

Report on an unannounced inspection of

HMP Manchester

by HM Chief Inspector of Prisons

27, 28 June, 9–12 July 2018

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



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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	27
Section 3. Purposeful activity	41
Section 4. Rehabilitation and release planning	47
Section 5. Summary of recommendations and good practice	53
Section 6. Appendices	59
Appendix I: Inspection team	59
Appendix II: Progress on recommendations from the last report	61
Appendix III: Care Quality Commission Requirement Notice	69
Appendix IV: Prison population profile	71
Appendix V: Prisoner survey methodology and results	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.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Manchester is a core local prison serving courts in one of the country's major cities. With a capacity to hold up to 1,136 adult men, the prison held only 940 at the time of this inspection. In addition to its primary function, the prison held 32 category A or provisional category A prisoners, which was about 4% of the population. These men, concentrated in a small unit on one part of a wing, required the highest levels of security, both physical and procedural. Among the general population, about 15% of men were unconvicted or unsentenced and over 40% were being held for violent or sexual offences. We were told that in the very near future the prison would become a training prison for category B prisoners. It was envisaged that the prison would retain its high-security responsibilities.

We last inspected HMP Manchester in 2014, when we found a prison that was ensuring reasonably good outcomes against all our healthy prison tests. This inspection, however, was disappointing in that our assessments indicated deterioration in all these tests, except for rehabilitation and release planning. Fewer new prisoners were now arriving at Manchester as the prison prepared for its transition to a training function but, despite this, reception arrangements took too long and lacked rigour in the assessment of risk. Induction arrangements were better and helped by the deployment and support of a peer mentor.

Levels of violence were significant, had increased since the last inspection and were now comparable to similar prisons. For example, in the preceding six months there had been 177 assaults, 45 of them on staff, a threefold increase since our previous visit. Two-thirds of prisoners indicated to us that they had felt unsafe during their time at Manchester, and a third stated they felt unsafe at the time we inspected. Nearly two-thirds indicated to us that they had been victimised by other prisoners and over half felt victimised by staff. Work to address these challenges was developing and we saw evidence of good analysis of data and a case work approach to tackling a range of poor behaviours, although some of this work was relatively new.

An impressive multi-disciplinary complex case meeting reviewed the management of both perpetrators and victims of violence, but the prison's approach was weaker in its consideration of the influence on violence of poor living conditions, the attitude of staff and illicit drug use. There was also little done to incentivise good behaviour. A new unit had been set up on H wing aimed at the reintegration of difficult and challenging individuals. We observed considerable staff enthusiasm on the wing but an effective interventionist regime was still to be established.

Use of force was increasing in the prison and was now also comparable to levels in similar prisons. The quality of scrutiny had not, however, kept pace with the increase. Monitoring of segregation usage was, in contrast, better, with plans to improve the case management of some prolonged-stay prisoners. The regime for those segregated, however, was very limited and environmental conditions required improvement.

The management of security was challenging and complex and ultimately driven by the need to make the escape of a small number of category A prisoners impossible. The category A prisoners were treated reasonably, although the purposefulness of their regime was restricted. The management and analysis of intelligence appeared strong, with the essential elements of reasonably good dynamic security in place. Links with local police were excellent. Mandatory drug testing indicated a positive rate of 18%, including new psychoactive substances (NPS), and there was considerable evidence that pointed to the ready accessibility of illegal drugs.

Since November 2014, there had been eight self-inflicted deaths, three of which had occurred in the six months leading up to our inspection. Self-harm had increased since our last inspection and, in keeping with other indicators, was now comparable to similar prisons. Work to address recommendations following investigations was reasonable and despite some quite mixed case management for those in crisis, those we spoke to reported good levels of care.

Environmental standards around the prison were deficient. Some communal areas were well maintained and prisoners could keep their cells in a reasonable condition, but poor housekeeping, litter and a failure to remove rubbish had encouraged a vermin problem. Servery areas were often found to be dirty and standards set by staff for the cleaners were lacklustre. We found fewer broken windows than at the last inspection and there were good arrangements in place to replace those that were. In-cell telephones were being installed and prisoners had reasonable access to amenities. The food on offer was not particularly popular but our assessment was that it was of reasonable quality. In our survey some 71% of prisoners indicated that staff treated them with respect and a similar number told us that they knew a member of staff they could turn to if they had a problem.

We saw many positive interactions between staff and prisoners but the lack of a personal officer or key worker arrangement was an impediment to constructive engagement. Work towards the creation of a rehabilitative culture, an aim of the prison, was slow. There was evidence, including prisoners' perceptions of victimisation by staff, that pointed to a small but influential number of operational staff who were disengaged and impeding the positive aims of the prison. The need to encourage and support the positive contribution that staff should be able to make was of sufficient importance, in our view, to make it the subject of one of our main recommendations.

Too little was done to promote equality, although care for those with disabilities was mostly good, and the role of prisoner carers supported by a dedicated social care nurse was a very positive initiative. Consultation with many minority groups had, however, lapsed and there was minimal support for foreign national prisoners. Support for others with protected characteristics was equally mixed. The chaplaincy, however, was well integrated and offered a broad range of support services, and there had been improvements to the provision of health care.

During the inspection we found too many prisoners, some 40%, locked up during the working day, despite there being sufficient activity for all. About one in five had yet even to be allocated to activity and irregular attendance and poor punctuality compounded this problem. Improvements were, in our view, required in the quality of education and teaching practice, including the quality of some resources used in teaching. Too few learners made satisfactory progress and our colleagues in Ofsted judged all aspects of the provision as 'requires improvement'. Work to prepare men for release was better. Outcomes were undermined by gaps in strategy but offender management practice, while inconsistent, was good in many cases. Public protection work was generally good and release planning was reasonable in addressing most needs.

HMP Manchester is a complex prison with a very important role in protecting the public. The prison seemed to be adequately resourced and we were told that the prison had been improving of late. Local managers had a stated commitment to ensuring the basics were right, although if we had an overarching criticism it would be that, in fact, the basics were not always well attended to. The prison had to guard against complacency and in many respects 'up its game'. We have made a number of recommendations which we hope will assist that process.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

August 2018

Fact page

Task of the establishment

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

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 940

Baseline certified normal capacity: 943

In-use certified normal capacity: 943

Operational capacity: 1,136

Notable features from this inspection

A core local with a small category A population (around 4% of population)

42% of operational band three staff had under two years' custodial experience.

Prison status (public or private) and key providers

Public

Physical health provider: Greater Manchester Mental Health Foundation Trust

Mental health provider: Greater Manchester Mental Health Foundation Trust

Substance misuse provider: Delphi

Learning and skills provider: Novus

Community rehabilitation company (CRC): Purple Futures (subcontracted to Shelter)

Escort contractor: GeoAmey (category B prisoners), HMPPS (category A prisoners)

Region/Department

North west/Directorate of the long-term high security estate

Brief history

Manchester Prison opened in June 1868. Following a large-scale disturbance in 1990, the prison required major refurbishment. The prison moved into the Directorate of High Security Estate in April 2003. At the time of the inspection, the prison had been identified to transition to a category B training prison while retaining a category A function for a small number of prisoners.

Short description of residential units

A wing:	first night/induction unit
B wing:	general population; trial, convicted and sentenced
C wing:	long-term and life-sentenced prisoners, drug-free/voluntary testing unit, full-time workers
D wing:	general population; trial, convicted and sentenced
E wing inner:	category A unit, including some category B and escape list prisoners
E wing outer:	vulnerable prisoners' unit, segregation unit, specialist interventions unit
G wing:	general population; trial, convicted and sentenced
H wing:	post-detoxification stabilisation unit, plus a separate unit H1 reintegration unit delivering specialist intervention (Steps 2 Change) supporting relocation back to normal location
I wing:	drug detoxification prescribing unit running in partnership with the substance misuse service Delphi
K wing:	vulnerable prisoners' unit

M wing: health care inpatients' unit

Name of governor and date in post

Rob Young (temporary cover from August 2016, appointed August 2017)

Independent Monitoring Board chair

Simon Moore

Date of last inspection

27 October – 7 November 2014

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.

Rehabilitation and release planning Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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 Her Majesty's Prison and Probation Service (HMPPS).

- **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 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.¹ 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 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 the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

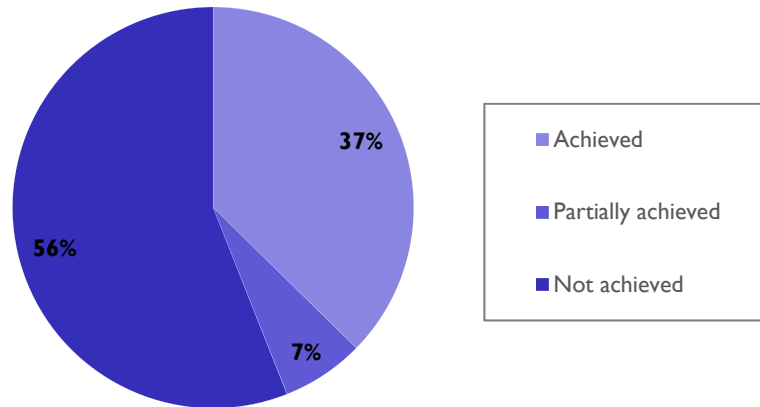
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

² 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

- S1 We last inspected HMP Manchester in 2014 and made 75 recommendations overall. The prison fully accepted 61 of the recommendations and partially (or subject to resources) accepted 10. It rejected four of the recommendations.
- S2 At this follow-up inspection, we found that the prison had achieved 28 of those recommendations, partially achieved five recommendations and not achieved 42 recommendations.

Figure 1: HMP Manchester progress on recommendations from last inspection (n=75)



- S3 Since our last inspection, outcomes for prisoners had declined in all healthy prison areas apart from rehabilitation and release planning which stayed the same. Outcomes were not sufficiently good in each healthy prison area, except for rehabilitation and release planning where outcomes were reasonably good.

Figure 2: HMP Manchester healthy prison outcomes 2014 and 2018³



³ Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

- S4** *Prisoners spent too long locked up in reception and there were gaps in first night care. Induction processes were reasonably good. Levels of violence had increased and were high and one in three prisoners felt unsafe. It was too soon to judge the effectiveness of promising work to reduce violence. The use of force was high and lacked sufficient scrutiny. The regime on the segregation unit was poor. Some aspects of security work were excellent. The drug strategy was inadequate. There had been three self-inflicted deaths in the last six months. Levels of self-harm had increased and the care provided to prisoners in crisis was too variable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S5** *At the last inspection in 2014, we found that outcomes for prisoners in HMP Manchester were reasonably good against this healthy prison test. We made 22 recommendations in the area of safety.⁴ At this inspection we found that 11 of the recommendations had been achieved, one had been partially achieved and 10 had not been achieved.*
- S6** Prisoners spent too long, sometimes in excess of four hours, in reception and were locked in holding rooms with nothing to occupy them. Reception procedures aimed at the identification of risk were crude and there were no enhanced checks of prisoners on their first night in custody. First night cells for new arrivals were not always adequately equipped. The induction programme was prompt, met prisoner need and was supported by good use of a peer mentor.
- S7** One in three prisoners reported feeling unsafe. Levels of violence had increased significantly since the last inspection and were too high. A new case work approach to the management of poor behaviour and support for vulnerable people through support and intervention plans showed promise but was not yet embedded or understood by all staff. Excellent complex case meetings helped to direct work with perpetrators and victims of violence to good effect. The strategy to reduce violence did not consider the negative impact of poor living conditions and boredom on violence and substance misuse. The incentives and earned privileges scheme was not used effectively to encourage good behaviour. The adjudications process was generally fair and well monitored. Vulnerable prisoners were located safely in a separate unit.
- S8** The use of force had increased significantly since the last inspection and was comparable to other local prisons. Body-worn video cameras were not routinely used to record use of force incidents. The frequency of use of force meetings had reduced and not enough incidents were scrutinised to provide assurance that force was justified.
- S9** The segregation unit was dark and gloomy, with broken windows and damaged flooring. Landings were reasonably clean but some cells and communal facilities were dirty. The monitoring of segregation had improved, with positive early plans to address the needs of long-stay segregated prisoners through the complex case meetings. Relationships between staff and prisoners on the unit were cordial but the regime provided was unnecessarily poor.
- S10** The management of intelligence was very good and security led meetings were well attended. Complex systems to identify and deal with covert forms of organised crime and gang activity were impressive. Relationships with local police were excellent. The category A unit was managed well. The mandatory drug testing positive rate was high at about 18% and the

⁴ This included recommendations about substance use treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

positive rate for suspicion tests carried out in the last six months was nearly 30%. The overall drug strategy was inadequate and did not address the significant drug problem.

- S11 There had been eight self-inflicted deaths since November 2014, three of which had occurred during the previous six months. Most Prisons and Probation Ombudsman recommendations had been actioned. Levels of self-harm had increased since the last inspection and were now similar to other local prisons. Monthly safer custody meetings analysed appropriate data but were poorly attended and not all actions were addressed. ACCT⁵ documents identified initial concerns and keep-safe issues. Some prisoners we spoke to reported good care while being monitored on ACCTs. However, we also found examples of inadequate support and inconsistent case management which affected care. The Listener⁶ scheme operated effectively.

Respect

S12 *Relationships between staff and prisoners required improvement. Many parts of the prison were in disrepair. Areas in residential units were dirty and infested with vermin. Consultation and peer support were reasonable. There was a lack of confidence in application and complaints processes. Work on equality and diversity remained underdeveloped. There had been improvements in the provision of health, social care and substance misuse support services. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S13 *At the last inspection in 2014, we found that outcomes for prisoners in HMP Manchester were reasonably good against this healthy prison test. We made 29 recommendations in the area of respect. At this inspection we found that 10 of the recommendations had been achieved, two had been partially achieved and 17 had not been achieved.*

S14 We observed many positive interactions between staff and prisoners and the majority of staff were approachable and helpful. However, only 47% of prisoners said in our survey that they had not experienced any victimisation by staff and only 52% said they would report it if they did. A small but influential number of operational staff were disengaged and demonstrated little respect for prisoners which led to poor outcomes for some. The absence of personal officers or key workers was a missed opportunity. Many prisoners felt frustrated, anxious and unsupported. Work to establish a rehabilitative culture was slow to progress.

S15 Many cells were in disrepair and shared cells were cramped. Some landings and communal areas were well maintained but poor standards of cleanliness in other areas had led to a serious vermin problem. Prisoners storing food items in window grilles and overtly discarding food out of windows often went unchallenged, while cleaners employed on wings were far from industrious. Cell call bells were not always answered promptly and this was not monitored by managers. Communal showers were inadequate, although funding was now available for refurbishment and a programme to replace broken windows was under way. The imminent installation of in-cell telephones was much welcomed. Some arrangements for prisoners' property were unnecessarily restrictive.

S16 Food was of reasonable quality but portion control was poor due to inadequate staff supervision. Many serveries were dirty, with food left out on serveries overnight. Bags of rubbish and food waste were piled up inside and outside wings for too long. There was good consultation on food and canteen services.

⁵ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

⁶ Prisoners trained by The Samaritans to provide practical and emotional support to their peers.

- S17 Prisoner consultation was reasonable, although actions from council meetings were often carried over. Only 37% of prisoners in our survey said that applications were dealt with quickly and the prison's own system showed regular delays of over 20 days for responses. Prisoners lacked confidence in the complaints system. The responses we examined were timely and generally courteous but did not always address the issue raised. The provision of legal services was reasonably good.
- S18 The strategic management of equality work remained underdeveloped and there was not enough analysis of the representation of diverse groups in important aspects of prison life. Investigation of discrimination incident report form complaints was thorough but findings did not always address the issues raised.
- S19 Little was done to promote racial diversity in the prison and consultation with black and minority ethnic prisoners had lapsed. There was minimal support for foreign national prisoners. Care for disabled prisoners was mostly good and had improved since the last inspection, with cells adapted to a high standard. Prisoner carers provided good support which was overseen by a dedicated social care nurse. There was no promotion of tolerance and support for gay prisoners. Measures to meet the needs of a transgender prisoner were being developed. Specific activities were provided for older prisoners but those who did not work were locked up for most of the day. There was no strategy to understand and meet the specific needs of prisoners under the age of 25. The chaplaincy was well integrated into prison life and provided a wide range of support to prisoners.
- S20 There was a wide range of primary and secondary care services with improved waiting times and some good practices in systematic assessment of patients. The health complaints system was not well communicated or sufficiently confidential. Medicines management had improved. Dental, social care and mental health services were very good, although some patients waited too long for transfer to mental health units. Did-not-attend rates were still high but had improved in the last six months. We saw compassionate care from both health and prison staff on the inpatient unit. The mix of prisoners with and without clinical needs affected the provision of a therapeutic regime. Substance misuse services had improved and were impressive.
- S21 However, night time observation of patients undergoing detoxification had only recently been introduced and we were not confident that the monitoring was frequent enough.

Purposeful activity

S22 *Too many prisoners were locked up during the core day instead of being engaged in purposeful activity and despite the availability of sufficient activity spaces for every prisoner. Prisoners in the general population could attend an appropriate range of activities but vulnerable prisoners and category A prisoners were disadvantaged. Prisoner allocation to activities was poor and not enough was done to improve attendance or punctuality. Prisoners who did attend activities behaved well. Too few prisoners completed their courses but achievements for those who did were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S23 *At the last inspection in 2014, we found that outcomes for prisoners in HMP Manchester were reasonably good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved, two had been partially achieved and six had not been achieved.*

- S24 Time out of cell for fully employed prisoners was good at about nine hours but for those who were in part-time work or unemployed it was insufficient. During our roll checks we found almost 40% of prisoners locked in their cells during the core day, which was unacceptable.
- S25 Gym facilities were good and there was an appropriate range of activities. Access to the gym was problematic for some prisoners. The library provided a range of suitable material and there was good promotion of literacy. Access was good.
- S26 The number and range of activities were sufficient for most of the population but one in five prisoners had not been allocated to an activity. The range of activities for the small number of high-security prisoners was poor and the range of education courses for vulnerable prisoners did not fully meet the need. Managers had not ensured that prisoners attended their lessons and activities regularly and on time. Prisoners were also taken out of purposeful activity to attend recreational gym. Advice and guidance at induction on the most suitable courses and activities to help prisoners gain employment on release were effective. The introduction of new machinery in workshops had improved prisoners' opportunities to develop relevant industry standard skills in their prison work. However, links with employers to help prisoners in work activities and on release were poor. Too few prisoners used computers to look for employment or learning. Monitoring of the quality of prison work had improved and was good. However, managers did not have an accurate understanding of the strengths and weaknesses of the quality of the education provision.
- S27 Most tutors in education developed an effective working relationship with prisoners but they did not use prisoners' existing skills and knowledge to devise and deliver learning activities. Instructors in prison workshops ensured that prisoners developed new vocational skills to industry standards. However, prisoners did not receive enough support to improve their use of English and mathematics skills in workshops. Tutors and instructors included useful discussions in sessions on equality and diversity issues, and a good range of enrichment activities enabled prisoners to broaden their skills and knowledge.
- S28 The prisoners who attended work and education regularly and punctually were motivated and demonstrated good work ethics. They demonstrated good behaviour and showed respect to their peers and staff. Prisoners' attendance and punctuality were otherwise low.
- S29 The standard of prisoners' work in education was mostly good but too many did not complete their courses. The achievement of qualifications was high, although prisoners often had not made enough progress from their starting point. For example, the prisoners who were on industrial cleaning courses and had relevant experience before arriving at the prison did not gain sufficient new knowledge about cleaning services. In commercial workshops, prisoners developed good standards of work against quality standards and demanding deadlines. However, this was not defined and recorded so that prisoners could use it on release to gain employment.

Rehabilitation and release planning

S30 *Children and families work was reasonably good but the visits experience for some families was difficult. There were gaps in the reducing reoffending strategy which resulted in a shortfall in services for some prisoners. Some good casework demonstrated a proper focus on risk and sentence plans. Contact between offender supervisors and prisoners was good in many cases but was still inconsistent. MAPPA (multi-agency public protection arrangements) processes were managed well. More prisoners were being released on home detention curfew (HDC), although some were delayed beyond their earliest release date. Available interventions were appropriately targeted. All prisoners had a resettlement plan but too many prisoners were released without settled accommodation. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S31 *At the last inspection in 2014, we found that outcomes for prisoners in HMP Manchester were reasonably good against this healthy prison test. We made 12 recommendations in the area of resettlement.⁷ At this inspection we found that three of the recommendations had been achieved and nine had not been achieved.*

S32 The visitors' centre had good facilities and provided support and advice for families. There were adequate social visits for all groups of prisoners and family visits twice a month. Some visitors complained about delays on entry and some about their treatment by staff. A Partners of Prisoners (POPs) worker provided individual support to prisoners with family problems.

S33 The prison had carried out a reducing reoffending needs analysis and a policy was in place which was monitored at a monthly strategic meeting. The overall strategy did not identify and address the needs of specific groups of prisoners such as those on remand or long termers. As a result, there was a shortfall in services for these prisoners.

S34 Management of categorisation reviews and parole had been strengthened and reviews were timely. The numbers being released on HDC had increased but too many prisoners were still detained beyond their HDC dates. Uniformed offender supervisors continued to be redeployed to other work. Two out of six probation officer posts were vacant, which resulted in some high-risk cases being allocated to uniformed offender supervisors. We saw examples of good case work, with appropriate levels of contact and a focus on risk and sentence plans. However, contact for others was poor, including in high-risk cases. Uniformed offender supervisors did not receive casework supervision like their probation colleagues, which created potential risk in their work with high-risk cases. MAPPA processes were well managed. Relevant cases were discussed at interdepartmental risk management team meetings and all cases were discussed by the senior probation officer with officers at monthly supervision. There were continuing problems transferring prisoners with sexual offences to other prisons, and delays returning prisoners who had transferred in for court appearances. Around 12% of the population were serving indeterminate sentences and were managed by probation offender supervisors. Not enough was done to meet the distinctive needs of the long-term population as a whole.

S35 Accredited programmes were targeted appropriately and a new non-accredited intervention had been developed to motivate prisoners who were reluctant to engage in offending behaviour work. A third of prisoners left the prison without identified settled accommodation.

⁷ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

- S36 Immediate needs were identified on arrival by the community rehabilitation company team and a resettlement plan was drawn up for all prisoners. Follow-up work on the resettlement plan in preparation for release was prompt in most cases. Practical arrangements for the day of release were satisfactory. Through-the-gate services were provided by a local voluntary organisation which included meeting low-risk prisoners at the prison gate to assist them with finding accommodation and attending benefits appointments.

Main concerns and recommendations

- S37 Concern: The violence reduction policy had not been reviewed and did not reflect the rise in violence at the prison. We were not confident that the prison focused enough on the impact that poor living conditions, staff attitudes and illicit drug use had on making violence more probable. There was little in place to reward positive behaviour.

Recommendation: A clear strategy, based on a full assessment of violence at the prison, including causative factors such as poor living conditions, staff attitudes and illicit drug use, should be implemented to help reduce levels of violence and ensure that prisoners are kept safe.

- S38 Concern: The lack of both a formal scheme to support prisoners and formal peer support schemes on the wings and the presence of a small group of influential staff who were disengaged and showed little respect for prisoners left many prisoners feeling unsupported and frustrated. Slow progress in establishing a rehabilitative culture further compounded the issue.

Recommendation: All prisoners should have a single named member of staff assigned to them who supports and encourages them to achieve their objectives. Peer worker schemes should be adopted on wings to provide prisoners with an additional avenue of support.

- S39 Concern: Living conditions on the wings were far from adequate for many. Rubbish was left too long before collection and too much food was stored in window grilles and thrown out of windows, leading to a serious vermin problem.

Recommendation: A comprehensive approach should be taken to improving living conditions and to ensuring that all areas are kept clean, rubbish is collected promptly and cells are maintained.

- S40 Concern: Attendance at the regular strategic equalities meeting was poor. Data was not analysed thoroughly enough to identify disadvantage or underrepresentation in significant prisoner groups. There was no regular consultation with prisoners with protected characteristics, and not enough was done to meet their specific needs. The role of equality representatives was not promoted sufficiently to ensure that prisoners knew about the support they could provide. There was no staff training in equality and diversity.

Recommendation: Equality and diversity work should be given greater priority across the prison. There should be regular consultation with prisoners with protected characteristics to understand and meet their specific needs. The role and contribution of equality peer workers should be promoted and extended. All staff should be trained to ensure that they can identify and address inequality and discrimination.

S41 Concern: Almost 40% of prisoners were locked in their cells during the core day. Retired prisoners and those unable to work were also locked up during the core day. Exercise periods in the open air were restricted to 30 minutes per day.

Recommendation: All prisoners should be out of their cells for 10 hours and be occupied in purposeful activity during the core day, with the option of at least one hour in the open air. Retired prisoners and those unable or not required to work should not be locked up all day.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- I.1 Prison managers had started to make preparations to re-role to a category B training prison. The prison was not, therefore, routinely taking prisoners from magistrates' courts and fewer new prisoners were arriving at the prison. Journeys from crown courts were relatively short, but many prisoners experienced lengthy delays at court before being brought to the prison.
- I.2 On arrival, each prisoner alighted from escort vehicles individually and was handcuffed for the very short walk to the reception area where they were then strip-searched. None of these processes was informed by an individual risk assessment (see paragraph I.40).
- I.3 The reception area was shabby and in need of refurbishment. Prisoners were placed in spacious holding rooms but the televisions remained broken or missing. There were no newspapers or displays of useful information for new arrivals and there was little to occupy them during lengthy stays on the unit.
- I.4 At the next stage of the process, prisoners were provided with a prison information booklet, which was available in 11 languages and in Braille. All new arrivals were offered a free telephone call, hot meal and drink and the opportunity to take a shower while in reception. Listeners (prisoners trained by the Samaritans) and a Shelter peer worker were available to talk to new arrivals, offering useful support and advice.
- I.5 We observed reasonable interactions in reception and prisoners we spoke to said they had been treated well by staff. However, the identification of risk factors in relation to safety and protected characteristics was crude and inadequate, often limited to basic cell-sharing risk assessments. Despite the availability of both interview booths and a private room, some discussions of a private nature with prisoners were conducted in an open room. This was often within earshot of staff and sometimes orderlies.
- I.6 Reception procedures were reasonably swift but when they were finished prisoners had to wait for long periods to be examined by a member of the health team. Prison managers told us that a prison doctor was not available to attend reception until after 5pm causing delays of more than four hours for some prisoners. Managers had given no consideration to how these delays could be mitigated.
- I.7 Reception procedures for category A prisoners were still conducted in a separate area which remained poorly decorated with no information for new arrivals. Procedures were conducted promptly and prisoners moved quickly to their residential unit.
- I.8 Mainstream prisoners arrived on the first night centre (now located on A wing) following the evening lock up and were placed in another basic holding room. All new prisoners were then interviewed in private. However, the information gathered during interviews was not always documented and there were no enhanced checks on new arrivals overnight. A peer support

worker was available to speak to prisoners and assist them with initial tasks such as ordering meals for the next day.

- I.9** Accommodation was allocated to new receptions based on information in the cell-sharing risk assessment. Cells that we examined were not always adequately equipped and staff and prisoners told us that items such as pillows and kettles were often difficult to obtain.
- I.10** Induction started promptly and was spread over two days. The first day covered what to expect at the prison, using a recently revised presentation with almost 100 slides, most of which focused on prison rules. The programme was delivered jointly by an officer and a peer worker. During the second day of induction, prisoners attended the Croft activity area for an educational assessment, and representatives from Shelter were on hand to provide assistance with outstanding domestic concerns such as cancelling financial contracts which prisoners may have had in the community.

Recommendations

- I.11 New arrivals should not be routinely handcuffed or strip-searched unless an individual risk assessment indicates the necessity for this.**
- I.12 Holding rooms should be welcoming and equipped with appropriate information for new arrivals.**
- I.13 Interviews with new arrivals should be conducted in private and a thorough assessment of risk factors and personal concerns should be carried out.**
- I.14 Prisoners should not be held in reception for excessive periods.**
- I.15 There should be enhanced checks of new arrivals during their first night in custody.**

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- I.16** Levels of violence were comparable to other local prisons, but the number of incidents was too high and had increased significantly since the previous inspection. Some incidents were serious and involved weapons. During the previous six months, there had been 177 assaults, three times the number at the last inspection. Forty-five of these were assaults on staff compared to 30 previously, and 132 were assaults on prisoners compared with 44 at the last inspection. There had been 45 fights over this period compared with 39 last time.
- I.17** Too many prisoners said that they felt unsafe. In our survey, 66% said they had felt unsafe at some time at Manchester, and a third said they felt unsafe at the time of the inspection. Sixty-one per cent said they had been bullied or victimised by other prisoners. Only 47% of prisoners in our survey said they had not experienced victimisation by staff, which was very concerning (see paragraph 2.2).

- I.18** Data on violence were recorded and analysed well at the violence reduction meetings, and patterns and trends were identified. The violence reduction meeting had been separated from the safer custody meeting in November 2017 to ensure appropriate focus on incidents of violence. Links with the security and safer custody departments were good.
- I.19** A case work approach had recently been introduced to address a range of poor behaviour and to support vulnerable people with support and intervention plans. Challenge support intervention plans (CSIPs) were raised for prisoners whose behaviour posed a risk to others to identify the support needed to manage and change poor behaviour. Referrals for CSIP were made to the safer custody team following an investigation of a violent incident, and were decided at a multidisciplinary team meeting. However, the system was not yet fully embedded and some managers and many staff, particularly prison officers, did not know about the new procedures. The violence reduction policy had not been reviewed and did not reflect the recent changes.
- I.20** Multidisciplinary complex case meetings were well attended and work with perpetrators and victims of violence was directed and monitored very well. However, residential managers and officers relied on the safer custody team to carry out investigations of violent incidents and to manage perpetrators and victim support plans. We were not confident that there was enough focus on the increased risk of violence caused by poor living conditions, staff attitudes and illicit drug use (see paragraphs 1.41 and 2.2). There was little in place to reward positive behaviour. The incentives and earned privileges (IEP) scheme was not well managed or used strategically to promote good behaviour. About 8% of the population were on the basic level of IEP where they remained for a minimum of 14 days. Many did not attend activities and did not have enough time out of their cells to demonstrate any improvement in behaviour. We saw little evidence of meaningful target setting. We found a few cases where prisoners had been demoted to basic following an alleged single incident of poor behaviour which had not been thoroughly investigated.
- I.21** Part of H wing had been reopened as a specialised reintegration unit for the most complex prisoners. It was very new and underdeveloped, but the aim of the unit was to provide a structured regime for prisoners on the basic level of the IEP scheme who had committed acts of violence or displayed consistently disruptive behaviour. The regime was designed to help prisoners address their behaviour through planned interventions, target setting and support from dedicated staff. The staff were in post and were enthusiastic and committed, but much of the regime was not yet in place and the lack of purposeful activity meant that almost all the prisoners were locked in their cells for most of the day. We were concerned that, without the regime necessary to fulfil its aims, the unit was another form of segregation without appropriate safeguards.
- I.22** Vulnerable prisoners were kept safe on K and E wings, although we saw instances of verbal bullying and abuse from mainstream prisoners during escort to activities.

Recommendation

- I.23** **The reintegration unit should provide a full regime each day for every prisoner or safeguards appropriate to a segregation unit should be introduced.**

Adjudications

- I.24** There had been 988 adjudications in the previous six months, an increase since the previous inspection but fewer than we usually see at local prisons.

- I.25** The written records of hearings that we examined and those we attended indicated that proceedings were conducted fairly and that prisoners were given the opportunity to explain their version of events. Adjudication standardisation meetings took place at least quarterly and there was sufficient analysis of information to identify issues requiring attention.

Use of force

- I.26** There had been a significant increase in the use of force since the previous inspection, although the number of incidents was now comparable to similar prisons. During the previous six months, 264 incidents had been recorded compared with 131 at the previous inspection.
- I.27** In July 2015, a prisoner had died following an incident of force. The inquest had been completed, but further investigations were taking place in the light of concerns identified at the inquest.
- I.28** The governance of the use of force was not sufficiently robust. Meetings to analyse data and review footage were only held every two months, which limited the ability to scrutinise all uses of force. Meetings were chaired by the head of safer custody with limited attendance by other departments. It was not clear from records that the meetings were effective in identifying lessons learned or improving outcomes following use of force.
- I.29** In the sample of incidents that we examined, we found that force was justified and staff had used good levels of de-escalation. Planned interventions were appropriately recorded using hand-held cameras with members of the health care team in attendance. However, body-worn video cameras were not routinely used to record use of force incidents and, in the CCTV footage that we reviewed, we observed staff, including managers, arriving at an incident without activating body-worn cameras.

Recommendations

- I.30** **Use of force data and trends analysis should be used to devise clear measurable actions to reduce the number of incidents of force.**
- I.31** **Use of force incidents, all forms of video recorded evidence and staff statements should be subject to regular quality assurance and rigorous scrutiny.**

Segregation

- I.32** The segregation unit was dark and gloomy. Landings were reasonably clean but some cells were dirty, windows were broken and flooring damaged. Toilets were unscreened and communal showers were filthy. The four fenced exercise yards were cage-like but adjacent to each other, enabling prisoners to speak to each other.
- I.33** The use of segregation had increased since the last inspection but was still lower than at other local prisons. During the previous six months, 184 prisoners had been segregated (about 19 per 100 of the population). With some notable exceptions, lengths of stay had reduced since the last inspection but we calculated that prisoners still spent an average of about three weeks in the unit, usually under prison Rule 45 for good order of the prison.
- I.34** At the time of the inspection, the unit was full with 14 prisoners; four of these were segregated as punishment under prison rule 55, one was awaiting adjudication and the

remainder were subject to Rule 45 to maintain good order in the rest of the establishment or to protect the individual. Most of these prisoners had been segregated for between one and three weeks.

- I.35** Relationships between unit staff and prisoners were cordial but the regime for longer-stay prisoners was very poor. They were allowed 30 minutes for exercise every day but, despite adequate staffing levels in the unit, prisoners were only permitted showers and access to the telephone three times a week. Prisoners spent nearly all day locked in their cells with nothing meaningful to do and there was still little in place to mitigate the detrimental effects of prolonged segregation.
- I.36** That said, monitoring of segregation had significantly improved since the last inspection. Planning at the complex case meetings which sought to address the needs of longer-stay prisoners and reduce the time that they spent segregated was promising.⁸

Recommendation

- I.37** **The regime for segregated prisoners should be improved and include purposeful activities to prevent psychological deterioration.** (Repeated recommendation I.69)

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- I.38** The management of security procedures remained complex, in the context of a small high security population on E wing and the mixed population of a predominantly standard local prison.
- I.39** The fabric of the prison was old and worn, but we found no obvious weaknesses in the perimeter walls and fences. Regular checks and routine searches of the perimeter took place at appropriate times, and dedicated search teams conducted searches of communal areas and activities buildings. However, we were concerned to find that, despite regular checks of cells, there were broken windows in cells with shards of heavy plastic hanging from window frames.
- I.40** Procedural security was well managed and most security risk assessments and management systems that we reviewed were effective. We saw no evidence that the prison was risk averse in the allocation of activity spaces, although there were rational restrictions in areas of higher risk. However, some security practices were clearly influenced by the fact that the prison held a small number of category A prisoners, even though they were held separately in a discrete secured unit. A few practices were disproportionate, such as strip-searching all prisoners in reception (see paragraph I.2) and searching all mainstream prisoners in health care without meaningful risk assessment.
- I.41** Essential elements of dynamic security were reasonably good, but relationships between staff and prisoners were less positive than at the last inspection. Some interactions that we

⁸ 'Solitary confinement' is when detainees are confined alone for 22 hours or more a day without meaningful human contact (United Nations Standard Minimum Rules for the treatment of prisoners. Rule 44).

observed were distant and there was a lack of supervision on some residential units. However, the gathering of information and management of intelligence remained very good.

- I.42 Trained security analysts processed the reports and communicated intelligence quickly to appropriate areas. Links between the security department and other key departments, such as the offender management unit and safer custody, were very good. The security team published a detailed monthly security report, which was presented to the well-constituted security committee.
- I.43 The security team continued to manage intelligence systems to identify and address sophisticated and covert forms of organised crime. There were excellent links with the local police, particularly on organised crime operations and gang-related matters.
- I.44 Category A prisoners represented only 4% of the population and their management through regular reviews was good. Restrictions to their regime were reasonable and proportionate but access to a full and purposeful regime was restricted (see paragraph 3.1).
- I.45 The random positive mandatory drug testing (MDT) rate was high at about 18%, including the positive rate of new psychoactive substances (NPS)⁹. The positive rate for suspicion tests carried out in the last six months was 30%.
- I.46 Reports from staff, health care professionals and prisoners confirmed that illicit drugs were accessible and were a significant problem for the prison. In our survey, 53% of respondents said that it was easy to get drugs.
- I.47 The security department reacted quickly to information reports. They carried out suspicion testing and target searches, and completed mandatory drug tests on time. However, the overall drug strategy was weak and not based on an assessment of local issues. There was no whole-prison approach to link and address issues of supply, demand and treatment to limit the use of NPS. Indeed, there was no evidence that the prison had made the link between living conditions and relationships, and drugs and violence. There were no multidisciplinary forums to coordinate measures to limit illicit drug use and the effective monthly supply reduction committee in place at the previous inspection no longer met.

Recommendation

- I.48 **A prison-wide drug strategy based on an analysis of the specific issues in the prison should be implemented and monitored by a multidisciplinary team at regular meetings to help reduce the availability and use of illicit drugs in the prison.**

⁹ Drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- I.49** There had been eight self-inflicted deaths since November 2014, three of which had occurred during the previous six months. The prison was responding well to the recommendations from the Prisons and Probation Ombudsman and a designated safer custody officer maintained a database to track the implementation of agreed actions. However, some actions had yet to be implemented and quality assurance was needed at a senior level to ensure that improvements were sustained.
- I.50** Levels of self-harm had increased since the previous inspection and were now similar to other local prisons. In the previous six months, 24 incidents of serious self-harm had been classified as 'near misses'. In such cases a member of the safer custody team conducted a fact-finding investigation to identify lessons to be learned to prevent similar incidents.
- I.51** At the time of the inspection, 34 prisoners were subject to ACCT¹⁰ procedures. Several prisoners on ACCTs told us that they had experienced good levels of care from staff. ACCT documentation routinely identified the initial concerns and requirements to keep the prisoner safe. However, in nearly all cases, care for prisoners and documentation were poorly managed because of the inconsistency of residential case managers. Initial concerns which prompted the opening of the ACCT were rarely revisited and individual care maps were not updated. We also found a number of examples of case reviews being cancelled because staff were not available or the prisoner chose not to engage.
- I.52** The safer custody team collated and analysed a range of data to identify trends and assist in the reduction of self-harm incidents. These data were presented to a monthly safer prison meeting which focused solely on self-harm issues. The meetings were poorly attended and on three occasions in the last six months only representatives of the safer custody team had attended. This affected the implementation of agreed actions and full discussion of several agenda items.
- I.53** There was a good team of 14 Listeners (prisoners trained by the Samaritans to provide confidential and emotional support for their peers) and there were plans to train more prisoners. The Listeners spoke positively of the support they received from the Samaritans and the safer custody team.
- I.54** The use of constant supervision had increased considerably. An average of 10 constant watches took place each month and prisoners requiring this level of supervision were located in a designated cell on a residential unit or in health care. Cells were austere and many still had normal cell doors with small observation panels which made supervision and interaction difficult for staff. Prison managers were aware of this and replacement doors had been ordered.

¹⁰ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

Recommendations

- I.55** Action plans developed following death in custody investigations should be reviewed periodically to ensure that changes in practice and lessons learned are sustained over time.
- I.56** There should be a consistent case management approach to ACCTs to ensure seamless support and to improve the quality of ACCT procedures.
- I.57** Safer custody meetings should be attended by all relevant departments and identified actions should be addressed promptly.

Protection of adults at risk¹¹

- I.58** The local adult safeguarding policy had been revised and there were appropriate links with the Manchester City Council (MCC) safeguarding team. A nominated senior manager attended relevant external meetings and a specialist social care nurse was integrated into the safer custody team to provide advice on referrals (see paragraph 2.80).
- I.59** Despite the positive links with MCC, several internal procedures required improvement to ensure that prisoners at risk of harm were adequately safeguarded. These included first night observations, staff awareness of CSIPs, violence reduction procedures, governance of the use of force and case management of ACCTs.

¹¹ Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 We saw many positive interactions between staff and prisoners and most staff responded to prisoners in a helpful manner. In our survey, 71% of prisoners said they were treated with respect and 74% that they had a member of staff they could turn to.
- 2.2 However, only 47% of prisoners in our survey said they had not experienced victimisation by staff against the comparator of 64%, and only 52% said that they would report it if they did, which was concerning. A small but influential number of operational staff were disengaged and distant. They demonstrated little respect for prisoners and sometimes fellow staff which inevitably led to poor outcomes for some prisoners. The absence of personal officers or key workers made it more difficult for staff and prisoners to engage and build constructive, meaningful relationships. Many prisoners said they felt frustrated, anxious and unsupported. Work to establish a rehabilitative culture was progressing slowly and many staff did not understand their role in this process. Case notes on P-Nomis (Prison Service electronic records) were infrequent and gave very little detail of prisoners' personal circumstances. This meant that decisions affecting prisoners, such as incentives and earned privileges reviews, were not always fully informed. Case notes for category A prisoners were more detailed.
- 2.3 There were few peer workers in post which represented a missed opportunity to give suitable prisoners worthwhile employment and provide additional support and advice for other prisoners. It also suggested a lack of trust in the population.

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.4 Many communal areas and some landings were kept clean and well maintained, and many prisoners were able to keep their cells clean.
- 2.5 Some efforts had been made to tackle the major infestation of mice in the prison but poor housekeeping exacerbated the problem. Not enough was done to prevent prisoners throwing waste out of windows or storing food in window grilles. External areas, particularly around the wings, were littered. Bags of rubbish were left lying around for too long both inside and outside units. Servery areas and food trolleys were often dirty (see paragraph

- 2.15). Staff did not set high standards for wing cleaners who were often neither adequately supervised nor industrious.
- 2.6** There were far fewer broken windows than at our last inspection and a better system to replace them. We saw too many cells in a state of disrepair and nearly a third of prisoners were living in cramped, overcrowded conditions. All cells had integral sanitation, although not all toilets were properly screened. Communal showers lacked privacy and many needed refurbishing. Water often ran cold. We were told that funding had been secured to refurbish the showers. In-cell telephones were being installed at the time of the inspection, which would enable prisoners to talk to families outside work hours and in private.
- 2.7** In our survey, more than 70% of prisoners said they could get adequate clean clothing and bedding every week, significantly better than the comparator. There was a weekly exchange system for bedding. Prisoners could wear their own clothes and had regular access to wing laundries. However, several broken washing and drying machines had not been replaced despite the availability of replacement machines.
- 2.8** We saw some delays in responses to cell call bells and only 33% of respondents to our survey said their bell was answered within five minutes against the comparator of 47%. Managers did not regularly check the cell call system for timeliness of responses.
- 2.9** Prisoners had to apply to reception to access their stored property. If staffing allowed, they could attend reception at weekends to collect items. The prison had applied severe restrictions on property being sent to the prison which was a major source of frustration for the prisoners we spoke to. Prisoners could have property handed in within two months of arrival at Manchester but never again after that. They could only purchase new clothes or other items from catalogues once every six months. We were told that exceptions to this rule were rare. These rules created a disadvantage for prisoners who did not have money sent in to subsidise low prisoner wages.

Recommendations

- 2.10 Higher standards of cleanliness should be maintained in and around residential areas and cleaners should be properly supervised.**
- 2.11 Two prisoners should not share accommodation designed for one.** (Repeated recommendation 2.8)
- 2.12 In-cell toilets should be adequately screened.**
- 2.13 All showers should be refurbished and adequately screened.**
- 2.14 Rules on property should be revised to allow prisoners to buy items or have property sent in more frequently.**

Residential services

- 2.15** The food we saw at the time of the inspection was of reasonable quality and variety. Some prisoners we spoke to complained about the quality of the food; only 27% of prisoners in our survey said that it was good and only 32% said that they had enough to eat. The kitchen was clean but many wing serveries were dirty with food left out overnight and we found serving implements, including halal utensils, stored in buckets on one wing. Portion control was poor on some wings where not all serveries were adequately supervised. Prisoners told

us that the serving of Halal food did not always comply with approved methods. Lunch and the evening meal were served too early, particularly at weekends, and inadequate breakfast packs were issued the day before they were supposed to be eaten. There were no facilities for prisoners to eat together.

- 2.16** The range of products on the prison shop list was extensive and included newspapers and magazines. In our survey, 58% of respondents said that the shop sold what they needed. Prisoners were given reception packs on arrival and could obtain additional goods while waiting for their first order to arrive. Prisoners could also order products through catalogues, although this was subject to punitive restrictions (see paragraph 2.9).
- 2.17** Prisoners were consulted regularly about food and the shop and changes were made as a result.

Recommendations

- 2.18** **Wing serveries should be supervised to ensure that portion control and appropriate food hygiene measures are enforced.**
- 2.19** **Lunch should not be served before noon and the evening meal not before 5pm.**
- 2.20** **Breakfast should be issued on the day it is to be eaten.**

Prisoner consultation, applications and redress

- 2.21** Consultation arrangements were reasonable. The prisoner consultative committee (PCC) met monthly and was well attended by managers and prisoners' representatives. There were no wing meetings for prisoners to discuss matters for referral to the wider meeting and not all prisoners we spoke to knew who their representatives were. Minutes of the monthly meetings indicated discussion across a wide range of areas but some issues were carried over from month to month with no resolution.
- 2.22** In our survey, 68% of prisoners said it was easy to make an application, but only 37% said they received a response within seven days. All applications were made using automated terminals on all the wings (Unilink). Our checks of the system revealed many examples of responses taking more than 20 days, with the longest recorded response time of 117 days. Managers did not monitor the timeliness or quality of responses to applications.
- 2.23** Only 58% of prisoners in our survey said that it was easy to make a complaint and many we spoke to lacked confidence in the system. The lack of a personal officer scheme and delays in answering applications made it difficult for prisoners to address minor issues at an informal level. Many complaints were made when applications had not been responded to and others when the response to the original complaint had not focused on the issues raised.
- 2.24** Complaint forms were freely available on all residential units and the responses to complaints that we reviewed were prompt and polite. The quality assurance procedure was comprehensive but had not resolved the failure to respond to all the issues raised in complaint forms. Monitoring was efficient and effective and detailed monthly reports were considered at PCC meetings with regular analysis of trends and recurring themes. However, further consultation was clearly needed to understand why only half the prisoners we surveyed said they would report victimisation by staff (see paragraph 2.2).

- 2.25** Two legal services officers were based on the induction wing to offer advice to prisoners on legal matters and bail. Prisoners had access to legal texts in the library and access to legal visits was good. The prisoners and solicitors we spoke to told us that there was never a problem arranging legal sessions with prisoners.

Recommendations

- 2.26 Responses to applications should be monitored to ensure timeliness and focus on the matters raised.**
- 2.27 Prisoners should be consulted to understand their lack of confidence in the formal complaint system and action taken to address this.**

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics¹² and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.28** The equality policy was comprehensive and clear but too many actions were aspirational and some of the good practice specified was not being delivered at the time of the inspection.
- 2.29** An equality action team met every two months, including prisoner representatives. The action plan drawn up at the meeting needed further development. Attendance was poor and some key heads of department had not attended during the previous six months. The equality department produced a comprehensive briefing for the meeting but it was not analysed thoroughly enough to identify disadvantage or underrepresentation of significant prisoner groups.
- 2.30** Training had been identified for a group of prisoner equality representatives. They had multiple roles which could restrict their availability and their role was not promoted well enough to ensure that prisoners with protected characteristics knew of them and the support they could provide.
- 2.31** There was no regular staff training in prisoner equality.
- 2.32** The equality policy stated that there was regular consultation with prisoners with protected characteristics through prisoner forums but these had not taken place for nearly six months before the inspection.
- 2.33** The number of discrimination incident report forms (DIRFs) submitted was low (21 in the previous six months) compared to similar establishments. This had been investigated by the equality team who found that some prisoners feared repercussions for making complaints.

¹² The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.34** Investigations of DIRFs was thorough and responses were respectful but we found some responses which did not adequately address the issue raised. There was no quality assurance of responses by an external organisation.

Recommendations

- 2.35** **Prisoner equality representatives should have specific duties to meet prisoners with protected characteristics and ensure that their needs are met.**
- 2.36** **An independent group should be invited to scrutinise discrimination incident report forms to provide quality assurance.**

Protected characteristics

- 2.37** At the time of the inspection, 218 prisoners were from a black and minority ethnic background which equated to 23% of the population. Our survey disclosed some specific concerns from this group. Only 12% of black and minority ethnic prisoners said that complaints were dealt with fairly and only 49% said that their visitors were treated respectfully. Black and minority ethnic prisoners told us that they experienced little direct discrimination but some suspected preferential treatment of white prisoners in employment and the application of disciplinary procedures. There was very little promotion or celebration of racial and ethnic diversity around the prison and consultation with black and minority ethnic groups had lapsed.
- 2.38** In our survey, 4% of prisoners identified themselves as from the Traveller community. This represented more than 35 prisoners but no specific services had been developed for them.
- 2.39** At the time of the inspection, there were 99 foreign national prisoners (10.4% of the population). The equality policy focused on the management of immigration issues rather than meeting the needs of these prisoners. Some information about the prison had been translated into other languages and formal interpreting services were used. Foreign national prisoners could also make free telephone calls to friends and family abroad. There was no list of staff and prisoners willing to interpret and no links had been made with independent organisations to provide immigration advice. Home Office officials held a surgery in the prison every month to which all foreign national prisoners were invited but this service offered limited support. At the time of the inspection, six prisoners were being held beyond the end of their sentence but they had not been identified by equality staff and provided with additional support.
- 2.40** In our survey, 37% of prisoners said they had a disability but only 43% of those with a disability said they were getting the support they needed. We found some improvements in the support for prisoners with disabilities compared to the last inspection. There were seven prisoner carers who had clear job descriptions and were well supervised by the equality officer and social care nurse. Training in social care had been identified for them. Prisoners who required them had personal evacuation plans (PEEPs) but some staff, including night staff, had difficulty locating them. There was good cooperative working between health care, through the specialist social care nurse, and the equality team to identify and meet the needs of prisoners with disabilities. Adapted cells with walk-in showers and adequate space for wheelchairs had been provided on five wings and more were planned.
- 2.41** One transgender prisoner was held at the time of the inspection. There was a protocol for meeting her needs which was followed in consultation with her. Progress had been slow in securing basic items to help her live as a woman in the prison. In our survey, 4% of prisoners

identified as gay or bisexual, equivalent to 37 prisoners. We observed newly arrived prisoners in reception being asked brusquely about their sexuality within direct earshot of other staff and prisoners. Support for gay prisoners had not been developed and little attention had been given to creating an environment in which prisoners would feel safe to discuss their sexuality. No links had been established with community support groups for gay, bisexual or transgender prisoners.

- 2.42** There were 104 prisoners under the age of 25 years who were mixed with the general population. There was no strategy to understand the impact of developing maturity on behaviour and emotions or to meet the specific needs of this younger group. Elements of the regime were not suited to their effective management, particularly in the application of discipline. We found one 22-year-old sentenced at adjudication to 21 days' cellular confinement, which was excessive for a young prisoner.
- 2.43** There were 169 prisoners over the age of 50, the oldest of whom was 89. Social care provision and resettlement planning for older prisoners were reasonable and there were specialist social and recreational facilities for them. However, older prisoners who did not work were not routinely unlocked during the working day and we spoke to one 88-year-old who was only unlocked for two hours on most days.

Recommendations

- 2.44 Foreign national prisoners subject to immigration procedures should have access to independent immigration advice.**
- 2.45 There should be a strategy which supports gay, bisexual and transgender prisoners and creates an environment in which they can feel safe to disclose their sexuality.**
- 2.46 The equality strategy should address the needs of prisoners under the age of 25, with policies and procedures appropriate to their level of maturity.**
- 2.47 Prisoners who cannot work due to age, infirmity or disability should not be routinely locked up during the working day.**

Faith and religion

- 2.48** Chaplaincy vacancies had been filled and all prisoners, except Buddhists and Sikhs, could attend corporate worship led by a member of their faith. Access to worship was good and 89% of those in our survey who had a faith said they could attend services if they wished.
- 2.49** There were 450 prisoners registered as Christian and 153 Muslim prisoners. Facilities for worship were good and the Christian chapel had been modified to make it suitable for Muslim worship when required.
- 2.50** The chaplaincy made a strong contribution to prison life through membership of management groups, regular visits to prisoners who were ill or distressed and meeting all new prisoners. They provided valued support to individual prisoners and staff who asked for pastoral care. The chaplaincy also organised a lay visitors' programme for prisoners who did not have visits from family or friends.
- 2.51** Religious discussion and instruction groups were provided for major religions. Community groups visited the prison and there were good links with the community chaplaincy.

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

2.52 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹³ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued a requirement to improve notice following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

2.53 NHS England commissioned the Greater Manchester Mental Health NHS Trust (the Trust) to deliver health services. An impressive health needs assessment informed development. Working relationships between the commissioners, prison and provider were good. Clinical governance groups and Manchester Local Delivery Board covered most essential issues.

2.54 Only 38% of prisoners told us in our survey that the quality of health care was good. There was no patient forum but there were regular patient satisfaction surveys and health care was a regular item on the prisoners' forum agenda. There was an appropriate focus on implementing recommendations from deaths in custody reports and evidence of learning from adverse incidents.

2.55 An experienced manager and senior nurse led service delivery with GPs and nurses providing 24-hour cover. All GPs except the lead were locums, and several of the nursing posts were filled by agency staff; this was due to the prolonged security vetting associated with recruitment. However, all the locum GPs and agency nurses worked at the prison regularly and provided continuity of care.

2.56 Clinical supervision had only recently started for primary care and inpatient staff. Staff attended the Trust's mandatory training which had been adapted to suit the prison setting.

2.57 Health staff were clearly identifiable and we observed professional interactions with patients.

2.58 The clinical records that we examined were very good and care plans for prisoners with complex health needs were available on SystmOne (electronic clinical records). Health staff used an appropriate range of policies, including communicable disease management and safeguarding.

2.59 Most services were delivered from the health centre and clinics ran on some wings. The health care centre was a good environment, but most of the wing clinical rooms did not meet infection control standards. The two waiting areas required refurbishment, which was in hand. Health care staff told us of ongoing struggles to arrange regular cleaning by the contractor. High surfaces were clean, but the flooring in treatment rooms looked worn and grubby.

2.60 The waiting rooms were no longer overcrowded but we observed patients waiting too long before and after appointments. Non-attendance at appointments was a problem but had

¹³ 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>.

recently improved. New arrivals received adequate information about health services, although health staff no longer contributed to the induction programme.

- 2.61** Suitable, well-checked emergency equipment was strategically placed across the prison. Forty-eight custodial staff were first aid trained, and all staff had easy access to automated external defibrillators and knew where they were.
- 2.62** The health care complaints system was still not fully confidential or well advertised. Complaints continued to be scanned into clinical records, which could be prejudicial. Patients were required to request, collect and return completed complaints forms from nurses, which was inappropriate. We were told that envelopes were available on request to preserve confidentiality, but we did not see any. Prisoners we spoke to were unclear about how they would make a complaint to health care. There had been an average of 26 complaints a month since January 2018. Responses to complaints were hand written on the same forms, and some were difficult to read. We were not confident that responses were returned in a confidential manner.

Recommendations

- 2.63** **There should be regular and recorded clinical supervision for all clinical staff.**
- 2.64** **All clinical areas should be fully compliant with current infection control standards.** (Repeated recommendation 2.67)
- 2.65** **Patients should not routinely wait in health care for excessive periods before and after appointments.**
- 2.66** **The Manchester Local Delivery Group should ensure that the health complaints system is tailored to the prison setting, is well publicised, understood and confidential, and that responses to complaints are legible.**

Promoting health and well-being

- 2.67** NHS health check clinics were held regularly, and a good range of Trust-designed, accessible advice leaflets were available in the health centre and library. There were no peer health champions or trainers. Health promotions were heavily focused on smoking cessation, and the turnover of population meant that this service was well used.
- 2.68** There was appropriate health screening for younger prisoners and a dedicated nurse ensured that older prisoners received annual health checks and age-related screening. The number of prisoners screened for blood-borne viruses or receiving hepatitis B vaccinations was good. Barrier protection was available in the prison and on release, to minimise harm.

Primary care and inpatient services

- 2.69** New arrivals received a health assessment in reception and prompt referrals were made. There was further comprehensive assessment, including required immunisation and blood-borne virus testing, within 72 hours for most arrivals. The lead GP had introduced an impressive array of assessment templates tailored to the needs of men entering prison who were at higher risk of conditions such as sepsis, deep vein thrombosis and NPS toxicity.

- 2.70** A good range of primary care clinics included GP appointments, nurse-led clinics, optometry and sexual health services. Appropriate secondary care was also available, including hepatology and physiotherapy. Patients with long-term conditions were generally well managed and monitored by GPs. Urgent cases were triaged on the day by the duty nurse, before referral for a same-day appointment if necessary.
- 2.71** From April to June 2018, 6% of prisoners using Unilink to apply for a health appointment had received no response. The health appointment system was not confidential; the slips were delivered with identifying information unsealed and in the view of custody staff.
- 2.72** The in-house X-ray and ultrasound facilities continued to reduce the need for external health appointments, which were well managed by an administrator in partnership with the prison.
- 2.73** Despite recent improvements, the did-not-attend rate for some clinics remained at up to 30%, because prison staff were not available to escort the patient to the centre or patients had conflicting commitments. However, waiting times remained reasonable for most routine appointments. An exception was a dedicated clinic for patients aged over 50 which had 158 patients on the clinic list, 38 of whom had been waiting for appointments for at least 12 weeks. We were informed that a second member of staff had been identified to make the clinic more efficient.
- 2.74** Health care discharge planning arrangements were timely and effective. Patients received a week's supply of medication where appropriate, and were given a discharge summary, with a copy sent to their GPs. All patients received helpful community health contact numbers.
- 2.75** Support for patients with palliative care needs was very good, with excellent links with local Macmillan nurses and community palliative care services.
- 2.76** The 19-bed inpatient unit afforded compassionate care from custody and nursing staff to patients with diverse physical, mental health and palliative care needs. Admissions were based on clinical need and discharge arrangements were good.
- 2.77** Several different regimes had to be accommodated because of the security requirements of patients residing on the unit, and custody staff also had to cover a category A landing (not part of the inpatient service). At times, this prevented patients from accessing therapeutic activities other than one-to-one work with their named nurses. It also affected the time that patients spent out of their cells. Patients had very limited access to the gym located on the unit.

Recommendation

- 2.78** **The Manchester Local Delivery Board should establish regular monitoring of health care appointments and attendances to ensure that the systems are efficient and effective and meet contemporary NHS standards while being applied in a prison setting.**

Good practice

- 2.79** *The assessment templates created on SystmOne by the lead GP supported clinical staff in undertaking patient assessments and making decisions on a wide range of pertinent conditions, and aided early identification of potential problems.*

Social care

- 2.80** The prison had a memorandum of understanding with Manchester City Council for the provision of social care. This included an open referral process, screening on arrival at the prison and information on social care provided during induction. Social care needs were triaged promptly by a dedicated nurse who worked closely with the safer custody and equality teams, with appropriate referrals to the local authority for a full assessment thereafter. These referrals were not always completed in a timely manner. Social care support plans were in place and needs were consistently met.
- 2.81** Peer supporters assisted with non-intimate care. Cells for prisoners with disabilities were located on lower floors of the wings which had a positive impact on those with mobility conditions.

Mental health care

- 2.82** In our survey, 53% of men said that they had mental health problems on arrival at the prison. While most staff had received training in suicide and self-harm, few had received mental health awareness training, despite it being available from the Trust. All new arrivals were screened for mental health conditions and men had direct access to services by self-referral or referral by staff.
- 2.83** The integrated mental health team supported over 100 patients with mental health needs at the time of the inspection. The team had a good skills mix. The day care centre continued to offer valuable peer support groups to individuals with emotional, primary and severe mental health problems, complemented by professional counselling through the chaplaincy. Trust staff delivered a good range of therapeutic interventions from self-help guidance to individual cognitive approaches. There was evidence of good levels of contact and care planning, including the care programme approach¹⁴. Clinical records were of a high standard.
- 2.84** Too many prisoners continued to experience excessive delays in being transferred to community mental health facilities.

Recommendations

- 2.85** **Dedicated mental health awareness training should be available for custody staff.**
- 2.86** **Patients requiring mental health inpatient care should be transferred expeditiously.** (Repeated recommendation 2.94)

Substance misuse treatment¹⁵

- 2.87** The drug strategy lacked a whole-prison approach to supply reduction. There were no multi-agency substance misuse strategy meetings to address areas of concern.
- 2.88** Delphi Medical now delivered integrated clinical and psychosocial substance misuse services. The team was well managed with comprehensive governance, and staff had the required competencies.

¹⁴ Mental health services for individuals diagnosed with a mental illness.

¹⁵ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.89** Psychosocial support had improved and 230 clients were being helped despite significant staff shortages. Prisoners were seen within five days. The service did not have a slot during induction to deliver harm reduction information to all new arrivals. Joint care planning and record keeping on SystmOne facilitated good care. In addition to one-to-one and group work interventions, prisoners from all units could participate in the 24-session reduction and motivation programme which could be continued in the community. An active and well managed peer support scheme enhanced service provision, but regime constraints and prisoners who were not permitted to mix hindered mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous.
- 2.90** Commissioning arrangements prevented substance misuse nurses from assessing new arrivals until the following day. Most prisoners with drug or alcohol dependence received first night treatment, but we saw examples of inconsistent identification. Night time observation had only been introduced eight days before the inspection although we had raised this in 2014, and we were not confident that the observations were frequent enough. Admission to the in-patient unit was rare.
- 2.91** The substance misuse lead clinician had introduced an impressive menu of prescribing options and treatment pathways. At the time of the inspection, 66 patients were receiving opiate substitutes, mostly on a maintenance basis, and we saw well supervised controlled drug administration. During the previous six months, 95 patients had undertaken alcohol detoxification. Treatment was individual, regularly reviewed and well integrated with psychosocial support. Joint working with the mental health team was ad hoc and lacked coordination.
- 2.92** Preparation for release included naloxone training and provision (to treat opiate overdose), and prescribing regimes were adjusted to continued community treatment. Substance misuse workers could offer six-week community follow-up if required, and the abstinence and recovery centre outside the prison was a valuable resource for post-release support.

Recommendations

- 2.93** **Drug and alcohol dependent prisoners should be consistently identified and assessed on arrival, and should receive additional monitoring during their early days by competent clinical staff.**
- 2.94** **Newly arrived prisoners should receive harm reduction information on illicit substance use in the prison and on substance misuse treatment services.**

Good practice

- 2.95** *Good through care arrangements and flexible prescribing facilitated continuation of treatment on release. Substance misuse workers could provide follow-up contact in the community, and the abstinence and recovery centre was a valuable resource for post-release support.*

Medicines optimisation and pharmacy services

- 2.96** The in-house pharmacy was located below cells and drains which were prone to flooding. This compromised hygiene in the pharmacy and the integrity of some medicines and dressings. Transfer and storage of pharmacy stock were generally good but staff taking supplies to the wings were unaccompanied.

- 2.97** Medicines were administered by pharmacy technicians and nurses. Around 66% of medicines were in possession and risk assessments were accessible. In-possession medicines were supplied as patient named items with appropriate labelling and a dispensing audit trail. They were supplied while see-to-take medicines were administered, which was convenient for prisoners receiving both. However, this did not always allow time for patient counselling and some patients told us they missed medication to attend education, work or the gym. Systems to follow up non-attendance were robust and there was a built-in automatic referral for missed doses of critical medicines.
- 2.98** In-possession medication was supplied in clear bags which compromised confidentiality. There were no facilities for secure storage of medicines in cells, risking diversion. Activity at the hatches was not always adequately supervised to ensure patient confidentiality and reduce the risk of diversion and bullying.
- 2.99** Medicine which was not in possession was administered safely twice a day, but the last administration was at about 5pm which did not maximise therapeutic effect. It was mostly administered from stock which did not allow the additional safety checks associated with labelled patient packs. Stock and named-patient medication were not adequately separated in drug cupboards and trolleys.
- 2.100** We were pleased to see Espranor (an opiate substitute which dissolves on the tongue) being administered to patients, reducing the time spent in administration and the risk of diversion.
- 2.101** An appropriate range of patient group directives¹⁶ and over-the-counter remedies were available. The senior pharmacist was an independent prescriber, allowing patients wider access to medicines. Adequate provision was made for court appearances and on discharge.
- 2.102** Governance took place at a multidisciplinary bimonthly medicine management group. There was a prescribing formulary, appropriate standard operating procedures and good systems of auditing. Errors, near misses and drug alerts were dealt with appropriately. Refrigerator temperatures were monitored and all were within range. Weekly pharmacy clinics included minor ailment consultations and medicine use reviews which were recorded on SystemOne.

Recommendations

- 2.103** **Supervision of medicines administration queues should be improved to maintain confidentiality and minimise potential bullying and diversion of supplies.**
- 2.104** **All medicines, except methadone, should be administered from individually labelled patient packs at an appropriate time for maximum clinical effect.**

Good practice

- 2.105** *Weekly access to the senior pharmacist clinics facilitated individual medicine use reviews and treatment of minor ailments.*
- 2.106** *The use of Espranor increased efficiency and helped to reduce the risks associated with opiate substitute therapy.*

¹⁶ Authorise appropriate health care professionals to supply and administer prescription-only medicine.

Dental services and oral health

- 2.107** A local dental practice continued to provide four dental and four therapy sessions each week. The therapist triaged the waiting list to prioritise clinical needs. A full range of NHS-equivalent dental treatment was available. Dental records were maintained on SystemOne. Oral health promotion and care were very good.
- 2.108** The dental surgery was of a high standard and key equipment was appropriately maintained and certificated. Sterile supplies and waste management arrangements were sound.

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 Time out of cell had improved since the last inspection and the published core day provided a more consistent regime with very few cancellations of association. However, our roll checks during the working day recorded a significant 40% of prisoners locked behind their doors.
- 3.2 Full-time workers received more than nine hours a day out of cell on weekdays but part-time workers had about half this time and unemployed prisoners only three hours a day. Retired and disabled prisoners and those unable to work were not routinely unlocked during the core day.
- 3.3 Prisoners could have evening association during the week and daytime association at weekends. Exercise was always offered, but only for 30 minutes a day.
- 3.4 The library was small but access was good. It was open six days a week, including three evenings and Saturday morning. At the time of the inspection, records indicated 461 active users, 48% of the population. Each wing was allocated one session a week in addition to access during education classes, and a dedicated library officer facilitated prisoner movement. Category A prisoners, segregated prisoners and those in health care could not visit the library but had small stocks on their wings and could request books. Book loss was still too high at 6%.
- 3.5 Prisoners were trained as library orderlies and could obtain qualifications in customer service.
- 3.6 The library stock reflected the background, preferences and abilities of the population. It included foreign language texts which were restocked as the population changed, easy reading books for those developing reading skills and texts to support education courses. Periodicals stocked included publications appropriate for Travellers, Asian prisoners and the black and minority ethnic community. The stock was informed by regular users' surveys and links with health care and education.
- 3.7 Promotion of literacy was good. Thirty-five Shannon Trust¹⁷ literacy mentors worked with prisoners and the Storybook Dads¹⁸ project was in operation (see paragraph 4.1).
- 3.8 Gym facilities were good. The large main gym included training rooms, a sports hall and outside sports area. Showers had been refurbished and were clean. All except category A prisoners had access to the main gym, while on the category A wing there were well

¹⁷ Provides peer-mentored reading plan resources and training to prisons.

¹⁸ Prisoners record stories for their children.

equipped training rooms and daily sessions with a gym officer. There was also a training room on the vulnerable prisoner wing and cardiovascular training machines in other areas.

- 3.9** In our survey, only 36% of prisoners said they used the gym twice a week, although this was mitigated by access to training facilities on wings. Access to the gym was hampered by security restrictions on the number of prisoners who could be escorted across the prison and attendance recorded by the gym fell far short of the target. In addition, as access was targeted on work areas, we were not confident that prisoners who could only attend wing sessions would have their two sessions a week.
- 3.10** The range of provision was good with links to health and substance misuse to deliver specialist sessions, weight management programmes, remedial gym and sessions for older prisoners.
- 3.11** Courses for prisoners in the gym covered lifestyle management and led to qualifications which had resulted in employment for several prisoners on release.

Recommendations

- 3.12 All prisoners should have one hour's exercise in the open air each day.**
- 3.13 Prisoners' access to the main gym facilities should be improved.**

Education, skills and work activities (Ofsted)¹⁹

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 education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.²⁰

- 3.14** *Ofsted made the following assessments about the education, skills and work provision:*

Overall effectiveness of education, skills and work:	Requires improvement
<i>Achievements of prisoners engaged in education, skills and work:</i>	<i>Requires improvement</i>
<i>Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Requires improvement</i>
<i>Leadership and management of education, skills and work:</i>	<i>Requires improvement</i>

¹⁹ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

²⁰ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

Management of education, skills and work

- 3.15** There were sufficient full- and part-time activity sessions for all prisoners to be allocated to an activity. However, prison managers did not use these sessions well and 20% of prisoners were unemployed. Vulnerable prisoners could not access enough subjects in education. For example, they did not have the opportunity to attend lessons in information technology. In our survey, only 39% of vulnerable prisoners against the comparator of 65% said that they could access courses offered by Novus, the education provider. The range of activities available to the small number of high-security prisoners was poor. For example, they could only attend education lessons two afternoons a week and too few prisoners found the courses sufficiently useful or relevant.
- 3.16** Despite recent improvements, prison managers did not ensure that prisoners attended activities regularly and too many were locked up when they should have been in classrooms or attending allocated activities (see paragraph 3.1).
- 3.17** The education provision delivered by Novus required improvement. The evaluation by Novus managers of the quality of education was inaccurate. When they observed lessons, they did not focus sufficiently on the impact of tutors' teaching practices on prisoners' learning. Tutors did not receive helpful feedback from the lesson observations and did not know what improvements they had to make.
- 3.18** Novus managers did not have a full understanding of all the factors which resulted in a lower proportion of prisoners attending education than workshops. Classroom registers were inaccurate which prevented a robust analysis of prisoners' non-attendance. The registers included names of prisoners who had already completed their courses and others who were not enrolled on courses. Since the previous inspection, Novus managers had reduced the high number of prisoners who left their courses early, but it was still too high. For example, in 2016 to 2017, only about half the prisoners who started functional skills courses in English and mathematics completed them.
- 3.19** Prison managers had a mostly accurate understanding of strengths and improvements that were required in training in prison workshops. They monitored the quality of instructors' training regularly and accurately to develop practices.
- 3.20** Equipment and old machinery in workshops had been updated and prison managers had enhanced the opportunities for prisoners to develop practical and trade skills required by local employers. For example, a well-equipped print finishing workshop had been set up and old sewing machines replaced with new embroidery machines. However, workshop managers had not developed effective links with employers to help prisoners with resettlement.
- 3.21** Prisoners benefited from useful advice and guidance at induction about the most suitable courses and activities to help them on release. Too few used computers to learn or develop skills to find jobs on release.

Recommendations

- 3.22** Prison managers should ensure that vulnerable prisoners can access the same range of education courses as other prisoners. The number and range of activities for high-security prisoners should be increased significantly.
- 3.23** Novus managers should evaluate accurately the quality of the lessons.
- 3.24** Novus managers should ensure that classroom registers are accurate.
- 3.25** Managers should ensure that prisoners use computers for learning and developing the skills to find jobs on release.

Quality of provision

- 3.26** Tutors' teaching practices in classrooms required improvement. Too often their teaching methods did not help individual prisoners to enhance their existing knowledge. Tutors did not use information about prisoners' skills to set activities appropriate to their abilities and in many lessons, they set the same piece of work for prisoners of different abilities. As a result, prisoners with little prior knowledge of the topics struggled, and the more able prisoners found the work too easy.
- 3.27** Prisoners did not benefit from high-quality and appropriate resources in lessons. Many hand-outs were poorly copied and not suited to the age and aspirations of the prisoners. They did not have access to other useful resources such as scissors in art lessons.
- 3.28** Most tutors and instructors did not set clear, individual learning and personal development targets to help prisoners improve their work.
- 3.29** Prisoners did not receive enough support to improve their use of English and mathematics in work. In education, most tutors developed prisoners' English skills sufficiently but less so their mathematical skills.
- 3.30** Most tutors in education and instructors in prison workshops developed an effective working relationship with prisoners which helped them to settle. For example, one tutor effectively and tactfully calmed a distressed prisoner who returned to participate in the lesson without disrupting his peers. Prisoners who required extra help benefited from effective support from their tutors and peer mentors.
- 3.31** Instructors used their industrial experience effectively to help prisoners learn new practical skills. For example, prisoners who had not previously used sewing machines had learnt to use them well and produced items to the required standards. The feedback given by instructors helped prisoners to improve their way of working.
- 3.32** Tutors and instructors included discussions on equality and diversity issues in their teaching which increased prisoners' understanding and acceptance of people from all backgrounds, beliefs and sexual identity.

Recommendations

- 3.33** Tutors and instructors should use information about prisoners' existing skills to set them appropriately demanding work and targets for their development.

- 3.34 Tutors should provide appropriate resources for prisoners in their lessons and high-standard hand-outs and worksheets.**
- 3.35 Tutors and instructors should include tasks and activities in their teaching, training and assessment that improve prisoners' skills in English and mathematics.**

Personal development and behaviour

- 3.36** Irregular attendance and late arrival, particularly to lessons, prevented too many prisoners from developing good employment skills to help them on release. In our survey, only 49% of prisoners said that wing staff encouraged them to attend their lessons and prison work activities regularly.
- 3.37** Prisoners who took part in the wide range of enrichment activities developed useful skills such as presenting their ideas, team-working and research. For example, prisoners involved in researching the history of HMP Manchester were very proud of the work they had produced, which included poems, painting and high-quality drawings. Several prisoners attending arts lessons had exhibited their work in exhibitions in Manchester.
- 3.38** Most prisoners increased their confidence to work in teams and discuss their plans on release. They observed appropriate health and safety practices while at work. Instructors regularly reminded prisoners of the importance of using personal protective equipment and to take responsibility for keeping themselves and others safe.

Recommendation

- 3.39 Wing staff should encourage and persuade prisoners to attend their lessons and prison work activities regularly and punctually to increase their chances of gaining employment after release.**

Outcomes and achievements

- 3.40** Too many prisoners did not make good progress in lessons because the quality of teaching, learning and assessment was not good enough.
- 3.41** During 2016 to 2017, too many prisoners who had started courses did not complete them (see paragraph 3.18). However, a high proportion of those who did remain on courses achieved their qualifications. In vocational training, most prisoners who stayed on their courses achieved their qualifications.
- 3.42** Prisoners in work activities did not have a clear understanding of the skills they had developed because instructors did not identify or record them. Prison managers had very recently started to offer qualifications in some workshops. However, only a few prisoners were working towards qualifications and the remainder would not be able to demonstrate their achievements to potential employers on release.
- 3.43** On education courses, prisoners from different backgrounds and those with disabilities achieved as well as other prisoners.

Recommendations

- 3.44 Prison and Novus managers should ensure that prisoners who start on courses can complete them.**
- 3.45 Prison managers should ensure that instructors recognise and record accurately the skills that prisoners develop in prison work.**

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1 Prisoners were supported across the prison to maintain contact with their families. The chaplaincy helped prisoners to attend family funerals and provided a visitor scheme for prisoners who did not receive visits from friends or family. The family worker employed by Partners of Prisoners' Support Group (POPs) worked with individual prisoners to resolve family issues and the library provided opportunities for prisoners to record stories for their children. POPs staff in the visitors' centre gave families advice and contacted specialist agencies for help with housing, substance misuse and child health issues. At the time of the inspection, there were no courses for prisoners to develop relationship and parenting skills.
- 4.2 Children's contact with parents in the prison was enhanced by good play facilities in the visits hall and regular family days when they could play with their parents.
- 4.3 In our survey, 88% of prisoners said they could use a phone every day. Access to telephones was reasonably good and in-cell telephones were being installed so that families could be contacted outside working hours.
- 4.4 Arrangements for posting and receiving mail were mostly good but the photocopying of all mail to reduce opportunities for drug abuse caused some delays. The 'email a prisoner' scheme was well used.
- 4.5 Provision for domestic visits was good and 45% of prisoners in our survey said they had visits once a week or more against the comparator of 22%. The visitors' centre was open every day, offering shelter, refreshments and advice in a comfortable setting.
- 4.6 Consultation with visitors was good, with forums every two months and a survey. However, in our survey only 58% of prisoners against the comparator of 73% said their visitors were treated respectfully. We observed respectful and relaxed treatment of visitors during the searching processes and in the visits hall, but some visitors expressed frustration with delays on entry and brusque interactions with staff.
- 4.7 The visits hall was spacious and bright with good facilities, but all tables had non-contact barriers and fixed chairs which was unnecessary and created an austere environment.

Recommendations

- 4.8 Prisoners should have access to training in relationships and parenting.**
- 4.9 The concerns of prisoners about treatment of visitors should be investigated and addressed.**
- 4.10 A proportion of the non-contact tables should be removed and replaced with furniture appropriate for a predominantly local prison population.**

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.11** The prison had a reducing reoffending policy and an action plan with relevant targets. These were based on a 2017 needs analysis which focused on resettlement pathways and drew useful information from a variety of sources. The needs analysis provided a good foundation on which to base the action plan, but it did not analyse the needs of specific groups of prisoners, for example prisoners serving indeterminate sentences, young adult prisoners or care leavers. This weakened its effectiveness and there were shortfalls in services for some prisoners. A new needs analysis was in preparation to reflect changes in the composition of the population and some groups had been identified whose specific needs required more attention. The reducing reoffending strategy did not cover the role of offender management adequately, although managers had plans to address this shortfall. Delivery against the action plan was overseen by a strategic committee which met every two months but attendance by the representatives from prison departments and partner organisations was too variable.
- 4.12** Strategic planning took place in the context of two impending changes. The gradual introduction of offender management in custody²¹ was to start in autumn 2018 and a proposed re-role of the prison was expected in 2019. Although this did not have any current impact on outcomes for prisoners, managers were aware that they would have to make changes to the organisation and delivery of rehabilitation and release planning work over the coming months.
- 4.13** Shelter delivered resettlement services in the prison for the contracted community rehabilitation company (CRC), Purple Futures. The Shelter team was based in the offender management unit (OMU). This aided communication, which managers from both teams said had improved in recent months. Regular meetings took place between the prison and the CRC and other agencies involved in risk reduction, rehabilitation and progression.
- 4.14** The OMU included six National Probation Service (NPS) officers and 12.5 uniformed offender supervisors with support from an administration team. Two of the six NPS posts were vacant and redeployment of uniformed offender supervisors had resulted in the loss of an average of 200 hours each month since the start of 2018. Probation officers focused on the case management of prisoners who were subject to multi-agency public protection arrangements (MAPPA), very high-risk prisoners, indeterminate sentence prisoners and

²¹ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being introduced in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POM) is being introduced gradually, from 2019.

more complex high-risk cases. When the unit was fully staffed, the plan was to allocate all high-risk cases to probation officers.

- 4.15** The current prioritisation of cases was sensible given the shortfalls in the department. However, some high-risk cases were allocated to uniformed offender supervisors who were not trained to the same extent as their probation colleagues in the management of risk. A uniformed offender supervisor was responsible for completing the basic custody screening tool (BCST)I for new arrivals each day. Other offender supervisor work prioritised the preparation of paperwork for parole, re-categorisation and offender assessment system (OASys) reviews to ensure they were completed on time. They still maintained detailed prisoner contact logs of work being completed, but information which would have been useful to other staff working with prisoners was not recorded on the electronic case management system. Fourteen percent of initial OASys assessments were overdue, although most of these were the responsibility of the community offender manager.
- 4.16** A senior probation officer spent one day a week at Manchester and provided regular supervision for the probation officers in the OMU. However, uniformed offender supervisors did not receive any formal supervision. Probation colleagues could give them advice on case management and their completed OASys assessments were countersigned by a probation colleague, but this only partly mitigated the lack of formal support and mentoring for staff responsible for some high-risk prisoners.
- 4.17** Based on the sample of cases we reviewed, the work being done by both probation and uniformed offender supervisors ranged from satisfactory to very good. In many cases the levels of contact with prisoners were good and appropriately determined by the sentence plans, risks and needs of the prisoner. However, the level of contact was not good enough in all cases. We came across one first-time high-risk offender who had been in Manchester for 10 months with no contact by his uniformed offender supervisor. There was no rationale for this and we highlighted the case to managers.
- 4.18** In our survey, 39% of prisoners knew they had a custody plan (a sentence plan or resettlement plan). This highlighted a need for better communication with prisoners and the need for someone to dedicate time with the prisoner to discuss progress against the plan.
- 4.19** All new arrivals were screened for indicators relating to harassment, child protection or domestic violence. Risk of harm issues were identified promptly and mail and telephone restrictions were applied when necessary. Prisoners were informed of these restrictions. The tracking, monitoring and review of cases was managed well. A weekly public protection meeting oversaw restrictions and approved their removal when evidence suggested it was appropriate to do so. The security department contributed well to the meetings, but decisions were not always informed by the views of offender supervisors who were sometimes not available to attend.
- 4.20** An interdepartmental risk management team met regularly to review the management of high-risk prisoners and those presenting risks in the prison and on release. There were effective processes to identify prisoners eligible for MAPPAs oversight and allocate a management level in a timely way. The prison completed MAPPAs Fs (information-sharing forms) to inform the management of these prisoners after release. The MAPPAs Fs that we reviewed were of a good standard. All were completed by probation staff and countersigned by the senior probation officer. Discussion of MAPPAs prisoners during the regular supervision of probation offender supervisors provided another layer of quality assurance.
- 4.21** Home detention curfew (HDC) procedures were managed efficiently. Prisoners who were eligible were generally notified in good time of the opportunity to apply for HDC. In the first six months of 2018 there had been 135 applications, just under half of which had been successful. Applications were largely unsuccessful when the prisoner had applied for release

to an address which was not deemed suitable by their community responsible officer. Prisoners with no suitable address had the option of referral to Bail Accommodation and Support Services (BASS) hostels. Too many prisoners were released after their HDC eligibility date, usually for reasons outside the prison's control, such as delays in receiving community responsible officers' assessments of accommodation and a lack of places in BASS hostels.

- 4.22** At the time of the inspection, there were 11 category A/high-risk category A prisoners, 267 category B, 448 category C and nine category D prisoners. Management of categorisation reviews had been strengthened and they were timely. Decisions appeared reasonable and prisoners were given brief written feedback. Initial categorisation was completed promptly after sentencing and suitable prisons were identified for prisoners to move to. Despite the efforts of observation, categorisation and allocation (OCA) staff, problems remained with moving prisoners with sexual offences to other prisons. Other prisoners who had moved to Manchester for court appearances experienced delays returning to their originating prison.
- 4.23** There were 108 indeterminate sentence prisoners (ISPs), consisting of 64 lifers and 44 prisoners subject to indeterminate sentences for public protection. They were case managed by probation offender supervisors. Proper attention was given to parole processes; paperwork was completed on time and prison psychologists completed assessments requested by the Parole Board. Prisoners on remand facing a likely indeterminate sentence were not given any advice or guidance. There were no ISP days and the prison no longer housed most ISPs and longer-term prisoners together on one wing, which prisoners at the previous inspection had felt was positive and mutually supportive. Several prisoners raised concerns about the lack of awareness of the needs of and facilities for longer-term prisoners. This was concerning given the proposed re-role to a category B training prison early in 2019.

Recommendations

- 4.24** The offending-related needs of distinct groups of prisoners should be analysed and used to inform specific provision for them where needed.
- 4.25** Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background.
- 4.26** All prisoners should receive adequate support from their offender supervisor, including regular meaningful contact which is aimed at progression and reduction of risk.
- 4.27** All staff contact with prisoners should be recorded on one system to ensure that all parties are aware of and share relevant information. (Repeated recommendation 4.19)
- 4.28** The number of Bail Accommodation and Support Services hostel places should be increased, to enable the timely release of prisoners on home detention curfew.

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.29** Three accredited offending behaviour programmes were delivered: the Thinking Skills Programme, designed to address distorted thinking associated with offending, Resolve (addressing violence) and ARV which addressed alcohol related violence. The prison was preparing to start delivery of a new Motivation and Engagement non-accredited programme aimed at prisoners who were reluctant to commit to offence-related work. Programmes were appropriately targeted at high- and medium-risk prisoners and one or two programmes were organised for vulnerable prisoners each year. No specific offending behaviour work was available to prisoners convicted of sexual offences and their progression to other establishments was slow.
- 4.30** Offender supervisors made good use of in-cell workbooks with some prisoners to address victim awareness. Furthermore, the completed packs were then scanned and shared with the prisoner's community responsible officer.
- 4.31** In our survey, 31% of prisoners said they had money worries when they arrived at the prison. Reasonable support to address these issues was provided by Shelter peer workers, who assisted new arrivals with contacting creditors by mail, and Shelter resettlement workers took on more complex cases. Jobcentre Plus staff were on site to help prisoners set up new benefits claims before release and Shelter helped prisoners to apply for bank accounts. They also provided one-day money management and employability courses.
- 4.32** In our survey, 57% of prisoners who expected to be released in the next three months said they were receiving help with finding accommodation against 28% at similar prisons inspected since September 2017. Shelter resettlement workers provided housing advice and support, including maintaining or ending tenancies on arrival and seeking accommodation and liaising with community responsible officers before release. Despite these efforts, a third of prisoners released during the previous six months did not have an address on release. Prisoners who were released homeless were referred to attend housing offices on the day of release to be assessed for temporary accommodation. There was anecdotal feedback that prisoners secured accommodation in this way. However, there was no routine monitoring of accommodation status after release and it was not known how many prisoners were offered a place to live once back in the community.
- 4.33** No use had been made of release on temporary licence (ROTL). This was a missed opportunity to encourage good behaviour and give suitable prisoners the opportunity to apply for accommodation, training or employment in the community following release.
- 4.34** No support was available for prisoners who disclosed that they had been victims of abuse.

Recommendations

- 4.35** **The proportion of prisoners provided with suitable and sustainable accommodation shortly after release from custody should be monitored, to establish the number who remain homeless or in transient accommodation.**
- 4.36** **Release on temporary licence should be used in suitable cases to aid preparation for release.**

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.37** Shelter resettlement workers saw prisoners 12 weeks before their release where possible. The purpose of the meeting was to review and update their resettlement plans, including work undertaken by other agencies, and to make any necessary referrals. Some prisoners were serving short sentences which allowed less than 12 weeks to prepare for their release. Prisoners were given written information about support available in the community and, when needed, letters to present to their local authority as a priority need for interim housing. Remanded prisoners were given advice on how to tackle housing if released directly from court.
- 4.38** Some through-the-gate support was available to prisoners from On the Out, a community support project based near the prison. The project offered a drop-in centre with access to telephones and internet, peer support and practical help with housing, benefits and health. A meet-at-the-gate service was available to low-risk prisoners to help them with housing or benefits appointments.
- 4.39** Practical arrangements for the day of release were reasonable, although reception staff and managers told us that all prisoners were routinely strip-searched as part of release procedures which was disproportionate and disrespectful. Prisoners had their stored property returned, their licence requirements were discussed with them and they were given fares to home areas. If eligible, they were given a discharge grant. There was a stock of clean, non-prison clothing for prisoners who needed it, and plain bags in which to carry their property.

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** A clear strategy, based on a full assessment of violence at the prison, including causative factors such as poor living conditions, staff attitudes and illicit drug use, should be implemented to help reduce levels of violence and ensure that prisoners are kept safe. (S37)
- 5.2** All prisoners should have a single named member of staff assigned to them who supports and encourages them to achieve their objectives. Peer worker schemes should be adopted on wings to provide prisoners with an additional avenue of support. (S38)
- 5.3** A comprehensive approach should be taken to improving living conditions and to ensure that all areas are kept clean, rubbish is collected promptly and cells are maintained. (S39)
- 5.4** Equality and diversity work should be given greater priority across the prison. There should be regular consultation with prisoners with protected characteristics to understand and meet their specific needs. The role and contribution of equality peer workers should be promoted and extended. All staff should be trained to ensure that they can identify and address inequality and discrimination. (S40)
- 5.5** All prisoners should be out of their cells for 10 hours and be occupied in purposeful activity during the core day, with the option of at least one hour in the open air. Retired prisoners and those unable or not required to work should not be locked up all day. (S41)

Recommendations

To HMPPS

- 5.6** The number of Bail Accommodation and Support Services hostel places should be increased, to enable the timely release of prisoners on home detention curfew. (4.28)
- 5.7** The proportion of prisoners provided with suitable and sustainable accommodation shortly after release from custody should be monitored, to establish the number who remain homeless or in transient accommodation. (4.35)

Recommendations

To the governor

Early days in custody

- 5.8** New arrivals should not be routinely handcuffed or strip-searched unless an individual risk assessment indicates the necessity for this. (1.11)
- 5.9** Holding rooms should be welcoming and equipped with appropriate information for new arrivals. (1.12)

- 5.10** Interviews with new arrivals should be conducted in private and a thorough assessment of risk factors and personal concerns should be carried out. (1.13)
- 5.11** Prisoners should not be held in reception for excessive periods. (1.14)
- 5.12** There should be enhanced checks of new arrivals during their first night in custody. (1.15)

Managing behaviour

- 5.13** The reintegration unit should provide a full regime each day for every prisoner or safeguards appropriate to a segregation unit should be introduced. (1.23)
- 5.14** Use of force data and trends analysis should be used to devise clear measurable actions to reduce the number of incidents of force. (1.30)
- 5.15** Use of force incidents, all forms of video recorded evidence and staff statements should be subject to regular quality assurance and rigorous scrutiny. (1.31)
- 5.16** The regime for segregated prisoners should be improved and include purposeful activities to prevent psychological deterioration. (1.37, repeated recommendation 1.69)

Security

- 5.17** A prison-wide drug strategy based on an analysis of the specific issues in the prison should be implemented and monitored by a multidisciplinary team at regular meetings to help reduce the availability and use of illicit drugs in the prison. (1.48)

Safeguarding

- 5.18** Action plans developed following death in custody investigations should be reviewed periodically to ensure that changes in practice and lessons learned are sustained over time. (1.55)
- 5.19** There should be a consistent case management approach to ACCTs to ensure seamless support and to improve the quality of ACCT procedures. (1.56)
- 5.20** Safer custody meetings should be attended by all relevant departments and identified actions should be addressed promptly. (1.57)

Daily life

- 5.21** Higher standards of cleanliness should be maintained in and around residential areas and cleaners should be properly supervised. (2.10)
- 5.22** Two prisoners should not share accommodation designed for one. (2.11, repeated recommendation 2.8)
- 5.23** In-cell toilets should be adequately screened. (2.12)
- 5.24** All showers should be refurbished and adequately screened. (2.13)
- 5.25** Rules on property should be revised to allow prisoners to buy items or have property sent in more frequently. (2.14)

- 5.26** Wing serveries should be supervised to ensure that portion control and appropriate food hygiene measures are enforced. (2.18)
- 5.27** Lunch should not be served before noon and the evening meal not before 5pm. (2.19)
- 5.28** Breakfast should be issued on the day it is to be eaten. (2.20)
- 5.29** Responses to applications should be monitored to ensure timeliness and focus on the matters raised. (2.26)
- 5.30** Prisoners should be consulted to understand their lack of confidence in the formal complaint system and action taken to address this. (2.27)

Equality, diversity and faith

- 5.31** Prisoner equality representatives should have specific duties to meet prisoners with protected characteristics and ensure that their needs are met. (2.35)
- 5.32** An independent group should be invited to scrutinise discrimination incident report forms to provide quality assurance. (2.36)
- 5.33** Foreign national prisoners subject to immigration procedures should have access to independent immigration advice. (2.44)
- 5.34** There should be a strategy which supports gay, bisexual and transgender prisoners and creates an environment in which they can feel safe to disclose their sexuality. (2.45)
- 5.35** The equality strategy should address the needs of prisoners under the age of 25, with policies and procedures appropriate to their level of maturity. (2.46)
- 5.36** Prisoners who cannot work due to age, infirmity or disability should not be routinely locked up during the working day. (2.47)

Health, well-being and social care

- 5.37** There should be regular and recorded clinical supervision for all clinical staff. (2.63)
- 5.38** All clinical areas should be fully compliant with current infection control standards. (2.64, repeated recommendation 2.67)
- 5.39** Patients should not routinely wait in health care for excessive periods before and after appointments. (2.65)
- 5.40** The Manchester Local Delivery Group should ensure that the health complaints system is tailored to the prison setting, is well publicised, understood and confidential, and that responses to complaints are legible. (2.66)
- 5.41** The Manchester Local Delivery Board should establish regular monitoring of health care appointments and attendances to ensure that the systems are efficient and effective and meet contemporary NHS standards while being applied in a prison setting. (2.78)
- 5.42** Dedicated mental health awareness training should be available for custody staff. (2.85)
- 5.43** Patients requiring mental health inpatient care should be transferred expeditiously. (2.86, repeated recommendation 2.94)

- 5.44** Drug and alcohol dependent prisoners should be consistently identified and assessed on arrival, and should receive additional monitoring during their early days by competent clinical staff. (2.93)
- 5.45** Newly arrived prisoners should receive harm reduction information on illicit substance use in the prison and on substance misuse treatment services. (2.94)
- 5.46** Supervision of medicines administration queues should be improved to maintain confidentiality and minimise potential bullying and diversion of supplies. (2.103)
- 5.47** All medicines, except methadone, should be administered from individually labelled patient packs at an appropriate time for maximum clinical effect. (2.104)

Time out of cell

- 5.48** All prisoners should have one hour's exercise in the open air each day. (3.12)
- 5.49** Prisoners' access to the main gym facilities should be improved. (3.13)

Education, skills and work activities

- 5.50** Prison managers should ensure that vulnerable prisoners can access the same range of education courses as other prisoners. The number and range of activities for high-security prisoners should be increased significantly. (3.22)
- 5.51** Novus managers should evaluate accurately the quality of the lessons. (3.23)
- 5.52** Novus managers should ensure that classroom registers are accurate. (3.24)
- 5.53** Managers should ensure that prisoners use computers for learning and developing the skills to find jobs on release. (3.25)
- 5.54** Tutors and instructors should use information about prisoners' existing skills to set them appropriately demanding work and targets for their development. (3.33)
- 5.55** Tutors should provide appropriate resources for prisoners in their lessons and high-standard hand-outs and worksheets. (3.34)
- 5.56** Tutors and instructors should include tasks and activities in their teaching, training and assessment that improve prisoners' skills in English and mathematics. (3.35)
- 5.57** Wing staff should encourage and persuade prisoners to attend their lessons and prison work activities regularly and punctually to increase their chances of gaining employment after release. (3.39)
- 5.58** Prison and Novus managers should ensure that prisoners who start on courses can complete them. (3.44)
- 5.59** Prison managers should ensure that instructors recognise and record accurately the skills that prisoners develop in prison work. (3.45)

Children and families and contact with the outside world

- 5.60** Prisoners should have access to training in relationships and parenting. (4.8)
- 5.61** The concerns of prisoners about treatment of visitors should be investigated and addressed. (4.9)
- 5.62** A proportion of the non-contact tables should be removed and replaced with furniture appropriate for a predominantly local prison population. (4.10)

Reducing risk, rehabilitation and progression

- 5.63** The offending-related needs of distinct groups of prisoners should be analysed and used to inform specific provision for them where needed. (4.24)
- 5.64** Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background. (4.25)
- 5.65** All prisoners should receive adequate support from their offender supervisor, including regular meaningful contact which is aimed at progression and reduction of risk. (4.26)
- 5.66** All staff contact with prisoners should be recorded on one system to ensure that all parties are aware of and share relevant information. (4.27, repeated recommendation 4.19)

Interventions

- 5.67** Release on temporary licence should be used in suitable cases to aid preparation for release. (4.36)

Examples of good practice

- 5.68** The assessment templates created on SystemOne by the lead GP supported clinical staff in undertaking patient assessments and making decisions on a wide range of pertinent conditions, and aided early identification of potential problems. (2.79)
- 5.69** Good through care arrangements and flexible prescribing facilitated continuation of treatment on release. Substance misuse workers could provide follow-up contact in the community, and the abstinence and recovery centre was a valuable resource for post-release support. (2.95)
- 5.70** Weekly access to the senior pharmacist clinics facilitated individual medicine use reviews and treatment of minor ailments. (2.105)
- 5.71** The use of Espranor increased efficiency and helped to reduce the risks associated with opiate substitute therapy. (2.106)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Karen Dillon	Inspector
Angela Johnson	Inspector
Gordon Riach	Inspector
Andrew Rooke	Inspector
Paddy Doyle	Inspector
Catherine Shaw	Head of Research, Development and Thematic
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Beth Wilson	Researcher
Paul Tarbuck	Lead health and social care inspector
Sigrid Engelen	Substance misuse inspector
Rachel O'Callaghan	Pharmacist
Cat Reeves	Care Quality Commission inspector
Aimee Everett	Care Quality Commission inspector
Shahram Safavi	Lead Ofsted inspector
Keith Hughes	Ofsted inspector
Alison Cameron Brandwood	Ofsted inspector
Tracey Zimmerman	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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

*At the last inspection in 2014, reception and first night processes were generally adequate but not all prisoners received an adequate induction. More prisoners felt unsafe than at the previous inspection. Violence was increasing, but was still less prevalent than at similar prisons. Safer custody structures were generally good. There had been 12 deaths since the last inspection, including five that were self-inflicted. Levels of self-harm were lower than at similar prisons and there was good management of risk. The prison was unable to meet the social care needs of some men. Security processes enabled generally proportionate management of a complex population. Force was used less often than at similar prisons and governance was good. The segregation unit provided decent accommodation, but some prisoners were segregated for long periods and reintegration planning was underdeveloped. The mandatory drug testing rate was very low and drug services were reasonable, but some services had deteriorated or stopped recently. **Outcomes for prisoners were reasonably good against this healthy prison test.***

Recommendations

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

Achieved

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

Not achieved

There should be a suitable reception area for category A prisoners. (1.13)

Not achieved

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

Achieved

The safer custody group should survey prisoners' perceptions of safety to inform its strategy, and take particular steps to identify and address the concerns of vulnerable prisoners. (1.23)

Not achieved

All victims of bullying should be supported and actions to support them should be documented. (1.24)

Not achieved

All incidents of violence, including low-level incidents, should be thoroughly investigated and the findings recorded. (I.25)

Not achieved

The prison should develop a local policy setting out its procedures to reduce self-harm, based on the needs of the prison's population. (I.32)

Not achieved

There should be a long-term rolling programme of recruitment and training to ensure there are sufficient Listeners. (I.33)

Achieved

The governor should work with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.37)

Achieved

The prison should transfer prisoners whose care needs it cannot meet to an appropriate alternative prison. (I.38)

Achieved

Prisoners should not be placed on closed visits for issues that are not related to visits. (I.48)

Achieved

The strip searching and handcuffing of prisoners should be proportionate and reflect the risk presented. (I.49)

Not achieved

The establishment should ensure that target tests are undertaken within the required time frame. (I.50)

Achieved

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

Not achieved

The regime for segregated prisoners should be improved and include purposeful activities to prevent psychological deterioration. (I.69)

Not achieved (Recommendation repeated, I.37)

There should be formal and individual care planning to help segregated prisoners return to conditions where they can interact with others and reduce their time in isolation. (I.70)

Achieved

Segregation monitoring arrangements should be improved. (I.71)

Achieved

There should be a substance misuse strategy informed by a comprehensive needs analysis, and it should contain an action plan with performance measures that are reviewed at regular substance misuse strategy meetings. (I.79)

Not achieved

Prisoners with substance misuse issues, including with alcohol, should have access to a full range of psychosocial support, including mutual aid, peer support, one-to-one and group work, provided by staff who receive adequate training, supervision and managerial support. (I.80)

Achieved

The substance misuse service should have a mechanism for regular service user feedback to inform future service provision. (1.81)

Achieved

New arrivals with drug or alcohol dependency should receive documented overnight checks from staff who have received training in substance withdrawal, signs of over-sedation and first aid to identify and respond appropriately to emergencies. (1.82)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

*At the last inspection in 2014, there was significant overcrowding on the living units. Staff-prisoner relationships were generally good. Black and minority ethnic and Muslim prisoners were much more negative on a range of issues, and the prison had not done enough to address disparities revealed by ethnic monitoring. Conditions and support for prisoners with disabilities were inadequate. Faith provision was reasonably effective. Complaints were generally well managed, but some responses were inappropriate. Health services were generally good. Catering and shop provision were adequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

Main recommendations

Managers should explore and address the negative perceptions of black or minority ethnic and Muslim prisoners, including through dedicated prisoner support and consultation forums for all those with protected characteristics. Disparities in ethnic monitoring should be thoroughly and promptly investigated and addressed. (S43)

Not achieved

Prisoners with disabilities should only be held at Manchester when they can be provided with appropriate accommodation, care and support. When it is appropriate to hold them at Manchester, they should receive individual care appropriate to their needs. (S44)

Achieved

Recommendations

Two prisoners should not share accommodation designed for one. (2.8)

Not achieved (Recommendation repeated, 2.11)

All showers should be refurbished and provide appropriate privacy, cell toilets should be suitably screened and broken windows should be mended immediately. (2.9)

Not achieved

Wing laundries should be fitted with industrial washing machines and dryers. (2.10)

Not achieved

Prisoners should be able to make telephone calls in private protected from background noise. (2.11)

Not achieved

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

Not achieved

The prison should develop a strategy to ensure that the needs of all minority groups are identified and addressed, all aspects of equality and diversity are promoted, and outside support agencies are engaged. (2.28)

Not achieved

The prison should gather data on the equality of treatment for all protected characteristics, and should explore and address any problems that are consistently identified. (2.29)

Not achieved

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

Not achieved

The provision for older prisoners should be improved. (2.40)

Achieved

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

Achieved

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

Not achieved

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

Achieved

Health staff should have easy access to regular recorded supervision and all required mandatory training. (2.66)

Partially achieved

All clinical areas should be fully compliant with current infection control standards. (2.67)

Partially achieved (Recommendation repeated, 2.64)

Prisoners should not routinely wait in health care for excessive periods before and after appointments, and the waiting facilities should be adequate for the number waiting. (2.68)

Not achieved

Prisoners should be able to complain about health services through a well-publicised confidential system, and all responses to complaints should be prompt and fully address all the issues raised. (2.69)

Not achieved

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

Achieved

Information about prisoners' medication prescribed in the community should be confirmed consistently and dispensed promptly. (2.81)

Achieved

Medicines should be administered at an appropriate time for maximum clinical effect, and dispensed, administered and stored in line with professional standards. (2.82)

Not achieved

In-possession medication risk assessments, which consider the risks of the patient and the drug, should be completed consistently and accessible to health care staff. (2.83)

Achieved

Prisoners in shared cells should have lockable cabinets in which to store in-possession medication. (2.84)

Not achieved

Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored. (2.85)

Achieved

There should be mental health awareness training for custody staff. (2.93)

Achieved

Patients requiring mental health inpatient care should be transferred expeditiously. (2.94)

Not achieved (Recommendation repeated, 2.86)

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

Not achieved

Prisoners should be able to dine out of cell. (2.100)

Not achieved

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

Achieved

Purposeful activity

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

*At the last inspection in 2014, time out of cell had deteriorated, and too many prisoners were locked up during the working day. The leadership and management of learning and skills required improvement. There were sufficient activity places for most of the population. Vocational training and achievements were good, as was the quality of education provision. The library provided an impressive service. Physical education facilities were reasonable but participation was too low. **Outcomes for prisoners were reasonably good against this healthy prison test.***

Recommendations

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

Achieved

There should be a survey of prisoners' learning and skills needs to inform development of the provision. (3.12)

Achieved

There should be effective quality assurance arrangements for all taught sessions. (3.13)

Not achieved

The prison should systematically analyse a wider range of data to inform learning and skills and work performance management and curriculum development. (3.14)

Partially achieved

The quality improvement group should rigorously monitor, evaluate and improve performance. (3.15)

Not achieved

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

Not achieved

Target setting should be improved and used in conjunction with specialist diagnostic assessment and English and mathematics skills tests to plan individual learning. (3.27)

Not achieved

All prisoners should receive appropriate English and mathematics support while working. (3.28)

Not achieved

Induction should effectively promote prisoners' understanding of the available learning and skills provision. (3.29)

Achieved

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

Partially achieved

The prison should ensure that all prisoners have access to the main gym, raise participation rates in PE, and effectively monitor the use of PE facilities throughout the prison. (3.44)

Not achieved

Prisoners should be offered courses that support employment in the fitness industry. (3.45)

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

Recommendations

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

Not achieved

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

Not achieved

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

Not achieved

There should be management monitoring to ensure that all elements of offender management are timely and of a sufficient standard, including OASys (offender assessment system) reviews, risk management plans and sentence plan objectives. (4.17)

Not achieved

All releases on home detention curfew should be timely. (4.18)

Not achieved

All staff contact with prisoners should be recorded on one system to ensure that all parties are aware of and share relevant information. (4.19)

Not achieved (Recommendation repeated, 4.27)

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

Achieved

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

Not achieved

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

Achieved

The virtual campus should be available to prisoners. (4.35)

Not achieved

All prisoners should have access to family visits. (4.46)

Achieved

A victim awareness course should be available to prisoners requiring it. (4.51)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Greater Manchester Mental Health NHS Foundation Trust

Location: HMP Manchester

Location ID: RXVX4

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening procedures.

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 16: Receiving and acting on complaints

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

We found that the provider did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints.

- The complaints system was not effectively promoted in healthcare or on the prison wings, and some patients spoken to did not know, or were uncertain how make a complaint.
- Posters were out of date, inappropriate for the prison environment or did not clearly state the complaints process, and complaint forms were only available on request.
- As a result, the provider could not be confident that all patients who wished to submit a complaint to healthcare were doing so.
- The complaints system was not confidential. Patients had to request forms from healthcare staff, and return them unsealed. We were informed that envelopes were available on request, but we could not find any evidence that that envelopes were available.
- Responses were handwritten onto the forms, which were then scanned onto the patient record on SystemOne. The forms were then returned, unsealed, to patients via healthcare staff and wing officers. This meant that the original complaint and response, including confidential personal information about health conditions and other matters, could be read by staff not directly involved in the complaints system,

We therefore found that the complaints system was not effective in ensuring that patients were able or willing to submit complaints, or that their information was kept confidential.

Appendix IV: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	0	651	70.0%
Recall	0	124	13.3%
Convicted unsentenced	0	65	7.0
Remand	1	79	8.6%
Civil prisoners	0	3	0.3%
Detainees	0	0	0%
Total	2	929	100%

Sentence	18–20 yr olds	21 and over	%
Unsentenced	1	177	19.1%
Less than six months	0	31	3.3%
six months to less than 12 months	0	33	3.5%
12 months to less than 2 years	0	63	6.8%
2 years to less than 4 years	0	116	13.4%
4 years to less than 10 years	0	211	22.7%
10 years and over (not life)	0	191	20.5%
ISPP (indeterminate sentence for public protection)	0	44	4.7%
Life	1	63	11.6%
Total	2	929	100.0%

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	2	0.2%
21 years to 29 years	266	28.6%
30 years to 39 years	316	33.9%
40 years to 49 years	181	19.4%
50 years to 59 years	112	12.0%
60 years to 69 years	31	3.3%
70 plus years	23	2.5%
Please state maximum age here: 89		
Total	931	100.0%

Nationality	18–20 yr olds	21 and over	%
British	2	838	90.2%
Foreign nationals	0	91	9.8%
Total	2	929	100.0%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	152	16.3%
Uncategorised sentenced	0	22	2.4%
Category A	1	10	1.2%
Category B	0	267	28.7%
Category C	0	448	48.1%
Category D	0	9	1.0%
Provisional category A	1	21	2.3%
Total	2	929	100.0%

Ethnicity	18–20 yr olds	21 and over	%
White			
British	1	676	72.7%
Irish	0	6	0.6%
Gypsy/Irish Traveller	0	7	0.7%
Other white	0	24	2.6
Mixed			
White and black Caribbean	0	22	2.4%
White and black African	0	2	0.2%
White and Asian	0	2	0.2%
Other mixed	0	11	1.2%
Asian or Asian British			
Indian	0	11	1.2%
Pakistani	1	56	6.1%
Bangladeshi	0	5	0.5%
Chinese	0	1	0.1%
Other Asian	0	23	2.5%
Black or black British			
Caribbean	0	35	3.8%
African	0	20	2.1%
Other black	0	17	1.8%
Other ethnic group			
Arab	0	5	0.5%
Other ethnic group	0	1	0.1%
Not stated	0	5	0.5
Total	2	929	100.0%

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1%
Church of England	0	133	14.3%
Roman Catholic	0	231	24.8%
Other Christian denominations	1	68	7.4%
Muslim	1	145	15.7%
Sikh	0	2	0.2%
Hindu	0	1	0.1%
Buddhist	0	8	0.9%
Jewish	0	8	0.9%
Other	0	7	0.8%
No religion	0	325	34.9%
Total	2	929	100.0%

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	4	0.4%
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.1%	104	11.2%
1 month to 3 months	0	0.0%	137	14.7%
3 months to six months	0	0.0%	109	11.7%
six months to 1 year	0	0.0%	179	19.2%
1 year to 2 years	0	0.0%	157	16.9%
2 years to 4 years	0	0.0%	55	5.9%
4 years or more	0	0.0%	11	1.2%
Total	1	0.1%	752	80.8%

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0.0%
Total	0	0	0.0%

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0%	60	33.7%
1 month to 3 months	0	0.0%	49	27.5%
3 months to six months	1	0.6%	25	14.0%
six months to 1 year	0	0.0%	34	19.1%
1 year to 2 years	0	0.0%	6	3.4%
2 years to 4 years	0	0.0%	3	1.7%
4 years or more	0	0.0%	0	0.0%
Total	1	0.1%	177	19.0%

Main offence	18–20 yr olds	21 and over	%
Violence against the person		154	16.5%
Sexual offences		207	22.2%
Burglary		48	5.2%
Robbery		109	11.7%
Theft and handling		25	2.7%
Fraud and forgery		22	2.4%
Drugs offences		110	11.8%
Other offences	2	224	24.1%
Civil offences		3	0.3%
Offence not recorded /holding warrant		27	2.9%
Total	2	929	100%

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HMIP researchers have developed a self-completion questionnaire to support HMIP Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express in their own words what they find most positive and negative about the prison²².

The questionnaire is available in 14 languages and can also be administered via a telephone interpreting service if necessary.

The questionnaire was revised during 2016-17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.²³

Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent²⁴ to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 27 June 2018 the prisoner population at HMP Manchester was 912. Using the sampling method described above, questionnaires were distributed to 214 prisoners. We received a total of 179 completed questionnaires, a response rate of 84%. This included three questionnaires completed via face-to-face interview. Fourteen prisoners declined to participate in the survey and 21 questionnaires were either not returned at all, or returned blank.

²² Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

²³ 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

²⁴ For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Manchester 2018. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.²⁵ Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Manchester 2018 compared with those from other HMIP surveys²⁶

- Survey responses from HMP Manchester in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Manchester in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Manchester in 2018 compared with survey responses from HMP Manchester in 2014.

Comparisons between different residential locations within HMP Manchester 2018

- responses of prisoners on vulnerable prisoner units (E and K wings) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Manchester 2018²⁷

- white prisoners’ responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners’ responses compared with those of non-Muslim prisoners.
- disabled prisoners’ responses compared with those who do not have a disability.
- responses of prisoners with mental health problems compared with those who do not have mental health problems.
- responses of prisoners aged 50 and over compared with those under 50.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.²⁸

In the comparator analyses, statistically significant²⁹ differences are indicated by shading. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there are no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of

²⁵ Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

²⁶ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

²⁷ These analyses are carried out on summary data from selected survey questions only.

²⁸ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

In the comparator analyses, statistically significant differences are indicated by shading.³⁰ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

³⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Full survey results

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing.....	16 (9%)
	B Wing.....	20 (11%)
	C Wing.....	20 (11%)
	D Wing.....	19 (11%)
	E Wing (Cat A).....	2 (1%)
	E Wing (VP).....	19 (11%)
	G Wing.....	21 (12%)
	H Wing.....	13 (7%)
	I Wing.....	5 (3%)
	K Wing.....	36 (20%)
	Segregation unit.....	4 (2%)
	Health care unit.....	4 (2%)
I.2	How old are you?	
	Under 21.....	0 (0%)
	21 - 25.....	17 (10%)
	26 - 29.....	27 (15%)
	30 - 39.....	68 (38%)
	40 - 49.....	32 (18%)
	50 - 59.....	19 (11%)
	60 - 69.....	8 (4%)
	70 or over.....	7 (4%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	114 (64%)
	White - Irish.....	1 (1%)
	White - Gypsy or Irish Traveller.....	2 (1%)
	White - any other White background.....	5 (3%)
	Mixed - White and Black Caribbean.....	13 (7%)
	Mixed - White and Black African.....	0 (0%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background.....	1 (1%)
	Asian/ Asian British - Indian.....	1 (1%)
	Asian/ Asian British - Pakistani.....	16 (9%)
	Asian/ Asian British - Bangladeshi.....	1 (1%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background.....	2 (1%)
	Black/ Black British - Caribbean.....	8 (5%)
	Black/ Black British - African.....	5 (3%)
	Black - any other Black/ African/ Caribbean background.....	4 (2%)
	Arab.....	1 (1%)
	Any other ethnic group.....	2 (1%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	74 (42%)
	6 months or more.....	101 (58%)

1.5	Are you currently serving a sentence?	
	Yes	128 (72%)
	Yes - on recall	20 (11%)
	No - on remand or awaiting sentence	27 (15%)
	No - immigration detainee.....	2 (1%)
1.6	How long is your sentence?	
	Less than 6 months.....	8 (5%)
	6 months to less than 1 year	18 (10%)
	1 year to less than 4 years	36 (21%)
	4 years to less than 10 years	33 (19%)
	10 years or more	31 (18%)
	IPP (indeterminate sentence for public protection)	10 (6%)
	Life	10 (6%)
	Not currently serving a sentence.....	29 (17%)
Arrival and reception		
2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	31 (18%)
	No.....	127 (72%)
	Don't remember	19 (11%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours	33 (19%)
	2 hours or more.....	134 (75%)
	Don't remember	11 (6%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	129 (72%)
	No.....	44 (25%)
	Don't remember	6 (3%)
2.4	Overall, how were you treated in reception?	
	Very well	35 (20%)
	Quite well	97 (54%)
	Quite badly	33 (18%)
	Very badly	13 (7%)
	Don't remember	1 (1%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	87 (50%)
	Contacting family.....	81 (46%)
	Arranging care for children or other dependants.....	6 (3%)
	Contacting employers.....	10 (6%)
	Money worries.....	54 (31%)
	Housing worries	30 (17%)
	Feeling depressed.....	95 (54%)
	Feeling suicidal	31 (18%)
	Other mental health problems	54 (31%)
	Physical health problems	31 (18%)
	Drug or alcohol problems (e.g. withdrawal)	27 (15%)
	Problems getting medication	40 (23%)
	Needing protection from other prisoners.....	18 (10%)
	Lost or delayed property	39 (22%)
	Other problems.....	31 (18%)
	Did not have any problems.....	21 (12%)

2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	54 (32%)
	No	94 (56%)
	Did not have any problems when I first arrived	21 (12%)

First night and induction

3.1	Before you were locked up on your first night here, were you offered any of the following things?			
	Tobacco or nicotine replacement	127 (72%)		
	Toiletries / other basic items	71 (40%)		
	A shower	17 (10%)		
	A free phone call	110 (63%)		
	Something to eat	121 (69%)		
	The chance to see someone from health care	87 (49%)		
	The chance to talk to a Listener or Samaritans	30 (17%)		
	Support from another prisoner (e.g. Insider or buddy)	18 (10%)		
	Wasn't offered any of these things	14 (8%)		
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean	6 (3%)		
	Quite clean	51 (29%)		
	Quite dirty	52 (29%)		
	Very dirty	64 (36%)		
	Don't remember	4 (2%)		
3.3	Did you feel safe on your first night here?			
	Yes	107 (60%)		
	No	63 (36%)		
	Don't remember	7 (4%)		
3.4	In your first few days here, did you get:			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	46 (27%)	117 (70%)	5 (3%)
	Free PIN phone credit?	80 (47%)	79 (47%)	10 (6%)
	Numbers put on your PIN phone?	52 (31%)	106 (63%)	9 (5%)
3.5	Did your induction cover everything you needed to know about this prison?			
	Yes	58 (35%)		
	No	75 (45%)		
	Have not had an induction	34 (20%)		

On the wing

4.1	Are you in a cell on your own?	
	Yes	61 (35%)
	No, I'm in a shared cell or dormitory	115 (65%)
4.2	Is your cell call bell normally answered within 5 minutes?	
	Yes	57 (33%)
	No	93 (54%)
	Don't know	21 (12%)
	Don't have a cell call bell	1 (1%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	124 (71%)	50 (29%)	0 (0%)
Can you shower every day?	149 (85%)	26 (15%)	1 (1%)
Do you have clean sheets every week?	137 (79%)	34 (20%)	3 (2%)
Do you get cell cleaning materials every week?	138 (79%)	33 (19%)	4 (2%)
Is it normally quiet enough for you to relax or sleep at night?	98 (57%)	67 (39%)	6 (4%)
Can you get your stored property if you need it?	38 (22%)	95 (55%)	39 (23%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean	23 (13%)
Quite clean	79 (45%)
Quite dirty	45 (26%)
Very dirty	28 (16%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	7 (4%)
Quite good	40 (23%)
Quite bad	59 (34%)
Very bad	66 (38%)

5.2 Do you get enough to eat at mealtimes?

Always	26 (15%)
Most of the time	30 (17%)
Some of the time	71 (41%)
Never	48 (27%)

5.3 Does the shop / canteen sell the things that you need?

Yes	101 (58%)
No	67 (39%)
Don't know	5 (3%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	123 (71%)
No	50 (29%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	128 (74%)
No	44 (26%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	56 (32%)
No	118 (68%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	20 (12%)
	Quite helpful.....	19 (12%)
	Not very helpful	5 (3%)
	Not at all helpful.....	15 (9%)
	Don't know.....	31 (19%)
	Don't have a personal / named officer	71 (44%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	7 (4%)
	Sometimes.....	19 (11%)
	Hardly ever.....	125 (74%)
	Don't know.....	18 (11%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	78 (46%)
	No.....	91 (54%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	25 (15%)
	Yes, but things don't change.....	40 (23%)
	No.....	76 (44%)
	Don't know.....	30 (18%)

Faith

7.1	What is your religion?	
	No religion.....	46 (27%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	81 (47%)
	Buddhist.....	3 (2%)
	Hindu.....	1 (1%)
	Jewish	2 (1%)
	Muslim.....	32 (19%)
	Sikh	0 (0%)
	Other	6 (4%)
7.2	Are your religious beliefs respected here?	
	Yes.....	84 (49%)
	No.....	23 (13%)
	Don't know.....	19 (11%)
	Not applicable (no religion).....	46 (27%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	92 (54%)
	No.....	14 (8%)
	Don't know.....	18 (11%)
	Not applicable (no religion).....	46 (27%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	112 (65%)
	No.....	10 (6%)
	Don't know.....	4 (2%)
	Not applicable (no religion).....	46 (27%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	45 (26%)
	No	127 (74%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	96 (56%)
	No	75 (44%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	150 (88%)
	No	20 (12%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	27 (16%)
	Quite easy	67 (40%)
	Quite difficult	34 (20%)
	Very difficult	27 (16%)
	Don't know	14 (8%)
8.5	How often do you have visits from family or friends?	
	More than once a week	12 (7%)
	About once a week	65 (38%)
	Less than once a week	50 (29%)
	Not applicable (don't get visits)	44 (26%)
8.6	Do visits usually start and finish on time?	
	Yes	47 (38%)
	No	76 (62%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	70 (58%)
	No	50 (42%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	72 (42%)
	Yes, but these times are not usually kept to	69 (41%)
	No	29 (17%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	56 (33%)
	2 to 6 hours	71 (42%)
	6 to 10 hours	27 (16%)
	10 hours or more	3 (2%)
	Don't know	13 (8%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	59 (34%)
	2 to 6 hours	90 (52%)
	6 to 10 hours	12 (7%)
	10 hours or more	2 (1%)
	Don't know	11 (6%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?		
	None	5 (3%)	
	1 or 2	31 (18%)	
	3 to 5.....	38 (22%)	
	More than 5.....	85 (50%)	
	Don't know.....	12 (7%)	
9.5	How many days in a typical week do you get association, if you want it?		
	None	4 (2%)	
	1 or 2	15 (9%)	
	3 to 5.....	38 (22%)	
	More than 5.....	102 (60%)	
	Don't know.....	11 (6%)	
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None	14 (8%)	
	1 or 2	32 (19%)	
	3 to 5.....	44 (26%)	
	More than 5.....	75 (44%)	
	Don't know.....	7 (4%)	
9.7	Typically, how often do you go to the gym?		
	Twice a week or more	62 (36%)	
	About once a week.....	28 (16%)	
	Less than once a week.....	15 (9%)	
	Never	67 (39%)	
9.8	Typically, how often do you go to the library?		
	Twice a week or more	14 (8%)	
	About once a week.....	74 (43%)	
	Less than once a week.....	38 (22%)	
	Never	45 (26%)	
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes	80 (48%)	
	No.....	42 (25%)	
	Don't use the library	45 (27%)	

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....			117 (68%)
	No.....			43 (25%)
	Don't know.....			13 (8%)
10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	80 (49%)	70 (43%)	13 (8%)
	Are applications usually dealt with within 7 days?	53 (34%)	89 (57%)	13 (8%)

10.3	Is it easy for you to make a complaint?			
	Yes.....			99 (58%)
	No.....			40 (23%)
	Don't know.....			32 (19%)
10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	21 (13%)	81 (51%)	58 (36%)
	Are complaints usually dealt with within 7 days?	33 (21%)	65 (42%)	58 (37%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes.....			42 (26%)
	No.....			84 (51%)
	Not wanted to make a complaint.....			38 (23%)
10.6	In this prison, is it easy or difficult for you to...			
		Easy	Difficult	Don't know Don't need this
	Communicate with your solicitor or legal representative?	81 (48%)	45 (26%)	30 (18%) 14 (8%)
	Attend legal visits?	103 (62%)	27 (16%)	23 (14%) 14 (8%)
	Get bail information?	19 (12%)	39 (24%)	55 (34%) 49 (30%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes.....			80 (47%)
	No.....			77 (45%)
	Not had any legal letters.....			14 (8%)

Health care

11.1	How easy or difficult is it to see the following people?				
		Very easy	Quite easy	Quite difficult	Very difficult Don't know
	Doctor	7 (4%)	40 (23%)	50 (29%)	68 (39%) 8 (5%)
	Nurse	20 (12%)	57 (34%)	38 (22%)	45 (26%) 10 (6%)
	Dentist	3 (2%)	21 (13%)	39 (23%)	75 (45%) 29 (17%)
	Mental health workers	12 (7%)	28 (17%)	30 (18%)	53 (32%) 45 (27%)
11.2	What do you think of the quality of the health service from the following people?				
		Very good	Quite good	Quite bad	Very bad Don't know
	Doctor	15 (9%)	54 (32%)	47 (28%)	34 (20%) 19 (11%)
	Nurse	34 (20%)	63 (37%)	24 (14%)	30 (18%) 19 (11%)
	Dentist	16 (10%)	37 (22%)	33 (20%)	30 (18%) 51 (31%)
	Mental health workers	19 (12%)	27 (16%)	21 (13%)	30 (18%) 68 (41%)
11.3	Do you have any mental health problems?				
	Yes.....				91 (53%)
	No.....				82 (47%)
11.4	Have you been helped with your mental health problems in this prison?				
	Yes.....				36 (21%)
	No.....				53 (31%)
	Don't have any mental health problems.....				82 (48%)

11.5	What do you think of the overall quality of the health services here?	
	Very good	14 (8%)
	Quite good	50 (30%)
	Quite bad	43 (25%)
	Very bad	49 (29%)
	Don't know.....	13 (8%)
Other support needs		
12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	63 (37%)
	No.....	108 (63%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	28 (17%)
	No.....	32 (19%)
	Don't have a disability	108 (64%)
12.3	Have you been on an ACCT in this prison?	
	Yes	42 (25%)
	No.....	126 (75%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	27 (16%)
	No.....	16 (9%)
	Have not been on an ACCT in this prison.....	126 (75%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	59 (35%)
	Quite easy	44 (26%)
	Quite difficult	11 (6%)
	Very difficult	12 (7%)
	Don't know.....	44 (26%)
	No Listeners at this prison	1 (1%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	29 (17%)
	No.....	145 (83%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	18 (10%)
	No.....	11 (6%)
	Did not / do not have an alcohol problem	145 (83%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	50 (29%)
	No.....	125 (71%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	23 (13%)
	No.....	149 (87%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	15 (9%)
	No	156 (91%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	23 (14%)
	No	32 (19%)
	Did not / do not have a drug problem.....	111 (67%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	56 (33%)
	Quite easy	33 (20%)
	Quite difficult	11 (7%)
	Very difficult	6 (4%)
	Don't know.....	62 (37%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	14 (8%)
	Quite easy	20 (12%)
	Quite difficult	24 (14%)
	Very difficult	22 (13%)
	Don't know.....	88 (52%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	114 (66%)
	No	59 (34%)
14.2	Do you feel unsafe now?	
	Yes	54 (32%)
	No	116 (68%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	70 (44%)
	Threats or intimidation.....	71 (45%)
	Physical assault.....	39 (25%)
	Sexual assault.....	8 (5%)
	Theft of canteen or property.....	51 (32%)
	Other bullying / victimisation	34 (21%)
	Not experienced any of these from prisoners here.....	62 (39%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	63 (39%)
	No	97 (61%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	60 (38%)
	Threats or intimidation.....	49 (31%)
	Physical assault.....	21 (13%)
	Sexual assault.....	5 (3%)
	Theft of canteen or property.....	22 (14%)
	Other bullying / victimisation	37 (23%)
	Not experienced any of these from staff here.....	75 (47%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	85 (52%)
	No.....	80 (48%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	64 (39%)
	No.....	71 (43%)
	Don't know what the incentives / rewards are	29 (18%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	59 (36%)
	No.....	61 (37%)
	Don't know.....	22 (13%)
	Don't know what this is	23 (14%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	23 (13%)
	No.....	148 (87%)

15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?	
	Yes	5 (3%)
	No.....	19 (11%)
	Don't remember	0 (0%)
	Not been restrained here in last 6 months	148 (86%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	13 (8%)
	No.....	159 (92%)

15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	9 (75%)	3 (25%)
	Could you shower every day?	3 (25%)	9 (75%)
	Could you go outside for exercise every day?	8 (67%)	4 (33%)
	Could you use the phone every day (if you had credit)?	3 (25%)	9 (75%)

Education, skills and work**16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	92 (55%)	45 (27%)	28 (17%)	1 (1%)
Vocational or skills training	35 (24%)	46 (32%)	54 (37%)	11 (8%)
Prison job	84 (53%)	46 (29%)	28 (18%)	2 (1%)
Voluntary work outside of the prison	6 (4%)	30 (21%)	51 (35%)	59 (40%)
Paid work outside of the prison	1 (1%)	29 (20%)	53 (37%)	62 (43%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	58 (36%)	61 (38%)	42 (26%)
Vocational or skills training	39 (26%)	47 (31%)	64 (43%)
Prison job	36 (23%)	84 (54%)	35 (23%)
Voluntary work outside of the prison	14 (10%)	32 (23%)	94 (67%)
Paid work outside of the prison	17 (12%)	31 (22%)	93 (66%)

16.3 Do staff encourage you to attend education, training or work?

Yes	81 (49%)
No.....	72 (44%)
Not applicable (e.g. if you are retired, sick or on remand)	11 (7%)

Planning and progression**17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes	66 (39%)
No.....	103 (61%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	47 (71%)
No.....	6 (9%)
Don't know what my objectives or targets are.....	13 (20%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	24 (37%)
No.....	28 (43%)
Don't know what my objectives or targets are.....	13 (20%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done /don't know
Offending behaviour programmes	15 (26%)	6 (10%)	37 (64%)
Other programmes	8 (15%)	7 (13%)	38 (72%)
One to one work	6 (12%)	6 (12%)	40 (77%)
Being on a specialist unit	2 (4%)	5 (10%)	45 (87%)
ROTL - day or overnight release	3 (5%)	6 (11%)	47 (84%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes.....			42 (25%)
	No.....			107 (64%)
	Don't know.....			18 (11%)
18.2	How close is this prison to your home area or intended release address?			
	Very near.....			11 (27%)
	Quite near.....			18 (44%)
	Quite far.....			7 (17%)
	Very far.....			5 (12%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes.....			26 (63%)
	No.....			15 (37%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	17 (41%)	13 (32%)	11 (27%)
	Getting employment	8 (21%)	20 (53%)	10 (26%)
	Setting up education or training	4 (12%)	15 (44%)	15 (44%)
	Arranging benefits	10 (26%)	21 (54%)	8 (21%)
	Sorting out finances	4 (11%)	20 (57%)	11 (31%)
	Support for drug or alcohol problems	6 (16%)	13 (35%)	18 (49%)
	Health / mental health support	7 (18%)	14 (36%)	18 (46%)
	Social care support	4 (12%)	8 (24%)	22 (65%)
	Getting back in touch with family or friends	6 (15%)	10 (26%)	23 (59%)

More about you

19.1	Do you have children under the age of 18?		
	Yes.....		86 (51%)
	No.....		83 (49%)
19.2	Are you a UK / British citizen?		
	Yes.....		155 (92%)
	No.....		13 (8%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes.....		6 (4%)
	No.....		162 (96%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes.....		10 (6%)
	No.....		157 (94%)
19.5	What is your gender?		
	Male.....		169 (100%)
	Female.....		0 (0%)
	Non-binary.....		0 (0%)
	Other.....		0 (0%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	161 (96%)
	Gay / lesbian / homosexual.....	2 (1%)
	Bisexual.....	4 (2%)
	Other.....	0 (0%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	1 (1%)
	No.....	158 (99%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend.....	19 (12%)
	Less likely to offend.....	83 (51%)
	Made no difference.....	62 (38%)

HMP Manchester 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Manchester 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (12 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP Manchester in 2018 are compared with those from HMP Manchester in 2014. Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

n=number of valid responses to question (HMP Manchester 2018)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			HMP Manchester 2018	All other local prisons	HMP Manchester 2018	All other local prisons surveyed since September 2017	HMP Manchester 2018	HMP Manchester 2014
			179	5,868	179	2,111	179	212
1.2	Are you under 21 years of age?	<i>n</i> =178	0%	6%	0%	5%	0%	1%
	Are you 25 years of age or younger?	<i>n</i> =178	10%		10%	22%	10%	
	Are you 50 years of age or older?	<i>n</i> =178	19%	13%	19%	14%	19%	11%
	Are you 70 years of age or older?	<i>n</i> =178	4%	2%	4%	1%	4%	1%
1.3	Are you from a minority ethnic group?	<i>n</i> =177	31%	24%	31%	24%	31%	26%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =175	42%		42%	61%	42%	
1.5	Are you currently serving a sentence?	<i>n</i> =177	84%	71%	84%	71%	84%	70%
	Are you on recall?	<i>n</i> =177	11%	11%	11%	13%	11%	10%
1.6	Is your sentence less than 12 months?	<i>n</i> =175	15%	21%	15%	21%	15%	16%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =175	6%	3%	6%	3%	6%	2%
7.1	Are you Muslim?	<i>n</i> =171	19%	12%	19%	12%	19%	16%
11.3	Do you have any mental health problems?	<i>n</i> =173	53%		53%	50%	53%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =171	37%	34%	37%	40%	37%	24%
19.1	Do you have any children under the age of 18?	<i>n</i> =169	51%	52%	51%	52%	51%	53%
19.2	Are you a foreign national?	<i>n</i> =168	8%	11%	8%	10%	8%	12%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =168	4%	6%	4%	6%	4%	3%
19.4	Have you ever been in the armed services?	<i>n</i> =167	6%	6%	6%	7%	6%	5%
19.5	Is your gender female or non-binary?	<i>n</i> =169	0%		0%	1%	0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =167	4%	4%	4%	4%	4%	3%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =159	1%		1%	2%	1%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =177	18%		18%	16%	18%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =178	19%	39%	19%	35%	19%	21%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =179	72%	77%	72%	77%	72%	73%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =179	74%		74%	74%	74%	

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	HMP Manchester 2018	All other local prisons	HMP Manchester 2018	All other local prisons surveyed since September 2017	HMP Manchester 2018	HMP Manchester 2014
	179	5,868	179	2,111	179	212

2.5	When you first arrived, did you have any problems?	<i>n=175</i>	88%	83%	88%	89%	88%	73%
2.5	Did you have problems with:							
	- Getting phone numbers?	<i>n=175</i>	50%	38%	50%	46%	50%	28%
	- Contacting family?	<i>n=175</i>	46%	41%	46%	49%	46%	25%
	- Arranging care for children or other dependents?	<i>n=175</i>	3%		3%	5%	3%	
	- Contacting employers?	<i>n=175</i>	6%	6%	6%	8%	6%	4%
	- Money worries?	<i>n=175</i>	31%	25%	31%	28%	31%	24%
	- Housing worries?	<i>n=175</i>	17%	24%	17%	24%	17%	21%
	- Feeling depressed?	<i>n=175</i>	54%		54%	48%	54%	
	- Feeling suicidal?	<i>n=175</i>	18%		18%	18%	18%	
	- Other mental health problems?	<i>n=175</i>	31%		31%	28%	31%	
	- Physical health problems	<i>n=175</i>	18%	20%	18%	20%	18%	18%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=175</i>	15%		15%	24%	15%	
	- Getting medication?	<i>n=175</i>	23%		23%	31%	23%	
	- Needing protection from other prisoners?	<i>n=175</i>	10%	10%	10%	11%	10%	9%
	- Lost or delayed property?	<i>n=175</i>	22%	19%	22%	21%	22%	15%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	<i>n=148</i>	37%	31%	37%	30%	37%	39%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	<i>n=176</i>	72%	70%	72%	71%	72%	78%
	- Toiletries / other basic items?	<i>n=176</i>	40%	58%	40%	53%	40%	41%
	- A shower?	<i>n=176</i>	10%	30%	10%	29%	10%	14%
	- A free phone call?	<i>n=176</i>	63%	50%	63%	45%	63%	77%
	- Something to eat?	<i>n=176</i>	69%	73%	69%	76%	69%	63%
	- The chance to see someone from health care?	<i>n=176</i>	49%	64%	49%	63%	49%	67%
	- The chance to talk to a Listener or Samaritans?	<i>n=176</i>	17%	29%	17%	26%	17%	32%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=176</i>	10%		10%	21%	10%	
	- None of these?	<i>n=176</i>	8%		8%	5%	8%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=177</i>	32%		32%	28%	32%	
3.3	Did you feel safe on your first night here?	<i>n=177</i>	61%	64%	61%	62%	61%	69%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	<i>n=168</i>	27%	26%	27%	31%	27%	17%
	- Free PIN phone credit?	<i>n=169</i>	47%		47%	54%	47%	
	- Numbers put on your PIN phone?	<i>n=167</i>	31%		31%	32%	31%	
3.5	Have you had an induction at this prison?	<i>n=167</i>	80%	79%	80%	82%	80%	68%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	<i>n=133</i>	44%		44%	48%	44%	

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	179	5,868	179	2,111	179	212

ON THE WING								
4.1	Are you in a cell on your own?	<i>n=176</i>	35%		35%	32%	35%	
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n=172</i>	33%	20%	33%	18%	33%	47%
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	<i>n=174</i>	71%	49%	71%	53%	71%	67%
	- Can you shower every day?	<i>n=176</i>	85%	75%	85%	74%	85%	71%
	- Do you have clean sheets every week?	<i>n=174</i>	79%	61%	79%	61%	79%	71%
	- Do you get cell cleaning materials every week?	<i>n=175</i>	79%	48%	79%	48%	79%	74%
	- Is it normally quiet enough for you to relax or sleep at night?	<i>n=171</i>	57%	53%	57%	53%	57%	61%
	- Can you get your stored property if you need it?	<i>n=172</i>	22%	19%	22%	21%	22%	25%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	<i>n=175</i>	58%		58%	56%	58%	
FOOD AND CANTEEN								
5.1	Is the quality of the food in this prison very / quite good?	<i>n=172</i>	27%		27%	36%	27%	
5.2	Do you get enough to eat at meal-times always / most of the time?	<i>n=175</i>	32%		32%	28%	32%	
5.3	Does the shop / canteen sell the things that you need?	<i>n=173</i>	58%	52%	58%	60%	58%	41%
RELATIONSHIPS WITH STAFF								
6.1	Do most staff here treat you with respect?	<i>n=173</i>	71%	70%	71%	67%	71%	73%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=172</i>	74%	69%	74%	70%	74%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=174</i>	32%	38%	32%	29%	32%	30%
6.4	Do you have a personal officer?	<i>n=161</i>	56%		56%	57%	56%	
	<i>For those who have a personal officer:</i>							
6.4	Is your personal or named officer very / quite helpful?	<i>n=90</i>	43%		43%	45%	43%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	<i>n=169</i>	4%		4%	7%	4%	
6.6	Do you feel that you are treated as an individual in this prison?	<i>n=169</i>	46%		46%	38%	46%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	<i>n=171</i>	38%		38%	40%	38%	
	If so, do things sometimes change?	<i>n=65</i>	39%		39%	34%	39%	
FAITH								
7.1	Do you have a religion?	<i>n=171</i>	73%	68%	73%	69%	73%	76%
	<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	<i>n=126</i>	67%		67%	66%	67%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<i>n=124</i>	74%		74%	64%	74%	
7.4	Are you able to attend religious services, if you want to?	<i>n=126</i>	89%		89%	84%	89%	

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CONTACT WITH FAMILY AND FRIENDS								
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<i>n=172</i>	26%		26%	24%	26%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<i>n=171</i>	56%	49%	56%	55%	56%	47%
8.3	Are you able to use a phone every day (if you have credit)?	<i>n=170</i>	88%		88%	78%	88%	
8.4	Is it very / quite easy for your family and friends to get here?	<i>n=169</i>	56%		56%	45%	56%	
8.5	Do you get visits from family/friends once a week or more?	<i>n=171</i>	45%		45%	22%	45%	
<i>For those who get visits:</i>								
8.6	Do visits usually start and finish on time?	<i>n=123</i>	38%		38%	45%	38%	
8.7	Are your visitors usually treated respectfully by staff?	<i>n=120</i>	58%		58%	73%	58%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	<i>n=170</i>	83%		83%	81%	83%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>								
9.1	Are these times usually kept to?	<i>n=141</i>	51%		51%	49%	51%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<i>n=170</i>	33%	33%	33%	38%	33%	19%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<i>n=170</i>	2%	7%	2%	5%	2%	7%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	<i>n=174</i>	34%		34%	54%	34%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	<i>n=174</i>	1%		1%	1%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	<i>n=171</i>	50%		50%	40%	50%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	<i>n=170</i>	60%		60%	41%	60%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	<i>n=172</i>	44%		44%	46%	44%	
9.7	Do you typically go to the gym twice a week or more?	<i>n=172</i>	36%		36%	36%	36%	
9.8	Do you typically go to the library twice a week or more?	<i>n=171</i>	8%	7%	8%	10%	8%	7%
<i>For those who use the library:</i>								
9.9	Does the library have a wide enough range of materials to meet your needs?	<i>n=122</i>	66%	55%	66%	57%	66%	62%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	<i>n=173</i>	68%	70%	68%	67%	68%	72%
<i>For those who have made an application:</i>								
10.2	Are applications usually dealt with fairly?	<i>n=150</i>	53%	46%	53%	46%	53%	51%
	Are applications usually dealt with within 7 days?	<i>n=142</i>	37%	32%	37%	30%	37%	33%
10.3	Is it easy for you to make a complaint?	<i>n=171</i>	58%	50%	58%	54%	58%	48%
<i>For those who have made a complaint:</i>								
10.4	Are complaints usually dealt with fairly?	<i>n=102</i>	21%	26%	21%	27%	21%	28%
	Are complaints usually dealt with within 7 days?	<i>n=98</i>	34%	21%	34%	19%	34%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<i>n=126</i>	33%		33%	29%	33%	

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For those who need it, is it easy to:								
10.6	Communicate with your solicitor or legal representative?	n=156	52%		52%	39%	52%	
	Attend legal visits?	n=153	67%		67%	56%	67%	
	Get bail information?	n=113	17%		17%	16%	17%	
For those who have had legal letters:								
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=157	51%	49%	51%	50%	51%	43%
HEALTH CARE								
11.1	Is it very / quite easy to see:							
	- Doctor?	n=173	27%		27%	24%	27%	
	- Nurse?	n=170	45%		45%	47%	45%	
	- Dentist?	n=167	14%		14%	10%	14%	
	- Mental health workers?	n=168	24%		24%	19%	24%	
11.2	Do you think the quality of the health service is very / quite good from:							
	- Doctor?	n=169	41%		41%	39%	41%	
	- Nurse?	n=170	57%		57%	50%	57%	
	- Dentist?	n=167	32%		32%	24%	32%	
	- Mental health workers?	n=165	28%		28%	24%	28%	
11.3	Do you have any mental health problems?	n=173	53%		53%	50%	53%	
For those who have mental health problems:								
11.4	Have you been helped with your mental health problems in this prison?	n=89	40%		40%	34%	40%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=169	38%		38%	34%	38%	
OTHER SUPPORT NEEDS								
12.1	Do you consider yourself to have a disability?	n=171	37%	34%	37%	40%	37%	24%
For those who have a disability:								
12.2	Are you getting the support you need?	n=60	47%		47%	26%	47%	
12.3	Have you been on an ACCT in this prison?	n=168	25%		25%	24%	25%	
For those who have been on an ACCT:								
12.4	Did you feel cared for by staff?	n=43	63%		63%	47%	63%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=171	60%		60%	47%	60%	
ALCOHOL AND DRUGS								
13.1	Did you have an alcohol problem when you came into this prison?	n=174	17%	22%	17%	23%	17%	19%
For those who had / have an alcohol problem:								
13.2	Have you been helped with your alcohol problem in this prison?	n=29	62%	55%	62%	61%	62%	53%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=175	29%	36%	29%	34%	29%	28%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=172	13%	14%	13%	16%	13%	8%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=171	9%		9%	11%	9%	
For those who had / have a drug problem:								
13.6	Have you been helped with your drug problem in this prison?	n=55	42%	54%	42%	50%	42%	61%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=168	53%		53%	50%	53%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=168	20%		20%	26%	20%	

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SAFETY								
14.1	Have you ever felt unsafe here?	n=173	66%	55%	66%	59%	66%	42%
14.2	Do you feel unsafe now?	n=170	32%	27%	32%	28%	32%	19%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=159	44%		44%	38%	44%	
	- Threats or intimidation?	n=159	45%		45%	34%	45%	
	- Physical assault?	n=159	25%		25%	20%	25%	
	- Sexual assault?	n=159	5%		5%	2%	5%	
	- Theft of canteen or property?	n=159	32%		32%	29%	32%	
	- Other bullying / victimisation?	n=159	21%		21%	20%	21%	
	- Not experienced any of these from prisoners here	n=159	39%	62%	39%	48%	39%	69%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=160	39%		39%	35%	39%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=160	38%		38%	34%	38%	
	- Threats or intimidation?	n=160	31%		31%	25%	31%	
	- Physical assault?	n=160	13%		13%	14%	13%	
	- Sexual assault?	n=160	3%		3%	2%	3%	
	- Theft of canteen or property?	n=160	14%		14%	11%	14%	
	- Other bullying / victimisation?	n=160	23%		23%	17%	23%	
	- Not experienced any of these from staff here	n=160	47%	64%	47%	55%	47%	65%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=165	52%		52%	46%	52%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=164	39%		39%	38%	39%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=165	36%		36%	34%	36%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=171	14%	13%	14%	14%	14%	12%
<i>For those who have been restrained in the last 6 months:</i>								
15.4	Did anyone come and talk to you about it afterwards?	n=24	21%		21%	20%	21%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=172	8%	17%	8%	9%	8%	17%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>								
15.6	Were you treated well by segregation staff?	n=12	75%		75%	54%	75%	
	Could you shower every day?	n=12	25%		25%	48%	25%	
	Could you go outside for exercise every day?	n=12	67%		67%	55%	67%	
	Could you use the phone every day (if you had credit)?	n=12	25%		25%	44%	25%	

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EDUCATION, SKILLS AND WORK							
16.1	In this prison, is it easy to get into the following activities:						
	- Education?	n=166	55%		55%	51%	55%
	- Vocational or skills training?	n=146	24%		24%	25%	24%
	- Prison job?	n=160	53%		53%	30%	53%
	- Voluntary work outside of the prison?	n=146	4%		4%	4%	4%
	- Paid work outside of the prison?	n=145	1%		1%	4%	1%
16.2	In this prison, have you done the following activities:						
	- Education?	n=161	74%	68%	74%	71%	74%
	- Vocational or skills training?	n=150	57%	55%	57%	54%	57%
	- Prison job?	n=155	77%	71%	77%	70%	77%
	- Voluntary work outside of the prison?	n=140	33%		33%	31%	33%
	- Paid work outside of the prison?	n=141	34%		34%	31%	34%
<i>For those who have done the following activities, do you think they will help you on release:</i>							
	- Education?	n=119	49%	51%	49%	57%	49%
	- Vocational or skills training?	n=86	45%	46%	45%	57%	45%
	- Prison job?	n=120	30%	39%	30%	42%	30%
	- Voluntary work outside of the prison?	n=46	30%		30%	50%	30%
	- Paid work outside of the prison?	n=48	35%		35%	56%	35%
16.3	Do staff encourage you to attend education, training or work?			n=153	53%		53%
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan?			n=169	39%		39%
<i>For those who have a custody plan:</i>							
17.2	Do you understand what you need to do to achieve your objectives or targets?			n=66	71%		71%
17.3	Are staff helping you to achieve your objectives or targets?			n=65	37%		37%
17.4	In this prison, have you done:						
	- Offending behaviour programmes?	n=58	36%		36%	43%	36%
	- Other programmes?	n=53	28%		28%	42%	28%
	- One to one work?	n=52	23%		23%	36%	23%
	- Been on a specialist unit?	n=52	14%		14%	22%	14%
	- ROTL - day or overnight release?	n=56	16%		16%	16%	16%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>							
	- Offending behaviour programmes?	n=21	76%		76%	69%	76%
	- Other programmes?	n=15	53%		53%	66%	53%
	- One to one work?	n=12	50%		50%	65%	50%
	- Being on a specialist unit?	n=7	29%		29%	48%	29%
	- ROTL - day or overnight release?	n=9	33%		33%	49%	33%

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PREPARATION FOR RELEASE								
18.1	Do you expect to be released in the next 3 months?	<i>n=167</i>	25%		25%	32%	25%	
<i>For those who expect to be released in the next 3 months:</i>								
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n=41</i>	71%		71%	61%	71%	
18.3	Is anybody helping you to prepare for your release?	<i>n=41</i>	63%		63%	44%	63%	
18.4	Do you need help to sort out the following for when you are released:							
	- Finding accommodation?	<i>n=41</i>	73%		73%	64%	73%	
	- Getting employment?	<i>n=38</i>	74%		74%	60%	74%	
	- Setting up education or training?	<i>n=34</i>	56%		56%	48%	56%	
	- Arranging benefits?	<i>n=39</i>	80%		80%	66%	80%	
	- Sorting out finances?	<i>n=35</i>	69%		69%	55%	69%	
	- Support for drug or alcohol problems?	<i>n=37</i>	51%		51%	51%	51%	
	- Health / mental Health support?	<i>n=39</i>	54%		54%	58%	54%	
	- Social care support?	<i>n=34</i>	35%		35%	41%	35%	
	- Getting back in touch with family or friends?	<i>n=39</i>	41%		41%	41%	41%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:							
	- Finding accommodation?	<i>n=30</i>	57%		57%	28%	57%	
	- Getting employment?	<i>n=28</i>	29%		29%	20%	29%	
	- Setting up education or training?	<i>n=19</i>	21%		21%	15%	21%	
	- Arranging benefits?	<i>n=31</i>	32%		32%	23%	32%	
	- Sorting out finances?	<i>n=24</i>	17%		17%	17%	17%	
	- Support for drug or alcohol problems?	<i>n=19</i>	32%		32%	42%	32%	
	- Health / mental Health support?	<i>n=21</i>	33%		33%	22%	33%	
	- Social care support?	<i>n=12</i>	33%		33%	17%	33%	
	- Getting back in touch with family or friends?	<i>n=16</i>	38%		38%	25%	38%	
FINAL QUESTION ABOUT THIS PRISON								
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=164</i>	51%		51%	48%	51%	

HMP Manchester 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

Please note that these analyses are based on summary data from selected survey questions only.

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Black and minority ethnic		White		Muslim		Non-Muslim	
	55		122		32		139

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	0%	28%	0%	24%
1.3	Are you from a minority ethnic group?			90%	18%
7.1	Are you Muslim?	53%	3%		
11.3	Do you have any mental health problems?	43%	57%	23%	58%
12.1	Do you consider yourself to have a disability?	28%	41%	18%	40%
19.2	Are you a foreign national?	17%	4%	20%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	4%	3%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	67%	74%	59%	76%
2.4	Overall, were you treated very / quite well in reception?	71%	75%	69%	76%
2.5	When you first arrived, did you have any problems?	93%	86%	97%	87%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	37%	36%	45%	35%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	53%	63%	38%	66%
3.5	Have you had an induction at this prison?	84%	77%	79%	80%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	35%	48%	39%	46%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	33%	33%	44%	31%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	67%	73%	70%	72%
	- Can you shower every day?	80%	87%	75%	88%
	- Do you have clean sheets every week?	75%	81%	75%	80%
	- Do you get cell cleaning materials every week?	84%	76%	88%	79%
	- Is it normally quiet enough for you to relax or sleep at night?	56%	58%	50%	60%
	- Can you get your stored property if you need it?	15%	26%	13%	25%

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	Black and minority ethnic	White	Muslim	Non-Muslim
	55	122	32	139

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	26%	35%	34%	32%
5.3	Does the shop / canteen sell the things that you need?	40%	67%	38%	63%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	67%	74%	74%	72%
6.2	Are there any staff here you could turn to if you had a problem?	77%	74%	77%	75%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	30%	33%	28%	34%
6.6	Do you feel that you are treated as an individual in this prison?	46%	46%	43%	47%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	63%	70%	75%	66%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	75%	73%	81%	74%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	27%	25%	26%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	60%	54%	53%	57%
8.3	Are you able to use a phone every day (if you have credit)?	91%	87%	81%	91%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	49%	64%	52%	63%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	36%	17%	35%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	3%	0%	2%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	66%	67%	67%	67%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	55%	74%	52%	72%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	48%	56%	50%	56%
10.3	Is it easy for you to make a complaint?	51%	60%	55%	59%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	12%	24%	15%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	46%	28%	48%	30%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	55	122	32	139

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	30%	27%	25%	28%
	- Nurse?	41%	48%	38%	47%
	- Dentist?	13%	15%	10%	16%
	- Mental health workers?	19%	26%	25%	24%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	23%	46%	29%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	32%	41%	32%	40%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	46%	48%	50%	45%
SAFETY					
14.1	Have you ever felt unsafe here?	68%	65%	77%	62%
14.2	Do you feel unsafe now?	37%	30%	45%	29%
14.3	Not experienced bullying / victimisation by other prisoners	42%	38%	35%	42%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	39%	44%	39%
14.5	Not experienced bullying / victimisation by members of staff	44%	49%	32%	52%
14.6	If you were being bullied / victimised by staff here, would you report it?	58%	49%	59%	51%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	42%	37%	46%	37%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	37%	35%	33%	37%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	17%	11%	19%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	8%	10%	7%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	57%	51%	62%	51%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	40%	37%	47%	37%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	43%	33%	29%	41%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	67%	61%	64%	62%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	49%	51%	50%	52%

HMP Manchester 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems
- disabled prisoners' responses are compared with those of prisoners who do not have a disability

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
91	82	63	108

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	14%	24%	21%	19%
1.3	Are you from a minority ethnic group?	26%	38%	23%	35%
7.1	Are you Muslim?	8%	28%	8%	22%
11.3	Do you have any mental health problems?			89%	32%
12.1	Do you consider yourself to have a disability?	61%	9%		
19.2	Are you a foreign national?	6%	9%	6%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	3%	5%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	68%	78%	71%	74%
2.4	Overall, were you treated very / quite well in reception?	70%	78%	70%	76%
2.5	When you first arrived, did you have any problems?	93%	83%	89%	89%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	36%	36%	45%	31%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	59%	63%	65%	58%
3.5	Have you had an induction at this prison?	81%	77%	83%	78%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	38%	51%	40%	47%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	33%	32%	36%	31%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	69%	75%	67%	76%
	- Can you shower every day?	84%	86%	86%	86%
	- Do you have clean sheets every week?	78%	80%	78%	79%
	- Do you get cell cleaning materials every week?	79%	81%	78%	80%
	- Is it normally quiet enough for you to relax or sleep at night?	54%	61%	56%	59%
	- Can you get your stored property if you need it?	25%	19%	27%	19%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	91	82	63	108
			Have a disability	Do not have a disability

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	28%	37%	33%	32%
5.3	Does the shop / canteen sell the things that you need?	66%	51%	66%	55%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	67%	76%	68%	74%
6.2	Are there any staff here you could turn to if you had a problem?	71%	80%	73%	76%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	36%	30%	43%	27%
6.6	Do you feel that you are treated as an individual in this prison?	43%	49%	53%	42%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	62%	72%	64%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	76%	74%	74%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	30%	21%	37%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	64%	48%	63%	52%
8.3	Are you able to use a phone every day (if you have credit)?	87%	89%	89%	88%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	55%	62%	57%	59%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	39%	27%	49%	24%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	1%	3%	2%	2%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	66%	65%	63%	67%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	59%	76%	57%	74%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	51%	55%	44%	58%
10.3	Is it easy for you to make a complaint?	57%	58%	57%	59%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	18%	24%	27%	16%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	34%	32%	33%	34%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	91	82	Have a disability	Do not have a disability
			63	108

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	30%	25%	32%	24%
	- Nurse?	51%	39%	55%	41%
	- Dentist?	15%	14%	17%	13%
	- Mental health workers?	31%	16%	38%	16%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	40%		53%	21%
11.5	Do you think the overall quality of the health services here is very / quite good?	34%	42%	43%	35%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	43%	83%	48%	
SAFETY					
14.1	Have you ever felt unsafe here?	73%	58%	71%	63%
14.2	Do you feel unsafe now?	34%	29%	41%	26%
14.3	Not experienced bullying / victimisation by other prisoners	38%	41%	31%	44%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	36%	43%	45%	36%
14.5	Not experienced bullying / victimisation by members of staff	42%	53%	41%	51%
14.6	If you were being bullied / victimised by staff here, would you report it?	52%	50%	65%	44%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	35%	45%	40%	38%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	34%	37%	26%	41%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	16%	10%	18%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	6%	5%	9%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	50%	55%	59%	49%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	39%	40%	46%	36%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	37%	37%	36%	38%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	65%	62%	67%	62%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	48%	54%	54%	50%

HMP Manchester 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of prisoners aged 50 and over are compared with those of prisoners under 50
 Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

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Number of completed questionnaires returned

50 and over	Under 50
34	144

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.3	Are you from a minority ethnic group?	0% 39%
7.1	Are you Muslim?	0% 23%
11.3	Do you have any mental health problems?	39% 55%
12.1	Do you consider yourself to have a disability?	39% 36%
19.2	Are you a foreign national?	0% 10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6% 3%
ARRIVAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	85% 69%
2.4	Overall, were you treated very / quite well in reception?	79% 72%
2.5	When you first arrived, did you have any problems?	82% 89%
<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	33% 37%
FIRST NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	72% 58%
3.5	Have you had an induction at this prison?	65% 83%
<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	60% 41%
ON THE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	44% 31%
4.3	On the wing or houseblock you currently live on:	
	- Do you normally have enough clean, suitable clothes for the week?	88% 67%
	- Can you shower every day?	88% 84%
	- Do you have clean sheets every week?	94% 75%
	- Do you get cell cleaning materials every week?	70% 81%
	- Is it normally quiet enough for you to relax or sleep at night?	65% 56%
	- Can you get your stored property if you need it?	22% 22%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

50 and over	Under 50
34	144

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	61%	26%
5.3	Does the shop / canteen sell the things that you need?	64%	57%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	85%	68%
6.2	Are there any staff here you could turn to if you had a problem?	79%	74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	36%	31%
6.6	Do you feel that you are treated as an individual in this prison?	58%	44%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	70%	66%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	74%	74%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	27%	26%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	36%	60%
8.3	Are you able to use a phone every day (if you have credit)?	90%	88%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	88%	54%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	33%	33%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	2%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	75%	64%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	76%	66%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	70%	50%
10.3	Is it easy for you to make a complaint?	69%	55%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	46%	17%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	5%	39%

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* less than 1% probability that the difference is due to chance

	50 and over	Under 50
Number of completed questionnaires returned	34	144

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	34%	26%
	- Nurse?	56%	43%
	- Dentist?	20%	13%
	- Mental health workers?	36%	21%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	39%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	58%	33%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	54%	46%
SAFETY			
14.1	Have you ever felt unsafe here?	50%	69%
14.2	Do you feel unsafe now?	21%	35%
14.3	Not experienced bullying / victimisation by other prisoners	42%	39%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	63%	33%
14.5	Not experienced bullying / victimisation by members of staff	73%	41%
14.6	If you were being bullied / victimised by staff here, would you report it?	65%	48%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	53%	35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	35%	36%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	6%	15%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	9%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	46%	54%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	27%	41%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	43%	37%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	75%	62%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	58%	49%

HMP Manchester 2018

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner units (E VP and K wings) are compared with those from rest of the establishment.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	E (VP) and K wings	Rest of the establishment
Number of completed questionnaires returned	55	116

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 25 years of age or younger?	4%	12%
	Are you 50 years of age or older?	32%	13%
	Are you 70 years of age or older?	9%	1%
1.3	Are you from a minority ethnic group?	19%	38%
1.4	Have you been in this prison for less than 6 months?	30%	49%
1.5	Are you currently serving a sentence?	94%	78%
	Are you on recall?	9%	13%
1.6	Is your sentence less than 12 months?	17%	14%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	7%
7.1	Are you Muslim?	11%	22%
11.3	Do you have any mental health problems?	48%	53%
12.1	Do you consider yourself to have a disability?	40%	35%
19.1	Do you have any children under the age of 18?	46%	55%
19.2	Are you a foreign national?	9%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	5%
19.4	Have you ever been in the armed services?	6%	6%
19.5	Is your gender female or non-binary?	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	4%	4%
19.7	Do you identify as transgender or transsexual?	0%	1%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	13%	19%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	24%	14%
2.3	When you were searched in reception, was this done in a respectful way?	78%	69%
2.4	Overall, were you treated very / quite well in reception?	76%	72%

Shading is used to indicate statistical significance*, as follows:

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	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	E (VP) and K wings	Rest of the establishment
Number of completed questionnaires returned	55	116

2.5	When you first arrived, did you have any problems?	84%	91%
2.5	Did you have problems with:		
	- Getting phone numbers?	44%	54%
	- Contacting family?	42%	49%
	- Arranging care for children or other dependents?	2%	5%
	- Contacting employers?	2%	8%
	- Money worries?	26%	35%
	- Housing worries?	13%	20%
	- Feeling depressed?	58%	53%
	- Feeling suicidal?	24%	14%
	- Other mental health problems?	27%	33%
	- Physical health problems?	16%	19%
	- Drugs or alcohol (e.g. withdrawal)?	9%	18%
	- Getting medication?	24%	23%
	- Needing protection from other prisoners?	16%	8%
	- Lost or delayed property?	15%	27%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	30%	39%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	73%	73%
	- Toiletries / other basic items?	46%	39%
	- A shower?	15%	7%
	- A free phone call?	55%	69%
	- Something to eat?	71%	70%
	- The chance to see someone from health care?	47%	52%
	- The chance to talk to a Listener or Samaritans?	13%	20%
	- Support from another prisoner (e.g. Insider or buddy)?	9%	12%
	- None of these?	4%	9%
3.2	On your first night in this prison, was your cell very / quite clean?	47%	25%
3.3	Did you feel safe on your first night here?	61%	62%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	34%	25%
	- Free PIN phone credit?	44%	49%
	- Numbers put on your PIN phone?	31%	32%
3.5	Have you had an induction at this prison?	77%	82%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	48%	43%

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E (VP) and K wings	Rest of the establishment
55	116

ON THE WING			
4.1	Are you in a cell on your own?	36%	29%
4.2	Is your cell call bell normally answered within 5 minutes?	46%	28%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	87%	64%
	- Can you shower every day?	95%	83%
	- Do you have clean sheets every week?	98%	69%
	- Do you get cell cleaning materials every week?	86%	76%
	- Is it normally quiet enough for you to relax or sleep at night?	67%	53%
	- Can you get your stored property if you need it?	32%	18%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	71%	50%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	36%	23%
5.2	Do you get enough to eat at meal-times always / most of the time?	44%	27%
5.3	Does the shop / canteen sell the things that you need?	67%	53%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	80%	67%
6.2	Are there any staff here you could turn to if you had a problem?	82%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	31%	30%
6.4	Do you have a personal officer?	45%	61%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	48%	42%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	2%	4%
6.6	Do you feel that you are treated as an individual in this prison?	46%	47%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	40%	40%
	If so, do things sometimes change?	48%	34%
FAITH			
7.1	Do you have a religion?	72%	72%
	<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	72%	66%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	79%	74%
7.4	Are you able to attend religious services, if you want to?	97%	89%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	30%	24%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	47%	62%
8.3	Are you able to use a phone every day (if you have credit)?	93%	90%
8.4	Is it very / quite easy for your family and friends to get here?	55%	56%
8.5	Do you get visits from family/friends once a week or more?	30%	54%
	<i>For those who get visits:</i>		
8.6	Do visits usually start and finish on time?	40%	38%
8.7	Are your visitors usually treated respectfully by staff?	62%	57%

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TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	89%	82%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	47%	52%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	24%	36%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	2%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	40%	31%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	2%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	60%	47%
9.5	Do you get association more than 5 days in a typical week, if you want it?	67%	58%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	51%	39%
9.7	Do you typically go to the gym twice a week or more?	53%	30%
9.8	Do you typically go to the library twice a week or more?	9%	8%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	74%	62%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	82%	62%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	60%	51%
	Are applications usually dealt with within 7 days?	38%	37%
10.3	Is it easy for you to make a complaint?	67%	55%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	31%	17%
	Are complaints usually dealt with within 7 days?	43%	31%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	16%	39%

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<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	58%	51%
	Attend legal visits?	65%	68%
	Get bail information?	11%	19%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	33%	60%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	33%	24%
	- Nurse?	45%	45%
	- Dentist?	21%	11%
	- Mental health workers?	26%	19%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	48%	37%
	- Nurse?	64%	53%
	- Dentist?	35%	32%
	- Mental health workers?	30%	24%
11.3	Do you have any mental health problems?	48%	53%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	44%	35%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	34%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	40%	35%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	55%	40%
12.3	Have you been on an ACCT in this prison?	37%	17%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	74%	50%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	69%	58%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	11%	20%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	100%	55%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	20%	32%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	8%	14%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	4%	11%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	33%	47%
13.7	Is it very / quite easy to get illicit drugs in this prison?	42%	57%
13.8	Is it very / quite easy to get alcohol in this prison?	15%	20%

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SAFETY			
14.1	Have you ever felt unsafe here?	65%	65%
14.2	Do you feel unsafe now?	22%	37%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	55%	40%
	- Threats or intimidation?	49%	43%
	- Physical assault?	25%	27%
	- Sexual assault?	2%	7%
	- Theft of canteen or property?	34%	34%
	- Other bullying / victimisation?	19%	22%
	- Not experienced any of these from prisoners here	28%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	59%	31%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	33%	41%
	- Threats or intimidation?	30%	32%
	- Physical assault?	11%	15%
	- Sexual assault?	0%	5%
	- Theft of canteen or property?	13%	13%
	- Other bullying / victimisation?	13%	28%
	- Not experienced any of these from staff here	57%	41%
14.6	If you were being bullied / victimised by staff here, would you report it?	61%	47%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	56%	33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	40%	36%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	13%	13%
	<i>For those who have been restrained in the last 6 months:</i>		
15.4	Did anyone come and talk to you about it afterwards?	29%	14%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	8%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>		
15.6	Were you treated well by segregation staff?		63%
	Could you shower every day?		38%
	Could you go outside for exercise every day?		63%
	Could you use the phone every day (if you had credit)?		38%

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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	39%	65%
	- Vocational or skills training?	30%	23%
	- Prison job?	81%	42%
	- Voluntary work outside of the prison?	2%	5%
	- Paid work outside of the prison?	0%	1%
16.2	In this prison, have you done the following activities:		
	- Education?	64%	79%
	- Vocational or skills training?	57%	57%
	- Prison job?	90%	72%
	- Voluntary work outside of the prison?	29%	34%
	- Paid work outside of the prison?	29%	36%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	59%	46%
	- Vocational or skills training?	52%	46%
	- Prison job?	20%	39%
	- Voluntary work outside of the prison?	39%	30%
	- Paid work outside of the prison?	39%	38%
16.3	Do staff encourage you to attend education, training or work?	60%	52%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	47%	35%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	68%	74%
17.3	Are staff helping you to achieve your objectives or targets?	24%	43%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	29%	45%
	- Other programmes?	17%	41%
	- One to one work?	14%	33%
	- Been on a specialist unit?	8%	20%
	- ROTL - day or overnight release?	8%	24%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	86%	64%
	- Other programmes?	25%	64%
	- One to one work?	33%	56%
	- Being on a specialist unit?	0%	40%
	- ROTL - day or overnight release?	0%	43%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	20%	29%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	55%	79%
18.3	Is anybody helping you to prepare for your release?	70%	60%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	73%	72%
	- Getting employment?	82%	69%
	- Setting up education or training?	46%	61%
	- Arranging benefits?	91%	74%
	- Sorting out finances?	60%	72%
	- Support for drug or alcohol problems?	30%	58%
	- Health / mental Health support?	40%	57%
	- Social care support?	10%	46%
	- Getting back in touch with family or friends?	27%	48%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	63%	57%
	- Getting employment?	33%	28%
	- Setting up education or training?	20%	21%
	- Arranging benefits?	50%	25%
	- Sorting out finances?	33%	11%
	- Support for drug or alcohol problems?	67%	27%
	- Health / mental Health support?	25%	38%
	- Social care support?	100%	27%
	- Getting back in touch with family or friends?	33%	39%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	55%	48%