

Report on an unannounced short follow-up inspection of

HMP Nottingham

25–27 February 2013

by HM Chief Inspector of Prisons

Glossary of terms

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Introduction

HMP Nottingham held just over 1,000 men, with over a third on remand and a small number aged under 21. It had almost doubled in size since our last inspection in 2010 and its focus had moved away from being a community prison to a local prison.

At our last inspection in 2010, we found that the prison was achieving reasonably good outcomes for prisoners in all four of our healthy prison tests: safety, respect, purposeful activity and resettlement. A short follow-up inspection such as this focuses only on the progress the prison has made in implementing the recommendations made at the last inspection and so does not provide a complete picture of the establishment as a whole. During this unannounced short follow-up inspection, we found sufficient progress in implementing our recommendations in three of the healthy prison areas, but insufficient progress in resettlement.

Significant steps had been taken to improve the safety of vulnerable prisoners and to ensure they had equitable access to the regime. Initial assessment and first night procedures had improved, but induction for vulnerable prisoners remained poor. There were still no constructive interventions to change the behaviour of perpetrators or support victims of bullying. Management oversight of adjudications and the use of force needed improvement. The regime in the segregation unit remained restricted, but it was encouraging that the use of the special cell had ceased.

Some prisoners we spoke to had negative perceptions of staff attitudes and the personal officer scheme was weak. There was some indication of progress concerning equality. Actions to address significant issues raised by black and minority ethnic prisoners about relationships with staff had been identified, but not yet implemented. Reasonable adjustments had been made for some, but most prisoners who required assistance with day-to-day needs, had to rely on the goodwill of other prisoners or staff to assist them. Some improvements had been made in the healthcare and pharmacy services.

Time out of cell was adequate for the majority, but those on the basic regime were locked up for too long with limited access to showers and telephones. Sufficient purposeful activity places were now available, and recommendations about education and training had mostly been achieved with significant improvements in qualification rates.

The prison had made insufficient progress against our last recommendations in resettlement. There was no up-to-date needs analysis or action plan and offender supervisors were not seeing prisoners regularly enough. Vulnerable prisoners' access to resettlement services was limited and some prisoners waited too long when a transfer to another prison was needed. There were no interventions to address attitudes, thinking and behaviour.

HMP Nottingham had experienced considerable changes since our last inspection with a significantly increased population and a change in role. Despite these challenges, there has been a positive response to some key findings from our last inspection.

Nick Hardwick
HM Chief Inspector of Prisons

May 2013

Fact page

Task of the establishment

HMP Nottingham is a local prison holding young adult (18–21 years old) and adult male remand and sentenced prisoners. It primarily serves the courts of Nottingham and Derby City as well as Nottinghamshire and Derbyshire areas.

Prison status

Public

Region

East Midlands

Number held

1,010

Certified normal accommodation

723

Operational capacity

1,060

Date of last full inspection

15–19 February 2010

Brief history

HMP Nottingham opened in 1890 as a city gaol but was reconstructed in 1912, and until 1997 served as a closed training establishment for adult males. In 1997, D wing and E wing were opened and the prison became a category B local establishment serving local courts in Nottingham and Derby. In 2005, F wing, G wing and the separation and reassessment unit were opened and B wing was decanted. All the original Victorian prison was demolished in 2008, with only part of the gatehouse and the wall remaining. Work to rebuild an expanded prison was completed in February 2010. The new prison has been in operation since 15 March 2010.

Short description of residential units

The prison is made up of seven main residential wings:

A wing supports prisoners on the detoxification and integrated drug treatment system programmes – four landings (can hold 180 prisoners).

B wing houses general population prisoners – four landings (can hold 220 prisoners).

C wing is the first night centre and induction wing – four landings (can hold 110 prisoners).

D and E wings are identical units and house general population prisoners – four landings (can hold 155 prisoners).

F wing has recently changed back to a general population wing and has a 10-bed space – the enhanced care area (ECA). F wing has three landings and can hold 99 prisoners.

G wing has recently changed to a vulnerable prisoner wing comprising three landings and a roll of 141 prisoners.

The separation and reassessment unit has two storeys and a capacity of 12 prisoner spaces.

A and F wings have two constant supervision cells.

Name of governor

James Shanley

Escort contractor

GeoAmey

Health service commissioner and provider

Nottinghamshire Healthcare Trust

Learning and skills providers

Milton Keynes College

Independent Monitoring Board chair

Deborah White

Section 1: Summary

Introduction

- 1.1 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, immigration detention facilities and police custody.
- 1.2 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.
- 1.3 The purpose of this short follow-up inspection was to follow up the recommendations made in our last full inspection of 2010 and assess the progress achieved¹. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

- 1.4 Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected and giving an overall assessment against the following definitions:

Making insufficient progress

Overall progress against our recommendations has been slow or negligible and/or there is little evidence of improvements in outcomes for prisoners.

Making sufficient progress

Overall there is evidence that efforts have been made to respond to our recommendations in a way that is having a discernible positive impact on outcomes for prisoners.

¹ Short follow-up inspections focus on recommendations made at the last full inspection and do not provide an assessment of the prison as a whole.

Safety

- 1.5 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 37 recommendations in this area, of which 20 had been achieved, three partially achieved and 12 had not been achieved. Two recommendations were no longer applicable. We have made two further recommendations.
- 1.6 Prisoners continued to wait too long at court to be taken to the prison. Initial assessment procedures on arrival at the establishment had improved, as had first night and induction processes. However, induction procedures for vulnerable prisoners were poor.
- 1.7 Although the violence reduction strategy was clear, and staff understood the procedures, there was still no constructive help for perpetrators or victims. Violence reduction measures were applied against the perpetrator for a standard period of time, in spite of any evidence of progress made.
- 1.8 Too few staff had completed the safer custody awareness training. There were no trained Listeners (prisoners trained by the Samaritans to support those at risk of self-harm) on the vulnerable prisoner wing (G wing) but prisoners housed there could access them from the main wings. Assessment, care in custody and teamwork (ACCT) case reviews were not always adequately multidisciplinary. Care plans were individualised but too many were of an inadequate quality. The quality of recording of the interactions with those on ACCT documents varied widely.
- 1.9 G wing provided a larger facility to accommodate all vulnerable prisoners and steps had been taken to improve their safety around the prison – for example, in the health care department. The new wing provided adequate access to telephones and other basic requirements, including work and education.
- 1.10 Use of closed visits was reasonable. Strip-searching was appropriately authorised and recorded.
- 1.11 The range of privileges available to prisoners on the enhanced level of the incentives and earned privileges scheme was still insufficient to encourage improved behaviour. Daily entries in basic level booklets were limited and there was insufficient evidence of any behaviour improvement targets.
- 1.12 A wide range of data was prepared for discussion at adjudication standardisation meetings but they were not regularly held. Use of special accommodation had ceased. Monthly use of force meetings had lapsed and there was a lack of managerial oversight. The regime on the segregation unit remained far too restrictive and prisoners on the unit had insufficient access to showers and telephone calls.
- 1.13 There was effective joint care planning and reviews between the substance use and psychosocial teams. There was also effective exchange of expertise between the mental health and substance use teams to support dual diagnosis needs. Group work facilities were limited
- 1.14 Mandatory drug testing figures were accurately recorded, with reasons given, but not all prisoners testing positive were referred to the psychosocial team. The drug supply reduction action plan was appropriately monitored.

- 1.15 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Respect

- 1.16 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 47 recommendations in this area, of which 18 had been achieved, 12 partially achieved and 17 had not been achieved. We have made a further four recommendations.
- 1.17 Some cells designed for one person continued to hold two. Access to telephones and showers had improved for most prisoners. Shower units we saw had been redecorated and were relatively clean but privacy remained limited.
- 1.18 Prisoners' perceptions of staff attitudes varied widely and some were very negative. However, we observed positive and respectful interactions during the inspection.
- 1.19 The personal officer scheme was explained in a new policy but remained weak in practice and there had been no specific training to date. Too many prisoners had not met their personal officer and there were few entries in the electronic case notes to show meaningful contact. Personal officers did not routinely provide advice on some of the key stages of a prisoner's sentence (for example, sentence planning).
- 1.20 Provision for protected characteristics was underdeveloped in some areas. Lead members of staff for each of the protected characteristics had not yet been identified and the equality meeting had only just been reinstated. Monitoring had been extended to cover basic statistics relating to age and disability but this was not sufficiently in depth and did not cover all the protected characteristics. Equality impact assessments had been completed for key areas and when policies were reviewed, and there was an ongoing programme of assessments.
- 1.21 Limited work had been done to consult prisoners about equality issues through focus groups. Consultation with black and minority ethnic prisoners had taken place and some specific work had been carried out relating to violence reduction, and with young black and minority ethnic prisoners. Some significant issues had been raised by black and minority ethnic prisoners relating to staff-prisoner relationships but action to address these had not yet been implemented.
- 1.22 Foreign national prisoners were offered individual support. The Detention Advice Service helped prisoners with independent immigration advice and UK Border Agency staff held surgeries. There was little translated information available for these prisoners beyond a basic induction booklet.
- 1.23 Not all prisoners who required social care plans or personal emergency evacuation plans had them. With one notable exception, prisoners who required assistance with day-to-day needs had to rely on the goodwill of other prisoners or staff to assist them. Reasonable adjustments had been made for some prisoners.
- 1.24 New multi-faith facilities provided a clean and welcoming environment for all who attended worship. Vulnerable prisoners used the same facilities as mainstream prisoners, but at separate times, and attended Muslim services alongside the general prisoner group. Staff, prisoners and members of the community were able to attend well-advertised and regular religious and cultural celebrations.

- 1.25 Analysis of complaints data remained good and quality assurance was undertaken by a senior manager. Provision for legal rights services was poorer than at the time of the previous inspection.
- 1.26 Health care applications were screened by nurses, most of whom had been trained in minor ailments triage. Information about health services was available in languages other than English. There was no dedicated health care forum.
- 1.27 Pharmacy services had improved. In-possession medicines were prescribed for set periods and stored separately from medicines to be administered. The administration of in-possession and supervised medicines had not been separated.
- 1.28 Prisoners waited too long to access counselling. There were no day care services available but the mental health team provided one-to-one work to support those having difficulty in coping.
- 1.29 Meals were served too early. Access to communal dining had improved but was still not available to all. Consultation arrangements were restricted to an agenda item at the monthly general prisoner council for the shop.
- 1.30 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Purposeful activity

- 1.31 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 21 recommendations in this area, of which eight had been achieved, eight partially achieved and four had not been achieved. One recommendation was no longer applicable. We have made a further five recommendations.
- 1.32 All prisoners, except those on the basic regime, had sufficient time during the core day to make telephone calls and take a shower. Those on basic regime were only unlocked for showers and telephone calls three times a week.
- 1.33 Exercise periods were scheduled to take place during the core working day, resulting in fully employed prisoners only having access to exercise at weekends. Exercise yards now had seating and vulnerable prisoners were able to exercise without fear of abuse from other prisoners.
- 1.34 The number of work and education places offered had increased and there were now sufficient purposeful activities available. Recommended improvements in education and training had mostly been achieved. Classroom support had been improved by employing learning support assistants and by the use of peer support from other prisoners. Qualification pass rates had improved considerably.
- 1.35 Pay rates for some work roles were higher than for learning and skills areas. Most prisoners had no sentence plan, making it impossible to link individual learning plans with sentence planning reviews and targets. Links with employers had been made to assist with prisoners' employability skills.
- 1.36 Prisoners received a full library induction. However, staff shortages sometimes prevented them from attending their timetabled sessions. A larger selection of books in languages other than English was available than at the previous inspection.

- 1.37 The allocation of PE sessions conflicted with association times. The 'first through the door' policy resulted in some men being turned away.
- 1.38 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Resettlement

- 1.39 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 26 recommendations in this area, of which eight had been achieved, five partially achieved and 13 had not been achieved. We have made a further two recommendations and one housekeeping point.
- 1.40 There was a detailed strategy for the development of resettlement services, and governance meetings had been established, although these did not include external providers and we were not confident that they were held regularly.
- 1.41 The strategy was not informed by an up-to-date needs analysis and did not have an action plan for its delivery. Resettlement was not supported by release on temporary licence, even for prisoners returning to the establishment for local release.
- 1.42 Offender supervisors were not able to see all prisoners on their caseload regularly enough and there was limited attendance by representatives from other prison departments at sentence planning boards. The quality of offender assessment system (OASys) assessments was monitored by the head of reducing reoffending.
- 1.43 Prisoners requiring an OASys assessment were not transferred until it had been completed but some prisoners waited too long for suitable places at other establishments. Recategorisation reviews were not directly informed by the views of the prisoner.
- 1.44 The management of indeterminate-sentenced prisoners was mostly good but there were some delays in progressive transfers and no specific services were provided for them. In the cases we examined, annual reviews had taken place but there was no management system to ensure that this happened.
- 1.45 The range of available accommodation providers had developed but vulnerable prisoners did not have full access to resettlement services. Prisoners could not open bank accounts.
- 1.46 Prisoners due for release were routinely seen in reception by a nurse and a summary of their clinical record was forwarded to their GP. Nurses attended sentence planning and risk management meetings when relevant.
- 1.47 The substance use strategy incorporated a comprehensive needs assessment, which included alcohol. Performance was managed through the monthly security and drug strategy meetings.
- 1.48 Visits booking was well managed by the Prison Advice and Care Trust (PACT). Visits mostly started on time. The snack bar was reliably provided by PACT staff but there was no regular supervision of the children's play area. Supervision of visits was appropriate and visitor searching was carried out respectfully. The seating of vulnerable prisoners continued to make them easily identifiable, and all prisoners were required to wear identifying bibs.
- 1.49 There were no interventions provided to address attitudes, thinking and behaviour.

1.50 On the basis of this short follow-up inspection, we considered that the establishment was making insufficient progress against our recommendations.

Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

Main recommendations (from the previous report)

- 2.1 **Governance arrangements for the use of force and special accommodation should be improved, including proper recording, close management oversight and an end to negative and inappropriate use of the special cell. (HP47)**

Partially achieved. There had been no use of the special cell for over 12 months and the previous regular, inappropriate use of the facility had stopped. However, there were no clear instructions or procedures for managing its use. The 'monthly' use of force committee had not met since October 2012 and the useful weekly quality control (of use of force paperwork) meeting was poorly attended.

Further recommendation

- 2.2 The use of force committee should meet regularly and attendance at the quality control meeting should be improved.

- 2.3 **The personal officer scheme should be revamped and relaunched and staff provided with the skills and understanding to support prisoners to progress through their sentence. (HP48)**

Partially achieved. A new personal officer policy had been developed but its introduction had not yet been supported by staff training. In practice, delivery of the scheme was weak and had improved little since the previous inspection. The electronic case notes showed that some personal officers did not have regular and meaningful contact with the prisoners in their care. Many prisoners knew who their personal officer was (mainly due to large notices on cell doors) but had not met them. Prisoners we spoke to felt unsupported by their personal officer. There was a lack of focus on prisoners' progression through their sentence plan.

Further recommendation

- 2.4 Personal officers should have regular and meaningful contact with prisoners focusing on sentence plan progression.

- 2.5 **Specific policies and provision should be put in place for all aspects of diversity. (HP49)**

Partially achieved. The equality policy covered all aspects of diversity but did not give details about how equality work would be implemented at the establishment for each of the protected characteristics. Limited work had been done to communicate with and consult prisoners about equality issues through focus groups and specific pieces of work. There were no identified lead members of staff for any of the protected characteristics, and provision for prisoners from minority groups was underdeveloped in some areas. A monthly equality meeting had been reinstated in January 2013; prisoners could attend this meeting, whereas previously equality

had been discussed as part of the senior management team meeting, which they could not attend.

Further recommendation

- 2.6 The needs of all prisoners with protected characteristics should be identified, assessed and met, and their negative perceptions addressed.

2.7 **Vulnerable prisoners should have equitable access to the regime. (HP50)**

Achieved. Vulnerable prisoners were all allocated to G wing, and the previous overspill we had seen at the time of the previous inspection had been managed. The regime on G wing was similar to that on other wings, and vulnerable prisoners could access most aspects of prison life, including a limited range of work and education.

2.8 **The number of purposeful activity places should be increased to meet the size of the population. (HP51)**

Partially achieved. The number of purposeful activity places had increased, providing activity places for approximately 85% of the prison's population. With 35% of the prison population on remand, the number of purposeful activity places was sufficient to meet the size of the convicted sentenced population, who were obliged to work. However, allocation to the places was slow and much of the work available did not keep men fully occupied for the full working day.

2.9 **Governance arrangements for resettlement should be improved and mechanisms developed to ensure the successful delivery of planned work. (HP52)**

Partially achieved. Governance arrangements had improved with the establishment of a resettlement policy group. However, the group did not include representatives of external service providers and there was no action plan for the development and delivery of services.

Further recommendation

- 2.10 Governance of resettlement should include representatives from external service providers and there should be an action plan to direct the development of services.

Recommendations – safety

Courts, escorts and transfers

2.11 **Prisoners should be escorted from court as quickly as possible once their case has been dealt with. (1.9)**

Not achieved. Prisoners told us repeatedly that they had waited for long periods in court cells before their return to the prison. Our observation of escort records confirmed this; some prisoners had waited for up to five hours to be transported back to the prison, including from the nearby courts.

We repeat the recommendation.

Early days in custody

2.12 **Prisoners should have their cell sharing risk assessments completed in private in reception. (1.27)**

Achieved. The new reception building included an office where interviews and all initial safety screenings were completed in private.

2.13 **Prisoners should have access to a shower either in reception or on the first night centre, regardless of their time of arrival. (1.28)**

Achieved. Most prisoners were offered a shower in reception. When this was not possible at very busy times, a shower was offered on arrival in the C wing first night centre.

2.14 **All prisoners should receive a first night telephone call. (1.29)**

Achieved. A free two-minute telephone call was offered in reception and logged in each prisoner's first night record.

2.15 **All prisoners should have equitable access to a full induction programme. (1.30)**

Not achieved. Mainstream prisoners underwent an initial induction in the first night centre on their day of arrival, followed by a wider general induction the next day. Vulnerable prisoners were seen on a one-to-one basis by first night officers on their day of arrival but we could find no evidence of a subsequent formal induction process in the records of the G wing prisoners that we examined. None of the recently arrived prisoners that we spoke to on G wing had undergone a formal induction.

We repeat the recommendation.

2.16 **Prisoners should be fully occupied during the induction programme. (1.31)**

Achieved. The much shortened, but still comprehensive, induction ensured that prisoners had minimal periods of inactivity while undertaking it.

Bullying and violence reduction

2.17 **The violence reduction strategy should include detailed support for victims and interventions for perpetrators of anti-social behaviour. (3.7)**

Not achieved. The violence reduction strategy specified three levels of working with a perpetrator of bullying or violence but none of these included constructive interventions to help bullies change their attitudes, thinking and behaviour. The approach remained punitive, including the use of the basic regime and segregation. The violence reduction manager recognised the need to introduce rehabilitative interventions to improve the life skills of both perpetrators and victims of bullying and violence.

We repeat the recommendation.

2.18 **Prisoners should be removed from violence reduction measures when they have met the targets required of them and their behaviour warrants it. (3.8)**

Not achieved. The situation had not changed, and prisoners placed on violence reduction

measures had to remain on them for the maximum time, with no account taken of good or improved behaviour.

We repeat the recommendation.

2.19 Vulnerable prisoners should have access to one telephone per 20 prisoners. (3.17)

Achieved. G wing had enough telephones for the vulnerable prisoner population and we did not receive any complaints about access.

2.20 Vulnerable prisoners on the overflow facility should be offered the same regime as those residing on the dedicated vulnerable prisoner location. (3.18)

No longer relevant. Vulnerable prisoners had been moved onto the larger G wing, to accommodate this population on one dedicated wing, with less of a need for an overflow facility.

2.21 Access to time at work, and thereby pay, for vulnerable prisoners should be fair and equitable. (3.19)

Achieved. Vulnerable prisoners had access to a textile workshop throughout the day, and also some education classes, and could earn wages in line with the rest of the prison.

2.22 Work with vulnerable prisoners should be undertaken to resolve their poorer perceptions of safety compared with non-vulnerable prisoners, and the data from the survey of prisoners' perceptions of safety used to identify action required. (3.20)

Partially achieved. Steps had been taken to improve the general safety of vulnerable prisoners around the prison, including while being treated in the health care department (see recommendation 2.24). Most vulnerable prisoners in our groups said that they did not feel unsafe on their dedicated wing. However, when we spoke to individuals on that wing it was clear that some of them were in fear of being bullied or intimidated by others on the wing. We did not receive any complaints from vulnerable prisoners about feeling unsafe in the gym, the library or while on the G wing exercise yard but some said that they felt less safe during visits and while waiting in the holding room. A prisoners' perception survey continued to be undertaken annually. However, the quality of the last two reports was questionable as they were almost identical. Some of the recommendations from these reports had not been taken forward and had been repeated. The most recently collected data had not yet been analysed.

Further recommendation

2.23 The remaining concerns from vulnerable prisoners about their safety should be addressed, the quality of the prisoner perceptions survey reports should be improved and all actions from this should be taken forward.

2.24 Health care and reception holding rooms should be made safer for vulnerable prisoners. (3.21)

Achieved. Attendance at the health care department had been made safer by giving vulnerable prisoners appointments over lunchtime, when other prisoners were not present. This also reduced the need to use the holding room. The reception holding room provided sufficient safety for vulnerable prisoners and we did not receive any complaints about this.

Self-harm and suicide prevention

2.25 **All assessment, care in custody and teamwork (ACCT) case reviews should be attended by relevant multidisciplinary staff. (3.31)**

Not achieved. ACCT case reviews were not always multidisciplinary. Attendance by health services staff, when relevant, had improved and was monitored. However, there was little evidence of other staff being invited or attending. In many of the records of reviews we looked at, attendance was limited to wing staff and the prisoner, despite others being involved with his care, such as education staff and the offender supervisor.

We repeat the recommendation.

2.26 **Care maps should always be designed for each individual case. (3.32)**

Achieved. The care maps we saw included specific actions tailored to the needs of the individual prisoner, although the quality of some of the plans was inadequate.

2.27 **Staff should interact with prisoners at risk and record such interactions in the ACCT document. (3.33)**

Partially achieved. The quality of recording of the interactions with those on ACCT documents varied widely. Some had attempted to capture relevant information about the individual's demeanour, the quality of their interactions and an assessment of their emotional state, but others remained purely functional.

2.28 **Staff should receive refresher training in ACCT procedures. (3.34)**

Not achieved. Too few members of staff had completed the safer custody awareness training, which had replaced the foundation element of the ACCT training. We were told that 178 members of staff had been identified to undertake it but the number of places each year was relatively low, with only 44 having attended in the previous six months.

We repeat the recommendation.

2.29 **The Listener scheme should include access to vulnerable prisoners. (3.35)**

Achieved. There were no trained Listeners (prisoners trained by the Samaritans to support those at risk of self-harm) on G wing but vulnerable prisoners could access them from the main wings. Listeners we spoke to gave examples of when this had happened.

2.30 **Night staff should carry ligature cutters at all times. (3.36)**

Achieved. During the inspection, all night staff were carrying a ligature cutter.

Security

2.31 **Closed visits should only be used when there is evidence to link the prisoner (or visitor) to trafficking through visits. (7.13)**

Achieved. The number of closed visits was very low (three) and they were used appropriately in relation to trafficking-related activity or intelligence.

- 2.32 **All strip-searches should be logged, and monitoring of full searching data should be conducted by senior managers. (7.14)**

Achieved. Strip-searching was appropriately conducted and recorded, with good levels of scrutiny and oversight by the relevant functional managers.

Incentives and earned privileges

- 2.33 **The fast-track scheme should be removed from the incentives and earned privileges (IEP) policy. (7.50)**

Achieved. The fast-track system had been removed from the current IEP policy.

- 2.34 **There should be greater differentials in privileges allowed between the standard and enhanced levels of the IEP scheme. (7.51)**

Not achieved. The differentials remained the same as at the time of the previous inspection. Prisoners told us that the only advantages to having enhanced status were the additional visits and the ability to spend more money.

We repeat the recommendation.

- 2.35 **Prisoners placed on the basic regime should have behaviour targets set, and staff entries in basic level booklets should make reference to whether prisoners are achieving them. (7.52)**

Not achieved. There were no behaviour improvement targets listed in basic-level booklets, and wing staff entries made little mention of prisoners' general behaviour, with only perfunctory 'single incident' comments recorded. Basic regime prisoners that we spoke to were unaware of any specific targets and expected to remain on this level for at least three weeks.

We repeat the recommendation.

Disciplinary procedures

- 2.36 **Data relating to adjudications should be collated and routinely analysed to identify and respond to emerging patterns and trends. (7.33)**

Not achieved. There had been only one full adjudication standardisation meeting since 2011 in which a wide range of data was considered. Two additional meetings had been called in response to repeat incidents across the prison that required a consistent response, but there was no continued ongoing analysis of data, trends or incidents.

We repeat the recommendation.

The use of force

- 2.37 **The special cell should only be used as a last resort, and the paperwork should be fully endorsed and contain reasons why use of this cell is required over other interventions. (7.34)**

Achieved. There had been no use of the special cell for over 12 months before the inspection (see also main recommendation 2.1).

Segregation

2.38 **Segregation staff should be trained in mental health awareness. (7.35)**

Partially achieved. Only half of the staff currently working on the segregation unit had undergone mental health awareness training. Some had undergone safer custody training, which included elements of mental health awareness.

We repeat the recommendation.

2.39 **Prisoners held on the segregation unit should be allowed access to regime activities, subject to risk assessment. (7.36)**

Not achieved. There was no access to any regime activities, and no recorded assessment or consideration of risk in the records we viewed.

We repeat the recommendation.

2.40 **All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls. (7.37)**

Not achieved. Access to showers and telephone calls was available to segregated prisoners only on alternate days, based on the landing on which they were located.

Further recommendation

- 2.41 All prisoners on the segregation unit should have daily access to showers, exercise and telephone calls.
-

Substance misuse

2.42 **Clinical substance misuse and counselling, assessment, referral, advice and through care (CARAT) services should undertake joint care plans and reviews, and provide fully integrated care. (3.81)**

Achieved. The psychosocial team worked collaboratively with the prescribing doctor and the clinical substance use team and attended the five-day, 28-day and 13-week reviews.

2.43 **A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (3.82)**

Achieved. Several nurses in the substance use team were also mental health nurses and able to provide dual diagnosis expertise. One community psychiatric nurse in the mental health team was also trained in substance use. There were plans to identify a named substance use nurse with mental health expertise for integrated drug treatment system clients with mental health needs.

2.44 **The prison should ensure that drug testing figures are accurately recorded and monitored. (3.83)**

Achieved. Records were accurate and appropriately monitored through the security meeting and the drug strategy meetings.

2.45 **A supply reduction action plan should be developed and implemented. (3.84)**

Achieved. A current supply reduction plan showed progress and timescales against identified actions. The drug strategy meeting had suitable representation and monitored ongoing progress bimonthly.

2.46 **All prisoners testing positive under the mandatory drug testing (MDT) programme should be referred to the CARAT service. (3.85)**

Not achieved. Only a small proportion of prisoners testing positive were referred to the psychosocial team.

We repeat the recommendation.

2.47 **The MDT suite should not be located on the drug treatment unit. (3.86)**

No longer relevant. 'A' wing was no longer a designated substance support unit.

2.48 **The drug strategy policy should include alcohol services, contain detailed action plans and performance measures, and be informed by a comprehensive needs analysis. (9.78)**

Achieved. There was a current substance misuse strategy, which incorporated a comprehensive needs assessment and detailed the expected pathway for prisoners with substance misuse needs, including alcohol services. Services were monitored through the drug strategy meeting, although there was no written action plan with explicit measures.

2.49 **The establishment should ensure that clinical substance misuse and CARAT staff have access to appropriate group work facilities on the new drug treatment wing. (9.79)**

Achieved. The psychosocial team used rooms on D and E wings to run some group work. During the inspection, the groups were running three times a week, and approximately 144 men had taken part in the previous year.

Recommendations – respect

Residential units

2.50 **Two prisoners should not share cells meant for one. (2.13)**

Not achieved. Some cells originally designed for one held two prisoners, leading to continued cramped conditions.

We repeat the recommendation.

2.51 **All prisoners should be able to use the telephone daily. (2.14)**

Partially achieved. While access to telephones in the morning had improved for most prisoners, evening access was hindered by the lack of association time, which limited prisoners' contact with family and friends. Access to telephones by those in the segregation unit and on the basic regime remained too limited.

Further recommendation

2.52 Prisoners in the segregation unit and on the basic regime should have daily access to telephones, and evening access to telephones should be improved for all prisoners.

2.53 **All prisoners should be able to shower daily. (2.15)**

Partially achieved. Access to showers for most prisoners had improved in the mornings. However, during the inspection F wing was short staffed, so employed prisoners were refused association, which denied them the opportunity of taking a shower in the evening.

We repeat the recommendation.

2.54 **Shower units should be refurbished and private cubicles fitted on D and E wings. (2.16)**

Partially achieved. The showers we inspected had been redecorated to prevent the build-up of mould and peeling paint. However, privacy remained limited because cubicles were only partially screened.

Further recommendation

2.55 Privacy within the shower cubicles should be improved.

Staff–prisoner relationships

2.56 **Staff should ensure appropriate arrangements are in place for the pushing of prisoners' wheelchairs. (2.24)**

Achieved. Staff we spoke to were willing to help a prisoner in a wheelchair, and guidance had been issued to promote the health and safety of staff and prisoners in such situations.

2.57 **Staff should engage positively with prisoners at all times and encourage prisoners to be responsible for their own actions and decisions. (2.25)**

Partially achieved. Many prisoners we spoke to complained about negative attitudes from some staff and poor levels of engagement or help provided. During the inspection, we saw some staff actively engaging with prisoners during association, while others were more distant and disengaged. The interactions we saw were respectful but many staff continued to refer to prisoners by their surname only.

We repeat the recommendation.

2.58 **Personal officers should provide input and advice on matters relating to the prisoners in their care, including the incentives and earned privileges scheme, sentence planning, offender management and resettlement. (2.36)**

Not achieved. Due to the underdeveloped role personal officers, they contributed little to the key stages of a prisoner's sentence. For example, offender supervisors rarely received information from personal officers to inform the sentence plan or its review.

We repeat the recommendation.

Equality and diversity

- 2.59 **There should be a comprehensive diversity policy based on a needs analysis linked to time-limited implementation targets. (4.6)**

Partially achieved. The diversity policy was based on an analysis and prisoner consultation carried out at the time it was developed. Ongoing analysis was carried out regularly to ensure that managers were aware of the make-up of the prisoner population, but this was not always supported by fully developed provision. The equality action plan did not cover all the protected characteristics (see further recommendation 2.6).

- 2.60 **All diversity strands should be monitored and the resulting data routinely considered during diversity and race equality action team meetings. (4.7)**

Not achieved. Monitoring had been extended to cover basic statistics relating to age and disability but this was not sufficiently in depth and not all the protected characteristics were monitored.

We repeat the recommendation.

- 2.61 **Staff with diversity responsibilities should be appropriately trained. (4.8)**

Partially achieved. Although there was no formal training course available from the Prison Service, staff with diversity responsibilities had received thorough handovers from trained staff who had previously held these positions and received on-the-job support as needed.

- 2.62 **Equality impact assessments should be completed and learning incorporated into establishment policies and plans. (4.9)**

Achieved. Equality impact assessments had been completed for key areas and when policies were reviewed. There was an ongoing programme of assessments, and managers met members of the equality team before completing these, to ensure that all key points were covered. The issues raised were dealt with through relevant action plans.

- 2.63 **The wider black and minority ethnic population should be consulted regularly and work with them undertaken to resolve their more negative perceptions, particularly around feelings of safety and respect for religion. (4.24)**

Partially achieved. Consultation with black and minority ethnic prisoners had taken place a few months before the inspection and some work had been carried out relating to violence reduction. Some significant issues had been raised by black and minority ethnic prisoners relating to staff-prisoner relationships; action to address these had been identified but not implemented (see further recommendation 2.6).

- 2.64 **The establishment should seek regular and consistent engagement on diversity issues from at least one external community organisation. (4.25)**

Achieved. The prison had engaged with several external organisations, including Age UK and Resettlement and Care for Older ex-Offenders and Prisoners (ReCOOP), to work with older prisoners, and a local diversity group to undertake some specific work with young black and minority ethnic prisoners.

- 2.65 **Weekly foreign national support and information groups should take place, using professional interpretation where necessary and with access to independent immigration advisers. UK Border Agency staff should not be at all of these groups. (4.40)**

Partially achieved. Although a few groups had been held for people of the same nationality and some support was provided by the foreign national officer, there continued to be a lack of weekly foreign national support and information groups using professional interpreters so that all foreign national prisoners could meet together. Professional advice was available, the UKBA provided monthly or bi-monthly surgeries and saw individual prisoners when necessary, and the Detention and Advice Service provided independent immigration advice.

Further recommendation

- 2.66 Weekly foreign national support and information groups should take place, using professional interpreters.
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- 2.67 **Prisoner representatives should be appointed and given clear job descriptions. (4.41)**

Achieved. Foreign national prisoners were represented by the general equality representatives, who had clear job descriptions and were able to offer basic advice to foreign national prisoners.

- 2.68 **Foreign national prisoners should be specifically consulted about their views and needs, and this information should be acted on. (4.42)**

Partially achieved. There had been limited consultation with foreign national prisoners through focus groups but some prisoners in our groups reported difficulties, particularly concerning the availability of translated materials which had not been addressed (see further recommendation 2.6).

- 2.69 **Immigration detainees who decline to work should not be penalised. (4.43)**

Achieved. Immigration detainees could choose to work, but those who did not were not penalised.

- 2.70 **Translated information should systematically be offered to foreign national prisoners. (4.44)**

Not achieved. There was little translated information available for foreign national prisoners beyond a basic induction booklet. In our groups, foreign national prisoners told us that they had not all been offered this booklet in their own language.

We repeat the recommendation.

- 2.71 **Work with prisoners with disabilities should be undertaken to resolve their poorer perceptions of safety compared with prisoners without disabilities. (4.58)**

Partially achieved. Limited work had been undertaken with a small number of prisoners with disabilities to discuss perceptions of safety, and some action had been taken as a result to address the matters raised (see further recommendation 2.6).

- 2.72 **All prisoners should be confidentially assessed for needs relating to disability on admission. There should be a protocol for sharing relevant information between diversity and health services staff. (4.59)**

Achieved. All prisoners were assessed on their first night and a needs assessment relating to disability was completed. There was good information sharing between equality and health services staff.

- 2.73 **Prisoners with disabilities and those over retirement age should have a multidisciplinary care plan. They should be involved in the development and review of these plans, which should set out how reasonable adjustments and other specific needs will be met throughout their time in custody. (4.60)**

Not achieved. We were not assured that all prisoners who required social care plans had them, and the one we were shown did not cover all aspects of the prisoner's care needs.
We repeat the recommendation.

- 2.74 **Prisoners with identified disabilities should have a personal emergency and evacuation plan and be involved in its formation. (4.61)**

Not achieved. Not all prisoners who required individual emergency evacuation plans had them.
We repeat the recommendation.

- 2.75 **A formal social care scheme should be introduced to support older prisoners and those with disabilities. (4.62)**

Not achieved. Prisoners who required assistance with day-to-day needs had to rely on the goodwill of other prisoners or staff to assist them.
We repeat the recommendation.

- 2.76 **Information should be displayed in prisoner areas affirming equality of respect across the range of sexual orientation, and indicating sources of support and assistance. (4.66)**

Achieved. There were comprehensive equality information boards on all wings which included information relating to sexual orientation and whom to contact for assistance.

Faith and religious activity

- 2.77 **Suitable and welcoming facilities for worship should be available for all prisoners, including vulnerable prisoners. (3.66)**

Achieved. New multi-faith facilities had been opened and provided a clean and welcoming environment for all who attended worship. Vulnerable prisoners attended Muslim services alongside the general prisoner group. Those attending other services were able to do so separately, using the same facilities as the general prisoner group.

- 2.78 **Regular cultural and religious celebrations should take place, involving prisoners, staff and outside communities. (3.67)**

Achieved. Staff and prisoners were invited to attend regular religious and cultural celebrations, which were well advertised around the prison. Members of religious and cultural groups in the community had attended most of these celebrations.

Complaints

- 2.79 **Managers should regularly quality assure and analyse complaint data to identify and rectify issues. (3.45)**

Achieved. Data collection and monitoring were excellent and the analysis of information was detailed, identifying trends and issues. Data were reviewed in a number of meetings, such as the senior managers' and equality team meetings. A senior manager sampled 10% of responses to ensure that they were appropriate, and quality checks were also undertaken by the complaints clerk and the performance manager.

Legal rights

- 2.80 **There should be arrangements to provide a good quality service when the legal services officer is absent. (3.57)**

Not achieved. Provision for legal rights for prisoners had deteriorated. One officer was partly funded by Stonham Housing to administer the bail accommodation service, and he provided limited information about local solicitors.

Further recommendation

- 2.81 Prisoners should have access to a consistently provided and comprehensive legal rights service.

- 2.82 **Prisoners wishing to telephone their legal representatives should be allowed to use telephones early in the morning. (3.58)**

Achieved. The core day allowed for a period of unlock every morning, during which prisoners could make calls to their legal representatives.

Health services

- 2.83 **Information on health services should be available in a range of languages. (5.49)**

Achieved. The new health care information leaflet was printed in English only but could be translated readily if required. Patient information leaflets for medicines were also available in other languages as needed.

- 2.84 **The head of prison health should liaise with the disability liaison officer to facilitate the supply of occupational therapy aids and equipment. (5.50)**

Achieved. There was generally effective and collaborative working between the head of prison health and the disability liaison officer. Prisoners with simple daily living needs were referred to the equality team, which held a stock of simple aids to daily living. Prisoners with complex needs which included a health element were sometimes assessed jointly. During the inspection, one prisoner was receiving NHS-funded daily carer support for his social care needs. For specialist equipment, prisoners were referred to the local hospital for occupational therapy assessment.

2.85 **Prisoners should have access to a dedicated health care forum. (5.51)**

Not achieved. There was no dedicated health care forum. Health care issues could be raised at the prisoner council but over the previous year there had been no health care representation at these meetings and there was no standing agenda item for such matters; this issue had been raised at each meeting over several months, with little evidence of progress. Health services staff conducted twice-yearly patient surveys and there was evidence that issues raised were followed up.

We repeat the recommendation.

2.86 **Condoms should be more easily available to prisoners. (5.52)**

Not achieved. Prisoners could request condoms but there was little uptake and it was not clear how they would know that they were available. This recommendation had also been made in the health needs assessment and the associated development plan.

We repeat the recommendation.

2.87 **Health care application forms should be collected and controlled by health services staff on the wings. (5.53)**

Achieved. Prisoners could post health care applications into dedicated boxes on the wings. These were emptied daily by health services staff and appointments were made by the health care administration team.

2.88 **Triage algorithms should be developed and used to ensure the consistency of treatment for patients. (5.54)**

Not achieved. There were no written triage protocols. This posed a risk when staff who were new to the role and therefore unfamiliar with prison health care processes were involved in delivered triage. Triage training using a model from community walk-in centres had been delivered to most but not all relevant staff.

We repeat the recommendation.

2.89 **All pharmacy procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. All staff should read and sign the agreed adopted procedures. (5.55)**

Achieved. There was an appropriate range of pharmacy standard operating procedures (SOPs) and policies, and there was evidence of staff having read and signed these. The drugs and therapeutics committee reviewed and ratified all SOPs and policies.

2.90 **Medicines dispensed for in-possession supply should be handed over to the patient, without batches being split by nursing staff. These medicines should be stored in bags ready for collection, so that they are distinct from medicines to be administered. (5.56)**

Achieved. All in-possession medicines were dispensed in labelled boxes and given to prisoners as complete supplies for seven or 28 days, as prescribed. In-possession medications were provided in labelled bags and stored in separate cupboards in all the treatment rooms before issue.

2.91 **In-possession medicines should be supplied separately from medicines to be administered, to reduce the length of the treatment period. (5.57)**

Not achieved. In-possession medicines were administered at the same time as supervised medicines and opiate substitutes on all the wings. The treatment periods on all the wings were long and there was the potential for both errors and the diversion of prescribed medications due to the large volumes of different types of medication being administered, including opiate substitution.

We repeat the recommendation.

2.92 **There should be cover for the dentist's leave. (5.58)**

Achieved. A new contract included cover for all contracted dental sessions.

2.93 **Day care services should be available for prisoners having difficulties in coping on the wings. (5.59)**

Not achieved. There were no dedicated day care services. Groups had been organised by the secondary mental health team in the previous year but these no longer took place because of staff shortages. There was some one-to-one work, providing a similar service to the group work, and there were plans to restart the groups pending the filling of staffing gaps.

We repeat the recommendation.

2.94 **Prisoners should have access to a counselling service. (5.60)**

Achieved. Prisoners could access a dedicated counselling service. The counsellor held a weekly session in the health care department and referrals could be made by any member of staff. At the time of the inspection there were 24 prisoners waiting for an appointment, and the current wait for a first appointment was four months.

Catering

2.95 **Black and minority ethnic prisoners should be consulted about the food to investigate their negative perceptions and improve these. (8.5)**

Not achieved. There had been no consultation with or surveys of black and minority ethnic prisoners about the food, although there had been some consideration of cultural and religious festivals throughout the year.

We repeat the recommendation.

2.96 **The lunchtime meal should not be served before noon and the evening meal not before 5pm. (8.6)**

Not achieved. Meals were still served too early on weekdays and even more so at weekends, with lunch sometimes being served as early as 11am on the segregation unit and at 11.20am on the wings, and the evening meal at around 3.45pm.

We repeat the recommendation.

2.97 **Breakfast packs should be issued on the morning they are to be eaten. (8.7)**

Not achieved. The meagre breakfast packs were still issued on the day before consumption.

We repeat the recommendation.

2.98 **Prisoners should be able to eat in association. (8.8)**

Partially achieved. Access to communal dining had improved but was not universally

available.

We repeat the recommendation.

Purchases

- 2.99 **Prisoners, particularly those from black and minority ethnic backgrounds, should be consulted about the range of goods provided in the shop. (8.13)**

Partially achieved. There had been no specific black and minority ethnic consultation but shop issues were included in the monthly prisoner forum and wing representatives had the opportunity to request changes to the product list, including religious and cultural articles.

- 2.100 **The changes in the shop contract should be evaluated to assess the provision, service and cost to prisoners compared with the previous service. (8.14)**

Not achieved. There had been no recorded analysis of the changes in the shop contract.
We repeat the recommendation.

Recommendations – purposeful activity

Time out of cell

- 2.101 **All prisoners, other than those segregated for disciplinary reasons, should be allowed daily association for at least one hour and all should have sufficient time out of cell daily to shower and make a telephone call. (6.46)**

Partially achieved. While most prisoners could access telephones and showers in the morning, not all prisoners got association every evening which meant they could not use the telephones and showers during this period. Those on the basic regime were only unlocked for showers and telephone calls three times a week (see recommendation 2.40 and further recommendation 2.41).

We repeat the recommendation.

Further recommendation

- 2.102 Prisoners on the basic regime should be allowed sufficient time to shower and make a telephone call daily.

- 2.103 **All prisoners should be able to access time in the fresh air without forgoing other activities and be offered suitable outdoor clothing when necessary. (6.47)**

Not achieved. Exercise periods were scheduled to take place during the core working day, resulting in fully employed prisoners only having access to exercise at weekends. Prisoners were suitably equipped with outdoor clothing for inclement conditions.

Further recommendation

- 2.104 All prisoners should be able to access time in the fresh air without forgoing other activities.
-

2.105 **Exercise yards should be made more inviting and equipped with seating. (6.48)**

Partially achieved. While seats had been added to the exercise yards, nothing else had been done to make them more inviting.

Further recommendation

2.106 Improvements should be made to the exercise yards to make them more inviting.

2.107 **Vulnerable prisoners should be provided with an exercise area that does not expose them to abuse from other prisoners. (6.49)**

Achieved. Vulnerable prisoners were able to spend time in the open air without being exposed to abuse from other prisoners.

Learning and skills and work activities

2.108 **The prison should make more effective use of data to monitor the success of learning and skills in different groups of prisoners. (6.15)**

Achieved. The new Offender Learning and Skills Service (OLASS) 4 contract provider, Milton Keynes College, monitored data on the success of learning and skills over the previous year and found that there were no discernible differences in the performance of different groups. The success of groups doing qualifications in work areas was also monitored through performance data checks. The use of data was planned to continue, to check the success of different prisoner groups.

2.109 **Access to time in education, and thereby pay, for prisoners should be fair and equitable. (6.16)**

Partially achieved. Access to time in education had improved sufficiently by running each course for half a day on four or five days a week instead of just one day a week. However, pay rates for some work roles were higher than for learning and skills areas.

Further recommendation

2.110 Pay rates for work and learning and skills activity should be equitable.

2.111 **The initial assessment of prisoners speaking little or no English should be improved. (6.17)**

Partially achieved. The initial assessment of prisoners speaking little or no English was carried out by a qualified tutor for English for speakers of other languages (ESOL), who was able to allocate men to the most suitable courses to improve their English language skills. However, some prisoners told us that they had had to wait several weeks before being assessed.

Further recommendation

2.112 The initial assessment of prisoners speaking little or no English should be done promptly after arrival at the establishment.

2.113 **Allocation to work should be based on need identified through initial assessments. (6.18)**

Not achieved. Most prisoners did not have a sentence plan, so their needs were not being properly assessed in relation to their sentence. Education staff carried out an initial assessment and referred men to education and vocational skills courses based on what prisoners wanted to do, subject to receiving security clearance.

We repeat the recommendation.

2.114 **More relevant vocational qualifications should be introduced. (6.19)**

Achieved. Relevant vocational training courses in painting and decorating, plumbing, electrical installation, joinery, brick laying, catering, health and safety and radio media production had been provided since the previous inspection.

2.115 **The range of courses available should be expanded to meet the needs of more able prisoners. (6.20)**

Achieved. Level 2 qualifications had been introduced into employability courses, construction courses, catering, radio production and creative writing to meet the needs of more able prisoners.

2.116 **The learning and classroom support available should be improved. (6.21)**

Achieved. Classroom support had been improved by employing learning support assistants to be available in some classrooms and by the use of peer support from other prisoners who were available to help men to complete their courses.

2.117 **Full and part qualification pass rates should be improved. (6.22)**

Achieved. The number of accredited qualifications achieved had more than doubled since the previous inspection and the percentage of prisoners achieving their qualifications had increased from 69% in 2010 to 85% in 2012.

2.118 **Attendance and punctuality at learning sessions should be improved. (6.23)**

Partially achieved. Prisoner attendance had improved by about 5% but was still low, at 65%. Punctuality was still unsatisfactory, with prisoners often arriving at sessions 15–30 minutes after the session start time.

We repeat the recommendation.

2.119 **Individual learning plans should be linked in with sentence planning reviews and targets. (6.24)**

Not achieved. Most prisoners had no sentence plan, making it impossible to make such links.
We repeat the recommendation.

2.120 Links with employers to assist prisoners' development of employability skills should be increased. (6.25)

Achieved. Links with employers had been made, to assist with prisoners' employability skills. A community group initiative called 'business in the community' arranged for employers to visit the prison to talk to prisoners about employment options and employers' expectations of good employees. Links with a national hotel chain had led to some prisoners gaining employment in catering.

Library

2.121 The promotion of the library service on induction should be improved and access by prisoners increased. (6.26)

Partially achieved. Prisoners received a more comprehensive induction to the library from a prison orderly, who informed them about the available services and opportunities in the library. All prisoners had one timetabled session a week at one of the two prison libraries. However, staff were not always available to escort prisoners to their allocated library session. Mobile library services had been introduced onto the wings, but this was not sufficient to meet prisoners' requirements.

2.122 A larger selection of library materials for foreign national prisoners should be provided. (6.27)

Achieved. The number and range of library materials available for foreign national prisoners had increased and were adequate. More books had been purchased in a variety of different languages, and additional materials could be ordered if required.

Physical education and health promotion

2.123 Relevant vocationally related courses to support prisoners' employability on release should be introduced. (6.33)

No longer relevant. The change in the role of the prison meant that most prisoners spent only a short time there. Vocationally related courses were therefore no longer offered.

2.124 Suitable programmes for older prisoners should be introduced. (6.34)

Partially achieved. A course for the over-40s and for overweight prisoners was offered three times a week. However, it focused mainly on healthy living, using cardiovascular equipment and weight training and did not include sports hall activities.

We repeat the recommendation.

2.125 Access to the gym for all prisoners should be available. (6.35)

Partially achieved. All prisoners had at least one time tabled PE session a week and most had two sessions. However, the timetabled sessions were often scheduled at the same time as association periods, when prisoners had the opportunity to make telephone calls. In addition, the allocation to PE was on a 'first through the door' basis and some men were turned away when classes were full.

We repeat the recommendation.

- 2.126 **Individuals' use of the PE facilities should be recorded and analysed to determine and better target the promotion of activities to those who do not use the facilities. (6.36)**

Not achieved. Individuals' use of the PE facilities was recorded but there was no attempt to promote PE activities to those who did not use them.

We repeat the recommendation.

Recommendations – resettlement

Strategic management of resettlement

- 2.127 **A regional reducing reoffending strategy should clarify the role of HMP Nottingham within the East Midlands area. (9.9)**

Not achieved. There was a clear strategic document which set out the role of HMP Nottingham but this was not in the context of a regional reducing reoffending strategy as these were no longer in place.

- 2.128 **A reducing reoffending committee, chaired by a senior manager and including all relevant prison departments and other providers, should oversee the implementation of the reducing reoffending policy. The action plan included in the policy should be reviewed by this group and monitored to ensure that the actions are implemented. (9.10)**

Partially achieved. A resettlement policy group had been convened. Although this was due to meet quarterly, there were longer gaps between meetings. In the minutes we saw, representation at the meeting had included appropriate prison departments but not community-based organisations. The minutes did not record the monitoring of an action plan.

We repeat the recommendation.

- 2.129 **A needs analysis should be carried out to determine the resettlement needs of the population. (9.11)**

Not achieved. Individual needs were identified through offender assessment system (OASys) assessments but this information was not collated to give a strategic outline of need.

We repeat the recommendation.

- 2.130 **Release on temporary licence should be used to support the resettlement objectives of prisoners. (9.12)**

Not achieved. There was no use of release on temporary licence to support resettlement needs, even for prisoners returning to the establishment for local release, and it was not regarded by the prison as appropriate for a local prison.

We repeat the recommendation.

Offender management and planning

- 2.131 **Offender supervisors should meet prisoners on their caseload at least once a month to assess their progress. (9.34)**

Not achieved. Because of high caseloads, offender supervisors did not routinely meet the

prisoners in their care. They prioritised meeting those with immediate and ongoing needs.
We repeat the recommendation.

2.132 Attendance at, or contributions to, sentence planning boards should include all departments that have knowledge of the prisoner. (9.35)

Not achieved. The minutes of sentence planning boards that we saw showed that most were attended only by the offender manager and the offender supervisor. There was no record of written contributions from other departments. In two cases, mental health staff had attended because of their contact with the prisoner concerned.

We repeat the recommendation.

2.133 Offender supervisors should be provided with suitable interview facilities in residential and work locations. (9.36)

Partially achieved. On the residential wings, there were suitable rooms available for interviews with prisoners. There were no facilities for confidential interviews in work locations, and prisoners had to miss work in order to meet their offender supervisors.

Further recommendation

2.134 Facilities for interviewing prisoners in private should be provided in work locations.

2.135 The quality and timing of assessments and records of the offender management unit should be checked monthly by a senior manager and fed back to offender supervisors. (9.37)

Achieved. The head of reducing reoffending quality checked a sample of OASys documents every month. Feedback to offender supervisors was provided by probation officers, who signed off completed assessments.

2.136 Prisoners' views should be considered in categorisation and recategorisation decisions. (9.38)

Not achieved. Recategorisation decisions were based on information from a range of relevant prison departments. Prisoners were not invited to make a contribution directly, either in writing or at a categorisation board. We were told that prisoners' views were sometimes represented by letters from legal representatives and by contributing departments.

We repeat the recommendation.

2.137 Prisoners should not be transferred before an-up-to-date risk assessment and sentence plan is available. (9.39)

Achieved. Prisoners requiring an OASys assessment were held at the establishment until it was completed in all but exceptional circumstances (such as security moves).

2.138 Prisoners should be allocated to prisons that will enable them to complete sentence planning targets. (9.40)

Not achieved. At the time of the inspection, there were approximately 10 category B prisoners requiring sex offender treatment programmes who were waiting for transfer. It had been

difficult to find suitable places for them and one had been waiting for more than two years.
We repeat the recommendation.

2.139 Risk of harm to others should be thoroughly analysed and a comprehensive risk management plan put in place. (9.41)

Achieved. The case files we examined showed a thorough analysis of risk, covering all risk factors identified, and these were addressed in the risk management plan.

2.140 There should be an appropriate focus on indeterminate-sentenced prisoners to ensure that their needs are met, including meeting them within five days of sentence to explain their sentence. (9.42)

Partially achieved. Life-sentenced prisoners were allocated to a dedicated group of probation officer offender supervisors, who met all potential lifers and completed an assessment within five working days of their sentence. There were no specific services for indeterminate-sentenced prisoners, and for some there were difficulties in moving them on promptly after sentence. Some had been waiting more than a year for a transfer, and one had not had a sentence plan nine months after sentence.

We repeat the recommendation.

2.141 Reviews of indeterminate-sentenced prisoners should be held at least annually. (9.43)

Achieved. Annual reviews had been completed in the cases we examined. There was no central management process to check that this happened, and each offender supervisor was responsible for ensuring that reviews of their own cases were carried out.

Housekeeping point

2.142 There should be a management process for checking and prompting the completion of reviews for indeterminate-sentenced prisoners.

Reintegration planning

2.143 The prison should develop a wider range of accommodation providers to whom they can refer homeless prisoners. (9.60)

Achieved. Homeless prisoners were referred to a wide range of accommodation and support providers, including councils, housing associations and charities. Provision had been extended since the previous inspection to include local cities and floating support providers. A surgery was held every month, attended by providers of accommodation relevant to the prisoners attending.

2.144 Vulnerable prisoners should have the same access to the pre-release resettlement programme as other prisoners. (9.61)

Not achieved. Vulnerable prisoners were not able to attend the accommodation surgery or other pre-release meetings with service providers. Arrangements were made for individual interviews or indirect liaison with some service providers where required.

We repeat the recommendation.

2.145 Nursing staff should attend discharge planning meetings. (9.62)

Not achieved. Nurses did not attend routine discharge planning meetings. Prisoners were seen in reception by a nurse before release and a summary of their clinical record was forwarded to their GP. Nurses attended integrated risk management meetings and sentence planning meetings in respect to individual prisoners, as appropriate. Health services staff did not usually know that prisoners were being released until the evening before and there was little forward discharge planning for those without complex or mental health needs.

2.146 Prisoners should be supported to open bank accounts. (9.64)

Not achieved. Some preparation had been undertaken to set up a scheme to offer bank accounts to prisoners but it had not been implemented at the time of the inspection.

We repeat the recommendation.

2.147 Prisoners should be able to receive a visit during their first week at the establishment. (9.96)

Achieved. Approval of visitors listed by prisoners on arrival was undertaken by offender supervisors and the details were entered onto the visits system. This process took less than a week for most prisoners, and the problems with delays that we had found at the previous inspection had been overcome by the appointment of full-time night staff, who entered the data when they were received.

2.148 There should be sufficient staffing to manage the visits telephone line. (9.97)

Achieved. Visitor booking was managed by the Prison Advice and Care Trust (PACT), a voluntary organisation contracted to the prison to provide visitor services. They ensured that sufficient staff were available by monitoring demand. As a result, complaints about difficulties in booking visits had fallen to a minimal level.

2.149 The search area should be improved, provide privacy and meet the needs of the numbers of visitors entering the establishment. (9.98)

Achieved. There was a large dedicated area for the routine searching of visitors, and closed rooms affording an appropriate level of privacy for higher-level searching when required.

2.150 Visits sessions should start at the published time and be properly supervised. (9.99)

Partially achieved. Visits staff were also required to supervise movements to work, but were usually free to start their visits duties in time for the start of these sessions. However, some afternoon starts were delayed by the movement of vulnerable prisoners. Visits were adequately supervised, except when staff were delayed by these other duties.

2.151 The crèche and snack bar should be open when domestic visits take place. (9.100)

Partially achieved. The children's play area in the visits hall was always available but staffing was dependent on the availability of volunteers. The snack bar service was reliable because it was provided under contract by PACT.

Further recommendation

2.152 Arrangements should be made to ensure that supervision is regularly provided in the visits play area by trained staff.

2.153 **Vulnerable prisoners should not be easily identifiable in the visit hall. (9.101)**

Not achieved. Vulnerable prisoners were seated before the entrance of other prisoners. They sat at dedicated tables close to the officers' desk, which made them easily identifiable.

We repeat the recommendation.

2.154 **More discreet security arrangements should be introduced to replace the need for prisoners to wear bibs. (9.102)**

Not achieved. Prisoners were required to wear red bibs during social visits.

We repeat the recommendation.

2.155 **The prison should identify and deliver appropriate interventions for their population to address attitudes, thinking and behaviour. (9.108)**

Not achieved. The prison did not provide any interventions to address attitudes, thinking and behaviour. A team of psychologists provided some individual assessments and work with specific prisoners.

We repeat the recommendation.

Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

Recommendation	To NOMS
-----------------------	----------------

- | | |
|-----|--|
| 3.1 | Prisoners should be escorted from court as quickly as possible once their case has been dealt with. (2.11) |
|-----|--|

Recommendations	To the governor
------------------------	------------------------

Early days in custody

- | | |
|-----|--|
| 3.2 | All prisoners should have equitable access to a full induction programme. (2.15) |
|-----|--|

Bullying and violence reduction

- | | |
|-----|--|
| 3.3 | The violence reduction strategy should include detailed support for victims and interventions for perpetrators of anti-social behaviour. (2.17) |
| 3.4 | Prisoners should be removed from violence reduction measures when they have met the targets required of them and their behaviour warrants it. (2.18) |
| 3.5 | The remaining concerns from vulnerable prisoners about their safety should be addressed, the quality of the prisoner perceptions survey reports should be improved and all actions from this should be taken forward. (2.23) |

Self-harm and suicide prevention

- | | |
|-----|---|
| 3.6 | All assessment, care in custody and teamwork (ACCT) case reviews should be attended by relevant multidisciplinary staff. (2.25) |
| 3.7 | Staff should receive refresher training in ACCT procedures. (2.28) |

Incentives and earned privileges

- | | |
|-----|---|
| 3.8 | There should be greater differentials in privileges allowed between the standard and enhanced levels of the IEP scheme. (2.34) |
| 3.9 | Prisoners placed on the basic regime should have behaviour targets set, and staff entries in basic level booklets should make reference to whether prisoners are achieving them. (2.35) |

Disciplinary procedures

- | | |
|------|--|
| 3.10 | Data relating to adjudications should be collated and routinely analysed to identify and respond to emerging patterns and trends. (2.36) |
|------|--|

The use of force

- 3.11 The use of force committee should meet regularly and attendance at the quality control meeting should be improved. (2.2)

Segregation

- 3.12 Segregation staff should be trained in mental health awareness. (2.38)
- 3.13 Prisoners held on the segregation unit should be allowed access to regime activities, subject to risk assessment. (2.39)
- 3.14 All prisoners on the segregation unit should have daily access to showers, exercise and telephone calls. (2.41)

Substance misuse

- 3.15 All prisoners testing positive under the mandatory drug testing (MDT) programme should be referred to the CARAT service. (2.46)

Residential units

- 3.16 Two prisoners should not share cells meant for one. (2.50)
- 3.17 Prisoners in the segregation unit and on the basic regime should have daily access to telephones, and evening access to telephones should be improved for all prisoners. (2.52)
- 3.18 All prisoners should be able to shower daily. (2.53)
- 3.19 Privacy within the shower cubicles should be improved. (2.55)

Staff–prisoner relationships

- 3.20 Personal officers should have regular and meaningful contact with prisoners focusing on sentence plan progression. (2.4)
- 3.21 Staff should engage positively with prisoners at all times and encourage prisoners to be responsible for their own actions and decisions. (2.57)
- 3.22 Personal officers should provide input and advice on matters relating to the prisoners in their care, including the incentives and earned privileges scheme, sentence planning, offender management and resettlement. (2.58)

Equality and diversity

- 3.23 The needs of all prisoners with protected characteristics should be identified, assessed and met, and their negative perceptions addressed. (2.6)

- 3.24 All diversity strands should be monitored and the resulting data routinely considered during diversity and race equality action team meetings. (2.60)
- 3.25 Weekly foreign national support and information groups should take place, using professional interpreters. (2.66)
- 3.26 Translated information should systematically be offered to foreign national prisoners. (2.70)
- 3.27 Prisoners with disabilities and those over retirement age should have a multidisciplinary care plan. They should be involved in the development and review of these plans, which should set out how reasonable adjustments and other specific needs will be met throughout their time in custody. (2.73)
- 3.28 Prisoners with identified disabilities should have a personal emergency and evacuation plan and be involved in its formation. (2.74)
- 3.29 A formal social care scheme should be introduced to support older prisoners and those with disabilities. (2.75)

Legal rights

- 3.30 Prisoners should have access to a consistently provided and comprehensive legal rights service. (2.81)

Health services

- 3.31 Prisoners should have access to a dedicated health care forum. (2.85)
- 3.32 Condoms should be more easily available to prisoners. (2.86)
- 3.33 Triage algorithms should be developed and used to ensure the consistency of treatment for patients. (2.88)
- 3.34 In-possession medicines should be supplied separately from medicines to be administered, to reduce the length of the treatment period. (2.91)
- 3.35 Day care services should be available for prisoners having difficulties in coping on the wings. (2.93)

Catering

- 3.36 Black and minority ethnic prisoners should be consulted about the food to investigate their negative perceptions and improve these. (2.95)
- 3.37 The lunchtime meal should not be served before noon and the evening meal not before 5pm. (2.96)
- 3.38 Breakfast packs should be issued on the morning they are to be eaten. (2.97)
- 3.39 Prisoners should be able to eat in association. (2.98)

Purchases

- 3.40 The changes in the shop contract should be evaluated to assess the provision, service and cost to prisoners compared with the previous service. (2.100)

Time out of cell

- 3.41 All prisoners, other than those segregated for disciplinary reasons, should be allowed daily association for at least one hour and all should have sufficient time out of cell daily to shower and make a telephone call. (2.101)
- 3.42 Prisoners on the basic regime should be allowed sufficient time to shower and make a telephone call daily. (2.102)
- 3.43 All prisoners should be able to access time in the fresh air without forgoing other activities. (2.104)
- 3.44 Improvements should be made to the exercise yards to make them more inviting. (2.106)

Learning and skills and work activities

- 3.45 Pay rates for work and learning and skills activity should be equitable. (2.110)
- 3.46 The initial assessment of prisoners speaking little or no English should be done promptly after arrival at the establishment. (2.112)
- 3.47 Allocation to work should be based on need identified through initial assessments. (2.113)
- 3.48 Attendance and punctuality at learning sessions should be improved. (2.118)
- 3.49 Individual learning plans should be linked in with sentence planning reviews and targets. (2.119)

Physical education and health promotion

- 3.50 Suitable programmes for older prisoners should be introduced. (2.124)
- 3.51 Access to the gym for all prisoners should be available. (2.125)
- 3.52 Individuals' use of the PE facilities should be recorded and analysed to determine and better target the promotion of activities to those who do not use the facilities. (2.126)

Strategic management of resettlement

- 3.53 Governance of resettlement should include representatives from external service providers and there should be an action plan to direct the development of services. (2.10)
- 3.54 A reducing reoffending committee, chaired by a senior manager and including all relevant prison departments and other providers, should oversee the implementation of the reducing

reoffending policy. The action plan included in the policy should be reviewed by this group and monitored to ensure that the actions are implemented. (2.128)

- 3.55 A needs analysis should be carried out to determine the resettlement needs of the population. (2.129)
- 3.56 Release on temporary licence should be used to support the resettlement objectives of prisoners. (2.130)

Offender management and planning

- 3.57 Offender supervisors should meet prisoners on their caseload at least once a month to assess their progress. (2.131)
- 3.58 Attendance at, or contributions to, sentence planning boards should include all departments that have knowledge of the prisoner. (2.132)
- 3.59 Facilities for interviewing prisoners in private should be provided in work locations. (2.134)
- 3.60 Prisoners' views should be considered in categorisation and recategorisation decisions. (2.136)
- 3.61 Prisoners should be allocated to prisons that will enable them to complete sentence planning targets. (2.138)
- 3.62 There should be an appropriate focus on indeterminate-sentenced prisoners to ensure that their needs are met, including meeting them within five days of sentence to explain their sentence. (2.140)

Reintegration planning

- 3.63 Vulnerable prisoners should have the same access to the pre-release resettlement programme as other prisoners. (2.144)
- 3.64 Prisoners should be supported to open bank accounts. (2.146)
- 3.65 Arrangements should be made to ensure that supervision is regularly provided in the visits play area by trained staff. (2.152)
- 3.66 Vulnerable prisoners should not be easily identifiable in the visit hall. (2.153)
- 3.67 More discreet security arrangements should be introduced to replace the need for prisoners to wear bibs. (2.154)
- 3.68 The prison should identify and deliver appropriate interventions for their population to address attitudes, thinking and behaviour. (2.155)

Housekeeping point

Offender management and planning

- 3.69 There should be a management process for checking and prompting the completion of reviews for indeterminate-sentenced prisoners. (2.142)

Appendix I: Inspection team

Sandra Fieldhouse	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Karen Dillon	Inspector

Specialist inspectors

Nicola Rabjohns	Health services inspector
John Grimmer	Ofsted inspector

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	Other	%
Sentenced	21	544	0	55.9
Recall	8	83	0	9
Convicted unsentenced	8	89	0	9.6
Remand	0	0	0	0
Civil prisoners	0	2	0	0.2
Detainees	1	4	0	0.5
Other	17	233	0	24.8
Total	55	955	0	100

Sentence	18–20-year-olds	21 and over	Other	%
Unsentenced	27	326	0	35
Less than 6 months	7	123	0	12.9
6 months to less than 12 months	3	58	0	6
12 months to less than 2 years	9	105	0	11.3
2 years to less than 4 years	5	145	0	14.7
4 years to less than 10 years	3	118	0	12
10 years and over (not life)	0	36	0	3.6
ISPP	0	0	0	0
Life	1	44	0	4.5
Total	55	955	0	100

Age	Number of prisoners	%
Please state minimum age 17	-	-
Under 21 years	56	5.5
21 years to 29 years	387	38.3
30 years to 39 years	322	31.9
40 years to 49 years	167	16.5
50 years to 59 years	58	5.7
60 years to 69 years	17	1.7
70 plus years	3	0.3
Please state maximum age 85	-	-
Total	1,010	100

Nationality	18–20-year-olds	21 and over	Other	%
British	51	852	0	89.4
Foreign nationals	4	100	0	10.3
Not stated	0	3	0	0.3
Total	55	955	0	100

Security category	18–20-year-olds	21 and over	Other	%
Category A	0	0	0	0
Category B	0	67	0	6.6
Category C	1	450	0	44.7
Category D	0	19	0	1.9
Unclassified	12	79	0	9
Unsentenced	25	337	0	35.8

YOI Closed	16	3	0	1.9
YOI Open	1	0	0	0.1
Total	55	955	0	100

Ethnicity	18-20-year olds	21 and over	Other	%
White				
British	39	721	0	75.2
Irish	0	3	0	0.3
Other white	2	49	0	5
Gypsy or Irish Traveller	0	1	0	0.1
	41	774	0	80.7
Mixed				
White and black Caribbean	3	27	0	3
White and black African	0	0	0	0
White and Asian	1	2	0	0.3
Other mixed	1	3	0	0.4
	5	32	0	3.7
Asian or Asian British				
Indian	1	20	0	2.1
Pakistani	3	23	0	2.6
Bangladeshi	0	2	0	0.2
Other Asian	1	17	0	1.8
	5	62	0	6.7
Black or black British				
Caribbean	2	48	0	5
African	0	17	0	1.7
Other black	2	9	0	1.1
	4	74	0	7.8
Chinese or other ethnic group				
Chinese	0	1	0	0.1
Other ethnic group	0	8	0	0.8
Other: Arab	0	4	0	0.4
	0	9	0	1.1
Not stated	0	0	0	0
	0	0	0	0
Total	55	955	0	100

Religion	18-20-year olds	21 and over	Other	%
Baptist	0	1	0	0.1
Church of England	4	218	0	22
Roman Catholic	9	145	0	15.2
Other Christian denominations	10	175	0	18.3
Muslim	10	93	0	10.2
Sikh	0	10	0	1
Hindu	0	4	0	0.4
Buddhist	0	13	0	1.3
Jewish	0	2	0	0.2
Other	0	9	0	0.9
No religion	22	281	0	30
Not stated	0	4	0	0.4
Total	55	955	0	100