of highly tradable medicines and the in-possession risk assessment should adequately consider the risks of both the individual prisoner and the drug. (2.95)

Achieved

There should be adequate cover for sickness and holidays to prevent excessive waiting times for assessment and treatment. (2.100)

Not achieved

Prisoners should have timely access to assessment and care plan support for mental health problems. (2.106)

Partially achieved

Breakfast should be served in the morning every day. (2.112)

Not achieved

Prisoners should be able to access a full canteen order within 72 hours of arrival. (2.119)

Not achieved

Purposeful activity

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

At the last inspection in 2014, most prisoners had a reasonable amount of time out of their cell, although around a fifth were locked up during the working day. Leadership and management of learning and skills were good. Activity places available were well used. The range and quality of activities was reasonable for most, and there were good plans to develop them further. Teaching was good as was the use of qualified peer mentors. The virtual campus (simulated internet access for prisoners to community education, training and employment opportunities) was not well used. Achievements and retention rates were good. The library and gym provided a reasonable range of opportunities, although both needed to be better used. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All prisoners should be able to associate, take a shower and have at least one hour's exercise in the open air every day. (3.5)

Not achieved

Prisoners identified as needing to improve their English and mathematics should have these requirements added to their sentence plans. (3.14)

Partially achieved

Vulnerable prisoners should have access to a wider range of more meaningful activities so that fewer of them are locked up during the day. (3.15)

Achieved

The range of vocational training programmes should be increased. (3.20)

Achieved

Better use should be made of the virtual campus to extend the range and level of courses available. (3.21)

Partially achieved

Smart boards in the IT workshop should be installed to ensure that learners can benefit from up-to-date technology. (3.27)

Achieved

The prison should improve the achievement of English and mathematics progression awards. (3.34)

Achieved

The library facilities should be effectively promoted and the attendance of all groups of prisoners, including vulnerable prisoners, monitored. (3.39)

Not achieved

The shower and changing room facilities should be refurbished. (3.45)

Partially achieved

PE facilities should be promoted in all units and attendance monitored to ensure that all groups of prisoners, including vulnerable prisoners, can attend their scheduled sessions. (3.46)

Achieved

The number of accredited vocational courses leading to qualifications should be increased. (3.47)

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 2014, Strategic management of resettlement was very good and accurately reflected the main priorities of the prison. Community involvement was good. Overall offender management unit (OMU) work was reasonable, but there was a backlog of some assessments and public protection work needed improvement. Reintegration work was reasonably well developed. Pre-release support in the reducing reoffending pathways was mostly very good, although visits were disappointing. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Work to encourage contact with family and friends, including the visits experience should be reviewed to ensure that it provides a positive experience for all, and actively supports prisoners in maintaining contact with their children and families. (S46)

Partially achieved

Recommendations

Managers should ensure that the OMU is sufficiently resourced. (4.12)

Achieved

Offender management work, including HDC applications and work that is the responsibility of community offender managers, should be monitored, and overdue cases escalated as necessary. (4.13)

Achieved

The prison should review the process for initiating and reviewing permission to monitor mail and telephone calls to ensure decisions are accurate and proportionate. (4.17)

Achieved

All staff should have easy access to information about which prisoners are subject to child protection restrictions and which children they are entitled to see, and applications for child contact should be processed promptly. (4.18)

Achieved

The role and purpose of the IRMT should be clarified to ensure that MAPPA prisoners are effectively monitored. (4.19)

Achieved

Prisoners likely to receive an indeterminate or life sentence should be identified on remand and monitored; they should also receive help to understand the potential implications of these sentences. (4.25)

Not achieved (recommendation repeated, 4.22)

There should be a strategy to encourage prisoners to disclose and seek support for previous experiences of domestic violence, rape and abuse. (4.51)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Lancashire Care NHS Foundation Trust

Location: HMP Preston

Location ID: RW5Z1

Regulated Activities: Treatment of disease, disorder, or injury, diagnostic and screening, surgical procedures and personal care.

Action we have told the provider to take

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

Regulation 9

Person centred care

9 - (1) The care and treatment of service users must
 (a) be appropriate,
 (b) meet their needs, and
 (c) reflect their preferences.

How the regulation was not being met:

We found that the registered person had not ensured that the care and treatment of service users were appropriate, or ensured they met their needs or reflected their preferences.

There were no care plans in place for patients with chronic physical health conditions, particularly asthma, epilepsy, COPD and heart disease, and whilst well-man screening on arrival took place, there was no evidence that long-term condition monitoring and review was taking place. Some prisoners had been on asthma clinic waiting lists for five months.

We were not assured there were sufficient staff suitably qualified in long-term condition management to meet the needs of the patients.

Those prisoners with dementia were not identified and there were no staff skilled in dementia management to meet their needs.

The primary mental health needs of patients were not being met appropriately as there was insufficient psychological therapy support. There was insufficient psychiatrist input to meet the needs of the population and those patients requiring assessment and support for more serious mental health conditions.

Care plans were not always in place for prisoners with social care needs and those in place were of varying quality, for example, some care plans did not include details of the care which was required or what was being provided. We found that two prisoners whose care needs had changed had not been reviewed or had their care plans updated. For example, a social care worker identified that one prisoner with balance and mobility issues required a different chair in January 2017, yet at the time of our inspection, no review had taken place and he remained at high risk of falling when getting up from his chair.

Prisoners were often not able to access homely remedies. Access to these were via the “special sick” clinic which had been cancelled 41 times in the last six months, meaning that prisoners regularly did not have access to over the counter medication, such as laxatives and mouth gel.

Regulation 10

Dignity and Respect

10 - (1) Service users must be treated with dignity and respect.

How the regulation was not being met:

We found that the registered person had not ensured that all patients were treated with dignity and respect in relation to their care, in particular, ensuring their privacy.

We were not assured that patient confidentiality was protected due to the numbers of complaints about health care which were submitted and responded to via the prison complaints system. This meant that prisoners could not be assured about confidentiality of complaints regarding health care which were handled by non-health care staff.

Health care staff took appointment slips to wings and placed them under cell doors. These slips included details such as clinic type and were not placed in an envelope. As cells were shared there was no assurance that the details of this appointment could be kept confidential.

Regulation 17
Good Governance

17 – (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.

How the regulation was not being met:

We found that the registered person had not ensured that the quality and safety of the service was adequately monitored.

Monitoring arrangement did not ensure that quality services were provided. Whilst incidents were reported on Datix, monthly meeting minutes did not evidence that incidents or complaints were reviewed by the team to improve quality and safety of the service. There was limited evidence of shared learning.

Feedback from patients was not actively sought and acted on. We were informed that a patient survey had been carried out, but this was not made available to the inspection team and we were informed that there was no action plan resulting from this survey. Concerns relating to purposeful activity raised by inpatients at inpatient forums had not been addressed.

There was limited opportunity to engage with prisoners about health specific issues.

There was insufficient monitoring to ensure that access to GP appointments was equitable for all patients. Prisoners located on B wing had specific designated clinic times, whilst all other patients had routine access. Waiting times showed that patients located on B wing could wait as long as four weeks to see the GP, whilst on other locations waiting times were consistently under one week.

There were systems in place to ensure that medication was stored appropriately, but we found that one fridge holding medication had not been included in routine daily temperature monitoring since October 2016.

The provider had a comprehensive risk register in place and many of the risks associated with resources and staffing had been incorporated into this. However, there was limited evidence that showed effective action had been taken to reduce risks and continually evaluate and improve services.

There was no system in place to monitor compliance with the local supervision policy. Primary care staff did not access supervision and mental health team supervision was informal with no records. Staff told us they felt supported yet there was no evidence that structured supervision or management oversight was taking place.

Appendix IV: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	29	406	60.4%
Recall	5	73	10.8%
Remand	10	100	15.3%
Total	50	670	100.0%

Sentence	18–20 yr olds	21 and over	%
Unsentenced	17	194	29.3%
Less than six months	6	66	10.0%
Six months to less than 12 months	2	40	5.8%
12 months to less than 2 years	9	76	11.8%
2 years to less than 3 years	5	78	11.5%
4 years to less than 10 years	4	111	16.0%
10 years and over (not life)	0	38	5.3%
ISPP (indeterminate sentence for public protection)	0	5	0.7%
Life	1	11	2.4%
Total	50	670	100.0%

Age	Number of prisoners	%
Under 21 years	50	6.9%
21 years to 29 years	242	33.6%
30 years to 39 years	212	29.4%
40 years to 49 years	140	19.4%
50 years to 59 years	48	6.7%
60 years to 69 years	19	2.6%
70 plus years: maximum age=84	9	1.3%
Total	720	100%

Nationality	18–20 yr olds	21 and over	%
British	47	629	93.9%
Foreign nationals	3	40	6.0%
Total	50	670	100.0%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	18	2.5%
Uncategorised sentenced	17	179	27.2%
Category B	0	42	5.8%
Category C	3	410	57.4%
Category D	0	18	2.5%
YOI Open	0	1	0.1%
Other YOI Closed	30	2	4.4%
Total	50	670	100.0%

Ethnicity	18–20 yr olds	21 and over	%
White			
British	40	548	81.7%
Irish	1	4	0.7%
Gypsy/Irish Traveller	0	3	0.4%
Other white	1	21	3.1%
	42	576	85.8%
Mixed			
White and black Caribbean	0	5	0.4%
White and Asian	0	3	0.4%
Other mixed	1	2	0.7%
	1	10	1.5%
Asian or Asian British			
Indian	1	8	1.3%
Pakistani	2	40	5.8%
Bangladeshi	0	3	0.4%
Chinese	0	1	0.1%
Other Asian	2	10	1.7%
	5	62	9.3%
Black or black British			
Caribbean	0	5	0.7%
African	0	4	0.6%
Other black	1	6	1.0%
	1	15	2.2%
Other ethnic group	1	3	0.6%
Not stated	0	3	0.4%
Prefer not to say	0	4	0.6%
Total	50	670	100.0%

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1%
Church of England	2	140	19.7%
Roman Catholic	11	199	29.2%
Other Christian denominations	4	42	6.4%
Muslim	5	74	11%
Hindu	0	2	0.3%
Buddhist	0	5	0.7%
Jewish	0	1	0.1%
Other	0	3	0.4%
No religion	28	202	31.9%
Not stated	0	1	0.1%
Total	50	670	100.0%

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	0.7%	108	15%
1 month to 3 months	21	2.9%	163	22.6%
3 months to six months	4	0.6%	97	13.5%
six months to 1 year	2	0.3%	89	12.4%
1 year to 2 years	1	0.1%	17	2.4%
2 years to 4 years	0	0.0%	1	0.1%
4 years or more	0	0.0%	1	0.1%
Total	33	4.6%	476	66.1%

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	0.7%	55	7.6%
1 month to 3 months	5	0.7%	61	8.5%
3 months to 6 months	5	0.7%	59	8.2%
six months to 1 year	2	0.3%	18	2.5%
1 year to 2 years	0	0.0%	1	0.1%
Total	17	2.4%	194	26.9%

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 establishment¹¹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 6 March 2017 the prisoner population at HMP Preston was 723. Using the method described above, questionnaires were distributed to a sample of 217 prisoners.

We received a total of 178 completed questionnaires, a response rate of 82%. This included two questionnaires completed via interview. Fifteen respondents refused to complete a questionnaire and 24 questionnaires were not returned.

¹¹ 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.

Wing/unit	Number of completed survey returns
A2	7
A3-5	32
B	35
C1	11
C2	15
C3-4	32
D	25
F	9
G	7
H	2
Segregation unit (A1)	3

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹² are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Preston in 2017 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 Preston in 2017 compared with the responses of prisoners surveyed at HMP Preston in 2014.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 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 2017 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2017 survey between the responses of prisoners on the vulnerable prisoner wing (B) and the rest of the establishment.

¹² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	10 (6%)
	<i>21 - 29</i>	63 (35%)
	<i>30 - 39</i>	55 (31%)
	<i>40 - 49</i>	32 (18%)
	<i>50 - 59</i>	9 (5%)
	<i>60 - 69</i>	6 (3%)
	<i>70 and over</i>	3 (2%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	110 (62%)
	<i>Yes - on recall</i>	20 (11%)
	<i>No - awaiting trial</i>	23 (13%)
	<i>No - awaiting sentence</i>	25 (14%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	48 (28%)
	<i>Less than 6 months</i>	16 (9%)
	<i>6 months to less than 1 year</i>	12 (7%)
	<i>1 year to less than 2 years</i>	22 (13%)
	<i>2 years to less than 4 years</i>	27 (16%)
	<i>4 years to less than 10 years</i>	30 (17%)
	<i>10 years or more</i>	10 (6%)
	<i>IPP (indeterminate sentence for public protection)</i>	6 (3%)
	<i>Life</i>	2 (1%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	6 (3%)
	<i>No</i>	170 (97%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	176 (100%)
	<i>No</i>	0 (0%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	174(98%)
	<i>No</i>	4 (2%)

Q1.8 What is your ethnic origin?

White - British (English/ Welsh/ Scottish/ Northern Irish)	146 (82%)	Asian or Asian British - Chinese	0 (0%)
White - Irish	6 (3%)	Asian or Asian British - other	1 (1%)
White - other	6 (3%)	Mixed race - white and black Caribbean	1 (1%)
Black or black British - Caribbean	0 (0%)	Mixed race - white and black African	0 (0%)
Black or black British - African	1 (1%)	Mixed race - white and Asian	1 (1%)
Black or black British - other	0 (0%)	Mixed race - other	0 (0%)
Asian or Asian British - Indian	1 (1%)	Arab	1 (1%)
Asian or Asian British - Pakistani	12 (7%)	Other ethnic group	1 (1%)
Asian or Asian British - Bangladeshi	0 (0%)		

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

Yes	9 (5%)
No	166 (95%)

Q1.10 What is your religion?

None.....	52 (30%)	Hindu.....	0 (0%)
Church of England.....	46 (26%)	Jewish.....	0 (0%)
Catholic.....	49 (28%)	Muslim.....	13 (7%)
Protestant.....	1 (1%)	Sikh.....	1 (1%)
Other Christian denomination.....	3 (2%)	Other.....	9 (5%)
Buddhist.....	1 (1%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight	166 (94%)
Homosexual/Gay.....	2 (1%)
Bisexual.....	8 (5%)

Q1.12 Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?

Yes	53 (30%)
No.....	121 (70%)

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

Yes	13 (8%)
No.....	160 (92%)

Q1.14 Is this your first time in prison?

Yes	47 (27%)
No.....	130 (73%)

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

Yes.....	87 (49%)
No.....	91 (51%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

Less than 2 hours	140 (79%)
2 hours or longer	22 (12%)
Don't remember	15 (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>	140 (80%)
	Yes	11 (6%)
	No.....	21 (12%)
	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>	140 (80%)
	Yes	4 (2%)
	No.....	31 (18%)
	Don't remember	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	101 (58%)
	No.....	56 (32%)
	Don't remember	18 (10%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	136 (77%)
	No.....	34 (19%)
	Don't remember	6 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	49 (28%)
	Well.....	74 (42%)
	Neither	34 (19%)
	Badly.....	6 (3%)
	Very badly	7 (4%)
	Don't remember	6 (3%)
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	121 (69%)
	Yes, I received written information	2 (1%)
	No, I was not told anything	46 (26%)
	Don't remember	7 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	144 (82%)
	No.....	24 (14%)
	Don't remember	8 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	81 (46%)
	<i>2 hours or longer</i>	82 (47%)
	Don't remember	12 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	133 (77%)
	No.....	32 (18%)
	Don't remember.....	8 (5%)

Q3.3 Overall, how were you treated in reception?

Very well.....	47 (27%)
Well.....	76 (43%)
Neither.....	25 (14%)
Badly.....	16 (9%)
Very badly.....	7 (4%)
Don't remember.....	4 (2%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Loss of property.....	19 (11%)	Physical health.....	37 (22%)
Housing problems.....	37 (22%)	Mental health.....	70 (41%)
Contacting employers.....	8 (5%)	Needing protection from other prisoners	22 (13%)
Contacting family.....	60 (35%)	Getting phone numbers.....	62 (36%)
Childcare.....	6 (3%)	Other.....	10 (6%)
Money worries.....	39 (23%)	Did not have any problems.....	31 (18%)
Feeling depressed or suicidal.....	51 (30%)		

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

Yes.....	65 (38%)
No.....	75 (44%)
Did not have any problems.....	31 (18%)

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

Tobacco.....	132 (76%)
A shower.....	128 (74%)
A free telephone call.....	82 (47%)
Something to eat.....	130 (75%)
PIN phone credit.....	88 (51%)
Toiletries/ basic items.....	120 (69%)
Did not receive anything.....	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.)

Chaplain.....	109 (64%)
Someone from health services.....	122 (71%)
A Listener/Samaritans.....	79 (46%)
Prison shop/ canteen.....	49 (29%)
Did not have access to any of these.....	20 (12%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

What was going to happen to you.....	75 (44%)
What support was available for people feeling depressed or suicidal.....	80 (47%)
How to make routine requests (applications).....	69 (41%)
Your entitlement to visits.....	57 (34%)
Health services.....	77 (46%)
Chaplaincy.....	90 (53%)
Not offered any information.....	47 (28%)

Q3.9	Did you feel safe on your first night here?	
	Yes	127 (73%)
	No.....	38 (22%)
	Don't remember	10 (6%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	34 (20%)
	Within the first week.....	81 (47%)
	More than a week.....	44 (26%)
	Don't remember	13 (8%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	34 (20%)
	Yes	68 (40%)
	No.....	56 (33%)
	Don't remember	14 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	29 (17%)
	Within the first week.....	45 (26%)
	More than a week.....	82 (47%)
	Don't remember	17 (10%)

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?	19 (11%)	37 (22%)	22 (13%)	35 (21%)	41 (24%)	16 (9%)
	Attend legal visits?	25 (16%)	64 (40%)	19 (12%)	11 (7%)	14 (9%)	28 (17%)
	Get bail information?	12 (8%)	20 (13%)	24 (15%)	22 (14%)	34 (22%)	46 (29%)
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.....						25 (15%)
	Yes						61 (36%)
	No.....						82 (49%)
Q4.3	Can you get legal books in the library?						
	Yes						66 (40%)
	No.....						12 (7%)
	Don't know						89 (53%)
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?	77 (46%)	91 (54%)	1 (1%)			
	Are you normally able to have a shower every day?	108 (64%)	60 (35%)	2 (1%)			
	Do you normally receive clean sheets every week?	137 (81%)	26 (15%)	7 (4%)			
	Do you normally get cell cleaning materials every week?	69 (41%)	98 (58%)	3 (2%)			
	Is your cell call bell normally answered within five minutes?	53 (31%)	100 (59%)	17 (10%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	89 (54%)	75 (45%)	2 (1%)			
	If you need to, can you normally get your stored property?	32 (20%)	85 (53%)	43 (27%)			

Q4.5	What is the food like here?		
	Very good.....	4	(2%)
	Good.....	34	(20%)
	Neither.....	41	(24%)
	Bad.....	41	(24%)
	Very bad.....	51	(30%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/ don't know.....	10	(6%)
	Yes.....	77	(45%)
	No.....	86	(50%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	Yes.....	116	(68%)
	No.....	17	(10%)
	Don't know.....	38	(22%)
Q4.8	Are your religious beliefs respected?		
	Yes.....	79	(46%)
	No.....	24	(14%)
	Don't know/ N/A.....	69	(40%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?		
	Yes.....	102	(59%)
	No.....	13	(8%)
	Don't know/ N/A.....	58	(34%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend.....	23	(13%)
	Very easy.....	41	(24%)
	Easy.....	40	(23%)
	Neither.....	11	(6%)
	Difficult.....	13	(8%)
	Very difficult.....	12	(7%)
	Don't know.....	33	(19%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	132	(76%)	
	No.....	32	(18%)	
	Don't know.....	9	(5%)	
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are applications dealt with fairly?	22 (13%)	69 (42%)	75 (45%)
	Are applications dealt with quickly (within seven days)?	22 (14%)	50 (32%)	85 (54%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	87	(51%)	
	No.....	39	(23%)	
	Don't know.....	43	(25%)	

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?	79 (47%)	34 (20%)	54 (32%)
Are complaints dealt with quickly (within seven days)?	79 (49%)	25 (15%)	58 (36%)

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

Yes	35 (21%)
No.....	135 (79%)

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

Don't know who they are.....	79 (46%)
Very easy.....	9 (5%)
Easy.....	22 (13%)
Neither.....	21 (12%)
Difficult.....	25 (15%)
Very difficult.....	14 (8%)

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.....	15 (9%)
Yes	75 (43%)
No	58 (34%)
Don't know.....	25 (14%)

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.....	15 (9%)
Yes	78 (46%)
No.....	57 (34%)
Don't know.....	20 (12%)

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

Yes	24 (14%)
No.....	149 (86%)

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	125 (73%)
Very well.....	4 (2%)
Well.....	5 (3%)
Neither.....	5 (3%)
Badly.....	7 (4%)
Very badly.....	25 (15%)

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

Yes	116 (69%)
No.....	53 (31%)

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

Yes	114 (67%)
No.....	56 (33%)

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.....	129 (74%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	7 (4%)
	Never.....	47 (27%)
	Rarely	49 (28%)
	<i>Some of the time</i>	38 (22%)
	<i>Most of the time</i>	18 (10%)
	<i>All of the time</i>	14 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	116 (67%)
	<i>In the first week</i>	21 (12%)
	<i>More than a week</i>	26 (15%)
	<i>Don't remember</i>	11 (6%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	116 (69%)
	<i>Very helpful</i>	19 (11%)
	<i>Helpful</i>	15 (9%)
	<i>Neither</i>	7 (4%)
	<i>Not very helpful</i>	6 (4%)
	<i>Not at all helpful</i>	5 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	94 (55%)
	No.....	78 (45%)
Q8.2	Do you feel unsafe now?	
	Yes	44 (26%)
	No.....	125 (74%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	78 (47%)
	<i>Everywhere</i>	31 (19%)
	<i>Segregation unit</i>	20 (12%)
	<i>Association areas</i>	33 (20%)
	<i>Reception area</i>	13 (8%)
	<i>At the gym</i>	13 (8%)
	<i>In an exercise yard</i>	36 (22%)
	<i>At work</i>	14 (8%)
	<i>During movement</i>	27 (16%)
	<i>At education</i>	12 (7%)
	<i>At meal times</i>	16 (10%)
	<i>At health services</i>	15 (9%)
	<i>Visits area</i>	16 (10%)
	<i>In wing showers</i>	31 (19%)
	<i>In gym showers</i>	13 (8%)
	<i>In corridors/stairwells</i>	25 (15%)
	<i>On your landing/wing</i>	31 (19%)
	<i>In your cell</i>	25 (15%)
	<i>At religious services</i>	9 (5%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	51 (30%)
	No.....	120 (70%)

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>	28 (16%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	20 (12%)
<i>Sexual abuse</i>	5 (3%)
<i>Feeling threatened or intimidated</i>	34 (20%)
<i>Medication</i>	19 (11%)
<i>Debt</i>	11 (6%)
<i>Drugs</i>	14 (8%)
<i>Your race or ethnic origin</i>	12 (7%)
<i>Your religion/religious beliefs</i>	7 (4%)
<i>Your nationality</i>	9 (5%)
<i>You are from a different part of the country than others</i>	6 (4%)
<i>You are from a traveller community</i>	8 (5%)
<i>Your sexual orientation</i>	5 (3%)
<i>Your age</i>	8 (5%)
<i>You have a disability</i>	6 (4%)
<i>You were new here</i>	5 (3%)
<i>Your offence/ crime</i>	12 (7%)
<i>Gang related issues</i>	17 (10%)
<i>Gang related issues</i>	9 (5%)

Q8.6 Have you been victimised by staff here?

Yes	57 (33%)
No	115 (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>	29 (17%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	23 (13%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	34 (20%)
<i>Medication</i>	12 (7%)
<i>Debt</i>	4 (2%)
<i>Drugs</i>	6 (3%)
<i>Your race or ethnic origin</i>	9 (5%)
<i>Your religion/religious beliefs</i>	11 (6%)
<i>Your nationality</i>	5 (3%)
<i>You are from a different part of the country than others</i>	12 (7%)
<i>You are from a traveller community</i>	6 (3%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	4 (2%)
<i>You have a disability</i>	10 (6%)
<i>You were new here</i>	9 (5%)
<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?

<i>Not been victimised</i>	92 (60%)
Yes	20 (13%)
No	41 (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	19 (11%)	11 (6%)	20 (12%)	20 (12%)	64 (37%)	37 (22%)
	The nurse	20 (12%)	15 (9%)	41 (25%)	17 (10%)	50 (30%)	24 (14%)
	The dentist	22 (13%)	6 (4%)	11 (7%)	8 (5%)	47 (28%)	73 (44%)
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	33 (20%)	20 (12%)	40 (24%)	20 (12%)	29 (17%)	24 (14%)
	The nurse	24 (15%)	34 (21%)	50 (30%)	23 (14%)	20 (12%)	13 (8%)
	The dentist	59 (36%)	18 (11%)	28 (17%)	17 (10%)	18 (11%)	22 (14%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						16 (10%)
	<i>Very good</i>						16 (10%)
	<i>Good</i>						45 (28%)
	<i>Neither</i>						32 (20%)
	<i>Bad</i>						24 (15%)
	<i>Very bad</i>						30 (18%)
Q9.4	Are you currently taking medication?						
	Yes						103 (61%)
	No						66 (39%)
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>						66 (40%)
	<i>Yes, all my meds</i>						36 (22%)
	<i>Yes, some of my meds</i>						17 (10%)
	<i>No</i>						47 (28%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						92 (54%)
	No						77 (46%)
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>						77 (47%)
	Yes						36 (22%)
	No						51 (31%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	69 (41%)
	No	100 (59%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	39 (23%)
	No	129 (77%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	48 (28%)
	Easy	22 (13%)
	Neither	16 (9%)
	Difficult	8 (5%)
	Very difficult.....	9 (5%)
	Don't know	66 (39%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	11 (7%)
	Easy	15 (9%)
	Neither	20 (12%)
	Difficult.....	22 (13%)
	Very difficult.....	14 (8%)
	Don't know	86 (51%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	23 (14%)
	No.....	146 (86%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	21 (12%)
	No.....	149 (88%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	90 (55%)
	Yes	38 (23%)
	No.....	36 (22%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	Did not / do not have an alcohol problem	129 (76%)
	Yes	22 (13%)
	No.....	18 (11%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	Did not have a problem/ did not receive help.....	120 (74%)
	Yes	37 (23%)
	No.....	6 (4%)

Section II: 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	10 (6%)	18 (11%)	40 (24%)	18 (11%)	43 (26%)	39 (23%)
	Vocational or skills training	29 (18%)	13 (8%)	44 (27%)	24 (15%)	30 (19%)	21 (13%)
	Education (including basic skills)	21 (13%)	19 (12%)	56 (35%)	17 (11%)	28 (18%)	18 (11%)
	Offending behaviour programmes	41 (25%)	4 (2%)	22 (14%)	27 (17%)	28 (17%)	39 (24%)

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

<i>Not involved in any of these</i>	58 (36%)
Prison job	64 (40%)
Vocational or skills training.....	20 (13%)
Education (including basic skills).....	41 (26%)
Offending behaviour programmes	14 (9%)

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

	<i>Not been involved</i>	Yes	No	<i>Don't know</i>
Prison job	48 (33%)	47 (33%)	36 (25%)	13 (9%)
Vocational or skills training	51 (41%)	35 (28%)	24 (19%)	15 (12%)
Education (including basic skills)	49 (37%)	46 (35%)	25 (19%)	13 (10%)
Offending behaviour programmes	63 (49%)	31 (24%)	18 (14%)	17 (13%)

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

<i>Don't want to go</i>	24 (14%)
<i>Never</i>	48 (28%)
<i>Less than once a week</i>	29 (17%)
<i>About once a week</i>	60 (36%)
<i>More than once a week</i>	8 (5%)

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

<i>Don't use it</i>	51 (31%)
Yes	75 (45%)
No.....	40 (24%)

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

<i>Don't want to go</i>	35 (21%)
0	55 (33%)
1 to 2	32 (19%)
3 to 5	35 (21%)
More than 5	9 (5%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	31 (18%)
0	21 (12%)
1 to 2	41 (24%)
3 to 5	38 (22%)
More than 5	39 (23%)

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

<i>Don't want to go</i>	5 (3%)
0.....	4 (2%)
1 to 2	10 (6%)
3 to 5	54 (32%)
More than 5	96 (57%)

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>	66 (39%)
	<i>2 to less than 4 hours</i>	26 (15%)
	<i>4 to less than 6 hours</i>	25 (15%)
	<i>6 to less than 8 hours</i>	23 (14%)
	<i>8 to less than 10 hours</i>	9 (5%)
	<i>10 hours or more</i>	15 (9%)
	<i>Don't know</i>	5 (3%)

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?	
	<i>Yes</i>	63 (38%)
	<i>No</i>	105 (63%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	72 (43%)
	<i>No</i>	95 (57%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	97 (57%)
	<i>No</i>	73 (43%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	25 (15%)
	<i>Very easy</i>	26 (15%)
	<i>Easy</i>	36 (21%)
	<i>Neither</i>	14 (8%)
	<i>Difficult</i>	31 (18%)
	<i>Very difficult</i>	31 (18%)
	<i>Don't know</i>	8 (5%)

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>	48 (29%)
	<i>Yes</i>	69 (41%)
	<i>No</i>	51 (30%)
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>	99 (58%)
	<i>No contact</i>	37 (22%)
	<i>Letter</i>	17 (10%)
	<i>Phone</i>	6 (4%)
	<i>Visit</i>	21 (12%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	50 (30%)
	<i>No</i>	115 (70%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	48 (28%)
	<i>Yes</i>	35 (21%)
	<i>No</i>	87 (51%)

Q13.5	How involved were you in the development of your sentence plan?			
	<i>Do not have a sentence plan/ not sentenced</i>	135	(80%)	
	<i>Very involved</i>	6	(4%)	
	<i>Involved</i>	12	(7%)	
	<i>Neither</i>	6	(4%)	
	<i>Not very involved</i>	3	(2%)	
	<i>Not at all involved</i>	7	(4%)	
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>	135	(80%)	
	<i>Nobody</i>	15	(9%)	
	<i>Offender supervisor</i>	10	(6%)	
	<i>Offender manager</i>	9	(5%)	
	<i>Named/ personal officer</i>	6	(4%)	
	<i>Staff from other departments</i>	6	(4%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	135	(80%)	
	<i>Yes</i>	13	(8%)	
	<i>No</i>	16	(9%)	
	<i>Don't know</i>	5	(3%)	
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>	135	(80%)	
	<i>Yes</i>	13	(8%)	
	<i>No</i>	9	(5%)	
	<i>Don't know</i>	11	(7%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	135	(79%)	
	<i>Yes</i>	17	(10%)	
	<i>No</i>	7	(4%)	
	<i>Don't know</i>	11	(6%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	11	(7%)	
	<i>No</i>	71	(43%)	
	<i>Don't know</i>	84	(51%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	25	(15%)	
	<i>No</i>	142	(85%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	34 (22%)	46 (30%)	72 (47%)
	Accommodation	41 (27%)	53 (34%)	60 (39%)
	Benefits	33 (22%)	58 (38%)	62 (41%)
	Finances	37 (25%)	34 (23%)	77 (52%)
	Education	45 (30%)	40 (26%)	67 (44%)
	Drugs and alcohol	43 (28%)	57 (37%)	55 (35%)

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>	48 (29%)
Yes	48 (29%)
No	72 (43%)

Main comparator and comparator to last time



Prisoner survey responses HMP Preston 2017

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 Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	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		178	6,077	178	173
SECTION 1: General information					
1.2	Are you under 21 years of age?	6%	6%	6%	3%
1.3	Are you sentenced?	73%	69%	73%	70%
1.3	Are you on recall?	11%	10%	11%	9%
1.4	Is your sentence less than 12 months?	16%	20%	16%	15%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	1%
1.5	Are you a foreign national?	3%	13%	3%	5%
1.6	Do you understand spoken English?	100%	98%	100%	97%
1.7	Do you understand written English?	98%	96%	98%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	11%	25%	11%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	4%
1.1	Are you Muslim?	8%	13%	8%	7%
1.11	Are you homosexual/gay or bisexual?	6%	3%	6%	2%
1.12	Do you consider yourself to have a disability?	31%	27%	31%	28%
1.13	Are you a veteran (ex-armed services)?	8%	6%	8%	6%
1.14	Is this your first time in prison?	27%	33%	27%	34%
1.15	Do you have any children under the age of 18?	49%	53%	49%	53%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	12%	23%	12%	17%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	32%	41%	32%	35%
2.3	Were you offered a toilet break?	11%	8%	11%	12%
2.4	Was the van clean?	58%	58%	58%	57%
2.5	Did you feel safe?	77%	74%	77%	71%
2.6	Were you treated well/very well by the escort staff?	70%	67%	70%	66%
2.7	Before you arrived here were you told that you were coming here?	69%	63%	69%	60%
2.7	Before you arrived here did you receive any written information about coming here?	1%	3%	1%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	78%	82%	71%

Main comparator and comparator to last time

Key to tables

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	46%	40%	46%	47%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	77%	77%	79%
3.3	Were you treated well/very well in reception?	70%	62%	70%	69%
	When you first arrived:				
3.4	Did you have any problems?	82%	78%	82%	73%
3.4	Did you have any problems with loss of property?	11%	16%	11%	24%
3.4	Did you have any housing problems?	22%	23%	22%	21%
3.4	Did you have any problems contacting employers?	5%	6%	5%	4%
3.4	Did you have any problems contacting family?	35%	35%	35%	30%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	3%
3.4	Did you have any money worries?	23%	24%	23%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	30%	25%	30%	26%
3.4	Did you have any physical health problems?	22%	18%	22%	17%
3.4	Did you have any mental health problems?	41%	27%	41%	28%
3.4	Did you have any problems with needing protection from other prisoners?	13%	9%	13%	12%
3.4	Did you have problems accessing phone numbers?	36%	32%	36%	27%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	46%	31%	46%	36%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	76%	74%	76%	82%
3.6	A shower?	74%	27%	74%	75%
3.6	A free telephone call?	47%	54%	47%	43%
3.6	Something to eat?	75%	70%	75%	75%
3.6	PIN phone credit?	51%	49%	51%	61%
3.6	Toiletries/ basic items?	69%	58%	69%	66%

Key to tables

Main comparator and comparator to last time

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	64%	44%	64%	53%
3.7	Someone from health services?	71%	66%	71%	69%
3.7	A Listener/Samaritans?	46%	29%	46%	46%
3.7	Prison shop/ canteen?	29%	21%	29%	27%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	44%	41%	44%	43%
3.8	Support was available for people feeling depressed or suicidal?	47%	35%	47%	46%
3.8	How to make routine requests?	41%	33%	41%	46%
3.8	Your entitlement to visits?	34%	32%	34%	37%
3.8	Health services?	46%	43%	46%	51%
3.8	The chaplaincy?	53%	39%	53%	44%
3.9	Did you feel safe on your first night here?	73%	67%	73%	72%
3.10	Have you been on an induction course?	80%	75%	80%	64%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	49%	49%	49%	42%
3.12	Did you receive an education (skills for life) assessment?	83%	75%	83%	77%
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?	33%	35%	33%	40%
4.1	Attend legal visits?	55%	49%	55%	54%
4.1	Get bail information?	20%	16%	20%	23%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	41%	36%	49%
4.3	Can you get legal books in the library?	40%	34%	40%	47%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	46%	48%	46%	49%
4.4	Are you normally able to have a shower every day?	64%	72%	64%	79%
4.4	Do you normally receive clean sheets every week?	81%	62%	81%	81%
4.4	Do you normally get cell cleaning materials every week?	41%	50%	41%	55%
4.4	Is your cell call bell normally answered within five minutes?	31%	23%	31%	40%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	55%	54%	62%
4.4	Can you normally get your stored property, if you need to?	20%	19%	20%	21%
4.5	Is the food in this prison good/very good?	22%	21%	22%	20%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	47%	45%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	68%	53%	68%	67%
4.8	Are your religious beliefs respected?	46%	48%	46%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	50%	59%	54%
4.10	Is it easy/very easy to attend religious services?	47%	44%	47%	31%

Main comparator and comparator to last time

Key to tables

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	76%	71%	76%	82%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	48%	46%	48%	58%
5.2	Do you feel applications are dealt with quickly (within seven days)?	37%	31%	37%	44%
5.3	Is it easy to make a complaint?	52%	48%	52%	52%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	39%	26%	39%	29%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	30%	21%	30%	26%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	22%	21%	28%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	18%	18%	23%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	39%	43%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	38%	46%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	11%	14%	10%
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?	20%	35%	20%	17%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	69%	72%	69%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	67%	67%	63%
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%	32%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	17%	19%	20%
7.5	Do you have a personal officer?	33%	32%	33%	38%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	65%	65%	70%

Main comparator and comparator to last time

Key to tables

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	55%	51%	55%	49%
8.2	Do you feel unsafe now?	26%	23%	26%	24%
8.4	Have you been victimised by other prisoners here?	30%	32%	30%	32%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	16%	13%	16%	14%
8.5	Hit, kicked or assaulted you?	12%	10%	12%	10%
8.5	Sexually abused you?	3%	2%	3%	1%
8.5	Threatened or intimidated you?	20%	18%	20%	21%
8.5	Taken your canteen/property?	11%	9%	11%	10%
8.5	Victimised you because of medication?	7%	5%	7%	7%
8.5	Victimised you because of debt?	8%	4%	8%	5%
8.5	Victimised you because of drugs?	7%	5%	7%	7%
8.5	Victimised you because of your race or ethnic origin?	4%	4%	4%	5%
8.5	Victimised you because of your religion/religious beliefs?	5%	4%	5%	4%
8.5	Victimised you because of your nationality?	4%	3%	4%	4%
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?	3%	1%	3%	2%
8.5	Victimised you because of your sexual orientation?	5%	2%	5%	0%
8.5	Victimised you because of your age?	4%	3%	4%	4%
8.5	Victimised you because you have a disability?	3%	4%	3%	3%
8.5	Victimised you because you were new here?	7%	7%	7%	7%
8.5	Victimised you because of your offence/crime?	10%	7%	10%	8%
8.5	Victimised you because of gang related issues?	5%	6%	5%	7%

Main comparator and comparator to last time

Key to tables

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	33%	32%	33%	36%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	17%	12%	17%	17%
8.7	Hit, kicked or assaulted you?	13%	6%	13%	8%
8.7	Sexually abused you?	2%	1%	2%	2%
8.7	Threatened or intimidated you?	20%	14%	20%	14%
8.7	Victimised you because of medication?	7%	6%	7%	7%
8.7	Victimised you because of debt?	2%	2%	2%	3%
8.7	Victimised you because of drugs?	3%	3%	3%	6%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	5%
8.7	Victimised you because of your religion/religious beliefs?	6%	4%	6%	2%
8.7	Victimised you because of your nationality?	3%	3%	3%	2%
8.7	Victimised you because you were from a different part of the country?	7%	3%	7%	3%
8.7	Victimised you because you are from a Traveller community?	3%	1%	3%	2%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.7	Victimised you because of your age?	2%	2%	2%	4%
8.7	Victimised you because you have a disability?	6%	4%	6%	3%
8.7	Victimised you because you were new here?	5%	5%	5%	6%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	6%
8.7	Victimised you because of gang related issues?	2%	3%	2%	4%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	33%	35%	33%	32%

Main comparator and comparator to last time

Key to tables

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	18%	21%	18%	13%
9.1	Is it easy/very easy to see the nurse?	34%	41%	34%	39%
9.1	Is it easy/very easy to see the dentist?	10%	9%	10%	9%
	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?	45%	40%	45%	32%
9.2	The nurse?	60%	49%	60%	50%
9.2	The dentist?	45%	29%	45%	45%
9.3	The overall quality of health services?	42%	34%	42%	34%
9.4	Are you currently taking medication?	61%	53%	61%	53%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	53%	56%	53%	55%
9.6	Do you have any emotional well being or mental health problems?	54%	43%	54%	46%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	41%	40%	41%	51%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	41%	33%	41%	37%
10.2	Did you have a problem with alcohol when you came into this prison?	23%	21%	23%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	42%	41%	46%
10.4	Is it easy/very easy to get alcohol in this prison?	16%	20%	16%	15%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	10%	14%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	9%	12%	10%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	51%	56%	51%	54%
10.8	Have you received any support or help with your alcohol problem while in this prison?	55%	52%	55%	54%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	86%	73%	86%	76%

Main comparator and comparator to last time

Key to tables

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	35%	33%	35%	25%
11.1	Vocational or skills training?	35%	30%	35%	40%
11.1	Education (including basic skills)?	47%	45%	47%	47%
11.1	Offending behaviour programmes?	16%	18%	16%	17%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	40%	46%	40%	34%
11.2	Vocational or skills training?	13%	8%	13%	17%
11.2	Education (including basic skills)?	26%	23%	26%	30%
11.2	Offending behaviour programmes?	9%	7%	9%	10%
11.3	Have you had a job while in this prison?	67%	70%	67%	63%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	49%	38%	49%	45%
11.3	Have you been involved in vocational or skills training while in this prison?	59%	56%	59%	63%
	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?	47%	41%	47%	61%
11.3	Have you been involved in education while in this prison?	63%	67%	63%	65%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	55%	48%	55%	59%
11.3	Have you been involved in offending behaviour programmes while in this prison?	51%	54%	51%	57%
	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?	47%	38%	47%	51%
11.4	Do you go to the library at least once a week?	40%	28%	40%	41%
11.5	Does the library have a wide enough range of materials to meet your needs?	45%	33%	45%	43%
11.6	Do you go to the gym three or more times a week?	27%	24%	27%	38%
11.7	Do you go outside for exercise three or more times a week?	45%	40%	45%	34%
11.8	Do you go on association more than five times each week?	57%	42%	57%	53%
11.9	Do you spend ten or more hours out of your cell on a weekday?	9%	9%	9%	9%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	38%	30%	38%	29%
12.2	Have you had any problems with sending or receiving mail?	43%	48%	43%	48%
12.3	Have you had any problems getting access to the telephones?	57%	34%	57%	43%
12.4	Is it easy/ very easy for your friends and family to get here?	36%	35%	36%	41%

Main comparator and comparator to last time

Key to tables

		HMP Preston 2017	Local prisons comparator	HMP Preston 2017	HMP Preston 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	58%	62%	58%	65%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	52%	45%	52%	44%
13.2	Contact by letter?	24%	27%	24%	27%
13.2	Contact by phone?	8%	13%	8%	4%
13.2	Contact by visit?	30%	34%	30%	36%
13.3	Do you have a named offender supervisor in this prison?	30%	31%	30%	34%
For those who are sentenced:					
13.4	Do you have a sentence plan?	29%	32%	29%	29%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	53%	54%	53%	56%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	46%	48%	46%	44%
13.6	Offender supervisor?	31%	33%	31%	33%
13.6	Offender manager?	28%	25%	28%	33%
13.6	Named/ personal officer?	18%	11%	18%	17%
13.6	Staff from other departments?	18%	17%	18%	23%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	38%	50%	38%	50%
13.8	Are there plans for you to achieve any of your targets in another prison?	40%	28%	40%	27%
13.9	Are there plans for you to achieve any of your targets in the community?	49%	31%	49%	34%
13.10	Do you have a needs based custody plan?	7%	7%	7%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	11%	15%	7%
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?	39%	26%	39%	36%
13.12	Accommodation?	47%	32%	47%	54%
13.12	Benefits?	48%	33%	48%	57%
13.12	Finances?	31%	21%	31%	36%
13.12	Education?	37%	27%	37%	37%
13.12	Drugs and alcohol?	51%	40%	51%	55%
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?	40%	45%	40%	43%

Diversity analysis



Key question responses (ethnicity) HMP Preston 2017

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

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	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		19	158
1.3	Are you sentenced?	90%	71%
1.5	Are you a foreign national?	5%	3%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	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.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1	Are you Muslim?	73%	0%
1.12	Do you consider yourself to have a disability?	16%	32%
1.13	Are you a veteran (ex-armed services)?	0%	9%
1.14	Is this your first time in prison?	26%	27%
2.6	Were you treated well/very well by the escort staff?	47%	73%
2.7	Before you arrived here were you told that you were coming here?	53%	71%
3.2	When you were searched in reception, was this carried out in a respectful way?	58%	80%
3.3	Were you treated well/very well in reception?	42%	74%
3.4	Did you have any problems when you first arrived?	90%	81%
3.7	Did you have access to someone from health care when you first arrived here?	64%	73%
3.9	Did you feel safe on your first night here?	36%	77%
3.10	Have you been on an induction course?	84%	80%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	19%	35%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White 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?	25%	48%
4.4	Are you normally able to have a shower every day?	59%	65%
4.4	Is your cell call bell normally answered within five minutes?	12%	34%
4.5	Is the food in this prison good/very good?	0%	25%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	23%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	69%
4.8	Do you feel your religious beliefs are respected?	43%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	41%	61%
5.1	Is it easy to make an application?	54%	79%
5.3	Is it easy to make a complaint?	35%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	22%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	14%
7.1	Do most staff, in this prison, treat you with respect?	29%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	56%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	0%	21%
7.4	Do you have a personal officer?	22%	35%
8.1	Have you ever felt unsafe here?	50%	55%
8.2	Do you feel unsafe now?	29%	25%
8.3	Have you been victimised by other prisoners?	41%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	23%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	17%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White 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		
8.6	Have you been victimised by a member of staff?	50%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	33%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	27%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	22%	5%
8.7	Have you been victimised because of your nationality? (By staff)	11%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	7%
9.1	Is it easy/very easy to see the doctor?	6%	20%
9.1	Is it easy/ very easy to see the nurse?	0%	38%
9.4	Are you currently taking medication?	44%	63%
9.6	Do you feel you have any emotional well being/mental health issues?	38%	57%
10.3	Is it easy/very easy to get illegal drugs in this prison?	16%	45%
11.2	Are you currently working in the prison?	27%	42%
11.2	Are you currently undertaking vocational or skills training?	16%	12%
11.2	Are you currently in education (including basic skills)?	27%	25%
11.2	Are you currently taking part in an offending behaviour programme?	0%	10%
11.4	Do you go to the library at least once a week?	50%	39%
11.6	Do you go to the gym three or more times a week?	29%	26%
11.7	Do you go outside for exercise three or more times a week?	78%	41%
11.8	On average, do you go on association more than five times each week?	27%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	10%
12.2	Have you had any problems sending or receiving mail?	50%	42%
12.3	Have you had any problems getting access to the telephones?	73%	55%

Diversity Analysis



Key question responses (disability and age over 50) HMP Preston 2017

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

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		53	121	18	160
1.3	Are you sentenced?	77%	71%	89%	71%
1.5	Are you a foreign national?	0%	5%	0%	4%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	94%	99%	95%	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.)	6%	13%	0%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	3%	0%	6%
1.1	Are you Muslim?	2%	9%	0%	8%
1.12	Do you consider yourself to have a disability?			56%	28%
1.13	Are you a veteran (ex-armed services)?	12%	6%	29%	5%
1.14	Is this your first time in prison?	19%	30%	38%	25%
2.6	Were you treated well/very well by the escort staff?	69%	71%	94%	68%
2.7	Before you arrived here were you told that you were coming here?	58%	74%	41%	72%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	81%	84%	76%
3.3	Were you treated well/very well in reception?	69%	71%	78%	69%
3.4	Did you have any problems when you first arrived?	94%	77%	82%	82%
3.7	Did you have access to someone from health care when you first arrived here?	69%	74%	46%	74%
3.9	Did you feel safe on your first night here?	63%	78%	78%	72%
3.10	Have you been on an induction course?	62%	88%	54%	83%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	33%	43%	32%

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?	44%	47%	75%	43%
4.4	Are you normally able to have a shower every day?	64%	63%	61%	64%
4.4	Is your cell call bell normally answered within five minutes?	37%	29%	43%	30%
4.5	Is the food in this prison good/very good?	31%	19%	41%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	52%	41%	56%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	72%	67%	68%
4.8	Do you feel your religious beliefs are respected?	45%	47%	54%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	64%	57%	71%	58%
5.1	Is it easy to make an application?	75%	78%	84%	76%
5.3	Is it easy to make a complaint?	54%	50%	65%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	42%	59%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	47%	50%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	14%	6%	15%
7.1	Do most staff, in this prison, treat you with respect?	73%	67%	88%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	67%	83%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of @Aime)	18%	19%	17%	19%
7.4	Do you have a personal officer?	40%	31%	46%	32%
8.1	Have you ever felt unsafe here?	63%	51%	61%	54%
8.2	Do you feel unsafe now?	35%	22%	35%	25%
8.3	Have you been victimised by other prisoners?	43%	24%	23%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	28%	17%	6%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	3%	0%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	5%	0%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	3%	0%	4%
8.5	Have you been victimised because of your age? (By prisoners)	6%	3%	6%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	6%	2%	12%	2%

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				
8.6	Have you been victimised by a member of staff?	43%	27%	19%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	26%	18%	6%	21%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	5%	0%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	8%	0%	7%
8.7	Have you been victimised because of your nationality? (By staff)	4%	3%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	6%	1%	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	14%	3%	6%	6%
9.1	Is it easy/very easy to see the doctor?	18%	18%	31%	17%
9.1	Is it easy/ very easy to see the nurse?	42%	31%	47%	32%
9.4	Are you currently taking medication?	90%	49%	94%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	75%	44%	29%	57%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	41%	19%	44%
11.2	Are you currently working in the prison?	43%	40%	54%	39%
11.2	Are you currently undertaking vocational or skills training?	14%	12%	23%	12%
11.2	Are you currently in education (including basic skills)?	31%	23%	30%	25%
11.2	Are you currently taking part in an offending behaviour programme?	12%	8%	8%	9%
11.4	Do you go to the library at least once a week?	29%	45%	57%	39%
11.6	Do you go to the gym three or more times a week?	17%	30%	7%	29%
11.7	Do you go outside for exercise three or more times a week?	37%	47%	19%	48%
11.8	On average, do you go on association more than five times each week?	67%	53%	63%	56%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	10%	6%	9%
12.2	Have you had any problems sending or receiving mail?	45%	41%	33%	44%
12.3	Have you had any problems getting access to the telephones?	55%	57%	39%	59%



Prisoner survey responses HMP Preston 2017

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

		B wing (vulnerable prisoners)	A, C, D, F and G wings
	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		35	138
SECTION 1: General information			
1.2	Are you under 21 years of age?	6%	6%
1.3	Are you sentenced?	78%	71%
1.3	Are you on recall?	23%	9%
1.4	Is your sentence less than 12 months?	12%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%
1.5	Are you a foreign national?	6%	3%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	92%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	6%
1.1	Are you Muslim?	6%	8%
1.11	Are you homosexual/gay or bisexual?	20%	2%
1.12	Do you consider yourself to have a disability?	44%	25%
1.13	Are you a veteran (ex-armed services)?	9%	6%
1.14	Is this your first time in prison?	51%	21%
1.15	Do you have any children under the age of 18?	40%	50%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	3%	14%
2.5	Did you feel safe?	72%	78%
2.6	Were you treated well/very well by the escort staff?	72%	68%
2.7	Before you arrived here were you told that you were coming here?	62%	69%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	82%

Key to tables

	Any percentage highlighted in green is significantly better	B wing (vulnerable prisoners)	A, C, D, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	43%	47%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	77%
3.3	Were you treated well/very well in reception?	74%	69%
	When you first arrived:		
3.4	Did you have any problems?	82%	81%
3.4	Did you have any problems with loss of property?	0%	13%
3.4	Did you have any housing problems?	18%	22%
3.4	Did you have any problems contacting employers?	0%	6%
3.4	Did you have any problems contacting family?	37%	33%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%
3.4	Did you have any money worries?	31%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	34%	27%
3.4	Did you have any physical health problems?	18%	22%
3.4	Did you have any mental health problems?	40%	40%
3.4	Did you have any problems with needing protection from other prisoners?	43%	5%
3.4	Did you have problems accessing phone numbers?	24%	38%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	59%	81%
3.6	A shower?	67%	77%
3.6	A free telephone call?	36%	52%
3.6	Something to eat?	70%	76%
3.6	PIN phone credit?	41%	54%
3.6	Toiletries/ basic items?	73%	70%

Key to tables

	Any percentage highlighted in green is significantly better	B wing (vulnerable prisoners)	A, C, D, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	47%	67%
3.7	Someone from health services?	62%	74%
3.7	A Listener/Samaritans?	56%	43%
3.7	Prison shop/ canteen?	27%	29%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	43%	45%
3.8	Support was available for people feeling depressed or suicidal?	60%	44%
3.8	How to make routine requests?	46%	40%
3.8	Your entitlement to visits?	31%	35%
3.8	Health services?	49%	45%
3.8	The chaplaincy?	58%	52%
3.9	Did you feel safe on your first night here?	57%	76%
3.10	Have you been on an induction course?	60%	87%
3.12	Did you receive an education (skills for life) assessment?	66%	87%
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?	33%	34%
4.1	Attend legal visits?	65%	53%
4.1	Get bail information?	12%	23%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	33%
4.3	Can you get legal books in the library?	44%	38%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	40%
4.4	Are you normally able to have a shower every day?	53%	66%
4.4	Do you normally receive clean sheets every week?	89%	80%
4.4	Do you normally get cell cleaning materials every week?	37%	41%
4.4	Is your cell call bell normally answered within five minutes?	37%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	52%
4.4	Can you normally get your stored property, if you need to?	22%	20%
4.5	Is the food in this prison good/very good?	26%	21%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	74%	67%
4.8	Are your religious beliefs are respected?	44%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	59%
4.10	Is it easy/very easy to attend religious services?	44%	49%

Key to tables

	Any percentage highlighted in green is significantly better	B wing (vulnerable prisoners)	A, C, D, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	83%	75%
5.3	Is it easy to make a complaint?	53%	51%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	9%	21%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	14%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	80%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	80%	65%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	35%	23%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	20%
7.5	Do you have a personal officer?	60%	27%

Key to tables

	Any percentage highlighted in green is significantly better	B wing (vulnerable prisoners)	A, C, D, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	66%	50%
8.2	Do you feel unsafe now?	38%	21%
8.4	Have you been victimised by other prisoners here?	51%	24%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	37%	12%
8.5	Hit, kicked or assaulted you?	20%	10%
8.5	Sexually abused you?	0%	4%
8.5	Threatened or intimidated you?	32%	18%
8.5	Taken your canteen/property?	14%	11%
8.5	Victimised you because of medication?	6%	7%
8.5	Victimised you because of debt?	11%	8%
8.5	Victimised you because of drugs?	6%	8%
8.5	Victimised you because of your race or ethnic origin?	3%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	6%
8.5	Victimised you because of your nationality?	3%	4%
8.5	Victimised you because you were from a different part of the country?	9%	4%
8.5	Victimised you because you are from a traveller community?	3%	3%
8.5	Victimised you because of your sexual orientation?	6%	5%
8.5	Victimised you because of your age?	6%	3%
8.5	Victimised you because you have a disability?	9%	2%
8.5	Victimised you because you were new here?	9%	7%
8.5	Victimised you because of your offence/crime?	32%	5%
8.5	Victimised you because of gang related issues?	6%	5%

Key to tables

	Any percentage highlighted in green is significantly better	B wing (vulnerable prisoners)	A, C, D, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	37%	30%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	29%	14%
8.7	Hit, kicked or assaulted you?	6%	14%
8.7	Sexually abused you?	0%	2%
8.7	Threatened or intimidated you?	26%	17%
8.7	Victimised you because of medication?	9%	7%
8.7	Victimised you because of debt?	3%	2%
8.7	Victimised you because of drugs?	3%	2%
8.7	Victimised you because of your race or ethnic origin?	3%	6%
8.7	Victimised you because of your religion/religious beliefs?	3%	8%
8.7	Victimised you because of your nationality?	3%	3%
8.7	Victimised you because you were from a different part of the country?	11%	6%
8.7	Victimised you because you are from a traveller community?	3%	4%
8.7	Victimised you because of your sexual orientation?	3%	2%
8.7	Victimised you because of your age?	6%	2%
8.7	Victimised you because you have a disability?	6%	4%
8.7	Victimised you because you were new here?	3%	6%
8.7	Victimised you because of your offence/crime?	23%	1%
8.7	Victimised you because of gang related issues?	3%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	17%	19%
9.1	Is it easy/very easy to see the nurse?	40%	32%
9.1	Is it easy/very easy to see the dentist?	3%	12%
9.4	Are you currently taking medication?	74%	56%
9.6	Do you have any emotional well being or mental health problems?	46%	55%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	32%	43%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	44%
10.4	Is it easy/very easy to get alcohol in this prison?	15%	15%
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	11%

Key to tables

	Any percentage highlighted in green is significantly better	B wing (vulnerable prisoners)	A, C, D, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	55%	30%
11.1	Vocational or skills training?	47%	33%
11.1	Education (including basic skills)?	50%	46%
11.1	Offending Behaviour Programmes?	9%	18%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	69%	33%
11.2	Vocational or skills training?	15%	12%
11.2	Education (including basic skills)?	32%	24%
11.2	Offending Behaviour Programmes?	9%	9%
11.4	Do you go to the library at least once a week?	57%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	41%	46%
11.6	Do you go to the gym three or more times a week?	27%	27%
11.7	Do you go outside for exercise three or more times a week?	35%	49%
11.8	Do you go on association more than five times each week?	71%	54%
11.9	Do you spend ten or more hours out of your cell on a weekday?	9%	9%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	43%	37%
12.2	Have you had any problems with sending or receiving mail?	44%	42%
12.3	Have you had any problems getting access to the telephones?	59%	57%
12.4	Is it easy/ very easy for your friends and family to get here?	32%	38%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	40%	28%
13.10	Do you have a needs based custody plan?	3%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	15%