

Report on a scrutiny visit to

HMP & YOI Sudbury

by HM Chief Inspector of Prisons

27–28 April and 11–12 May 2021



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Introduction

This report presents our findings from a scrutiny visit to HMP & YOI Sudbury, an open prison in Derbyshire. At the time of our visit, the population had been reduced from 564 to 480 prisoners as a result of fewer prisoners transferring into the prison, which had previously experienced a six-week COVID-19 outbreak. This reduction, slightly off-set by the installation of temporary accommodation in autumn 2020, had made it easier to implement COVID-19 cohorting arrangements and had meant more prisoners were living in single rooms.

Although quarantining and shielding arrangements were appropriate, the prison had experienced an outbreak of COVID-19 in early March 2021. Prison leaders had worked well with health care providers and Public Health England to contain the outbreak and by the time of our visit the prison had progressed back to stage three of the national recovery plan (see Glossary of terms). One prisoner had died of COVID-19-related symptoms in April 2020.

The primary purpose of Sudbury is to prepare prisoners for their successful return to the community on release and at our last full inspection in 2017 we reported that outcomes in this regard were improving. The pandemic, however, had disrupted the prison's ability to maintain this progress and although it was encouraging that around 50 prisoners had continued to use release on temporary licence (ROTL) to access external key work employment, the numbers generally had greatly reduced. For prisoners classed as a high risk to the public, probation prison offender managers (POMs) had maintained onsite provision, including face-to-face support. For most of the population (around 60%), however, who were allocated POMs, many had not had adequate contact for several months. It was clear that prisoners' lack of access to offender management was a source of considerable frustration.

The return to the stage three regime had enabled the prison to announce the welcome resumption of social visits. Prison leaders were also planning to increase the number of opportunities for ROTL to maintain family ties from mid-May 2021, although a cautious approach meant that very few prisoners would initially benefit from this. Similarly, the re-introduction of face-to-face teaching was to be limited to small numbers, even though inspectors had identified that classroom space was available. The education provider had no effective strategy to provide support or reinforce learning for prisoners using in-cell learning packs.

Sudbury remained generally safe with few incidents of violence or self-harm. The use of segregation and incidents of force were, however, far higher than we have seen in other open prisons. While most force involved just the use of ratchet handcuffs to escort prisoners to segregation, this high usage could be tracked back to 2019 and had continued through the period of restrictions. Leaders needed to review this to understand the reasons and make sure that all applications of force were proportionate and necessary.

Living accommodation was mixed. Many communal areas, particularly on the older units, were dilapidated and grubby and, despite a programme of scheduled remedial repairs, significant investment was needed to enable the prison to achieve acceptable standards.

Of greatest concern, in our prisoner survey, we received many negative comments about staff. Only 61%, for example, said that staff treated them with respect and a third said that they had been subjected to some victimisation from staff. Prisoner perceptions on the use of segregation, the high number of prisoners returned to closed conditions, as well as the inconsistent support from POMs had been further compounded by a local dispute with staff associations that was affecting the progress of the personal officer scheme. These issues combined to contribute to some poor prisoner perceptions and undermined the rehabilitative purpose of the prison.

Overall, and despite the recent virus outbreak, the prison had managed reasonably well throughout the period of restrictions to keep people safe. However, many aspects of daily life, including the high use of force, poor staff-prisoner relationships and the management of some key aspects of offender management, needed urgent improvement, while much of the living accommodation required significant investment.

Charlie Taylor

HM Chief Inspector of Prisons

May 2021

About HMP & YOI Sudbury

Task of the prison

Sudbury is an open prison accommodating category D male prisoners.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 480

Baseline certified normal capacity: 581

In-use certified normal capacity: 564

Operational capacity: 564

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: NHS Inclusion

Prison education framework provider: People Plus

Community rehabilitation company (CRC): Derbyshire, Leicestershire, Nottinghamshire & Rutland

CRC, Reducing Reoffending Partnership (RRP)

Escort contractor: GEOAmev

Prison group

North Midlands

Brief history

Originally built during the late 1930s as an American Air Force hospital, the site was converted to a prison in 1948 and has been used consistently since then as an open resettlement establishment for men aged 21 and over. In 2015, it began taking men aged between 18 and 20.

Short description of residential units

East and West 1-7 – 14 older units consisting of single and double rooms

W5 – induction unit

W7 - designated for older prisoners and those with mobility issues

PI-4 – four newer buildings mainly for prisoners working outside the prison

D wing – 80 new temporary modular accommodation of single units ('pods').

D1 – used for shielding prisoners

D5 – used for protective isolation

Secure accommodation unit (SAU) – two cells

Governor and date in post

Craig Smith, January 2021

Leadership changes since last full inspection

Adrian Turner, April 2014 to January 2021

Independent Monitoring Board chair

Lis Martin

Date of last inspection

10-28 April 2017

Summary of key findings

Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- S2 During this visit we identified some areas of key concern, and have made a small number of recommendations for the prison to address.
- S3 **Key concern:** Data on violence and the use of force were not reported accurately. This ran the risk that incidents were not investigated robustly and responded to accordingly. The use of incorrect data limited leaders' ability to understand or analyse correctly the safety and well-being of prisoners in their care.
- Recommendation: The prison should record incidents of violence and use of force accurately and make sure this information is used to support improvements in safety.**
(To the governor)
- S4 **Key concern:** Use of ratchet handcuffs was very high. Most incidents took place as prisoners were relocated from their cell to the segregation unit, when they were almost always handcuffed in their rooms before movement. Handcuffs were applied irrespective of level of risk or compliance. This had been a long-term practice and did not reflect a category D prison rehabilitative culture.
- Recommendation: Ratchet handcuffs should only be used on the basis of an individual risk assessment.**
(To the governor)
- S5 **Key concern:** Many prisoners reported poor relationships with staff and a staff culture that undermined the rehabilitative purpose of the prison. In our survey, almost a third of prisoners said that they had been victimised by staff. Most we spoke to felt insecure and said that staff used the threat of recategorisation as a method of control. There were many reports of staff being abrupt, unhelpful and having a punitive approach. The disproportionate use of restraints, the frequent suspension of release on temporary licence (ROTL) and the high number of prisoners returned to closed conditions supported prisoner perceptions.
- Recommendation: The prison should develop staff-prisoner relationships so that they underpin its rehabilitative purpose. Rules and policy should be applied fairly, with transparency and in a way that promotes trust and confidence among prisoners and encourages them to engage with their rehabilitation.**
(To the governor)
- S6 **Key concern:** Despite remedial work since our last inspection, much of the communal living accommodation, particularly in the older units, was gloomy, dilapidated and grubby. There was extensive mould, poor tiling and broken partitioning in some showers. Some rooms were damp, mouldy and in poor condition. Although more remedial work was scheduled, the longstanding problems with the fabric of the accommodation needed significant investment to be resolved.

Recommendation: There should be substantial investment in the fabric of the living accommodation in Sudbury to enable the prison to maintain a decent standard of accommodation.

(To HMPPS)

- S7 **Key concern:** Many prisoners told us they had not seen their POM for many months and felt they had no support to progress. In our survey, 21% of prisoners said they did not know their sentence plan targets and of those who did only 37% said staff were helping them to meet these targets.

Recommendation: All prisoners should have regular and meaningful support to help them progress through their sentence.

(To the governor)

- S8 **Key concern:** At the time of the visit, although 11 prisoners were subject to restrictions that meant they were not permitted to have contact with any child. There were no arrangements to monitor whether they were having contact with a child by mail.

Recommendation: There should be appropriate mail monitoring arrangements to safeguard public protection.

(To the governor)

Education, skills and work (Ofsted)

- S9 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of prisoners, including those with special educational needs and disabilities.

Next steps

- S10 Leaders should rapidly establish effective methods for teachers to be able to have contact with prisoners. Teachers should check and reinforce what prisoners are learning. They should make sure that prisoners are challenged by the content of in-cell learning and that they make progress towards their intended careers on release.
- S11 Leaders and managers should ensure that teachers plan and deliver the content of the remote curriculum in education programmes sequentially.
- S12 Leaders and managers should make sure that prisoners with a learning difficulty or disability receive the support they require to gain new knowledge through in-cell learning.
- S13 Leaders and managers should make sure that information, advice and guidance services are quickly re-established. The needs of prisoners who missed inductions in the last year should be ascertained to help guide them to appropriate education, skills and work activities.

Notable positive practice

- S14 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn.

Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

- S15 Inspectors found three examples of notable positive practice during this visit.
- S16 **The kitchen supplied samples of healthier menu options to the weekly healthy living club to encourage prisoners to improve their diet. It also supplied fresh fruit as a weekly prize for the prisoner making most progress with his healthy living goals.** (See paragraph 3.18.)
- S17 **Equality provision was well-supported by the collation and analysis of local monitoring data, which was much better than we usually see. There had been some very good consultation meetings with prisoners from several protected groups to discuss evidence of disproportionate treatment and to feed into the prison's investigation of the data.** (See paragraphs 3.24 and 3.27.)
- S18 **The library service had been active in implementing a new 'share a story' project in the absence of the usual Storybook Dads scheme (where prisoners record a story for their children). It sent one copy of a children's book to the prisoner's family and also gave a copy to the prisoner to read to their child in an interactive storytelling session over the phone.** (See paragraph 4.4.)

Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

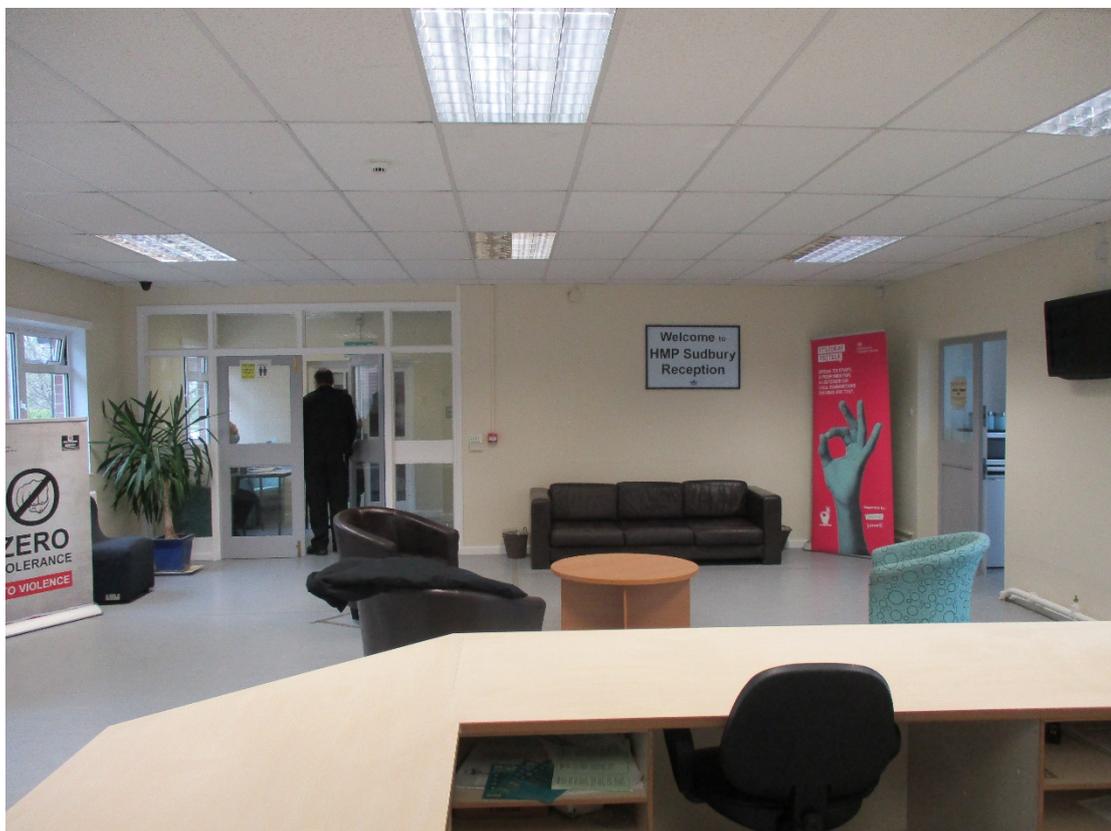
- I.1** There had been one COVID-19-related death at Sudbury in April 2020. The establishment had experienced a large-scale outbreak of COVID-19 in early March 2021, which resulted in it being placed into full lockdown. Prison leaders had worked well in partnership with health care providers and Public Health England, and implemented lessons learned elsewhere in the prison estate to bring the outbreak quickly under control. At the time of our visit, more than 40% of prisoners had received their first vaccination in line with the wider community roll-out.
- I.2** In our prisoner survey, 83% of respondents said that the reasons for the restrictions had been explained to them and 76% agreed that they were necessary. However, less than half (48%) felt that had been kept safe from the virus and prisoners told us that communication was not always effective, which often led to frustration. The governor, who had been appointed in early 2021, was working to improve communication and consultation with prisoners.
- I.3** In our staff survey, 67% were aware of the prison's recovery plan (see Glossary of terms) and understood what was expected of them. However, 57% said that their morale had declined during the COVID-19 crisis.
- I.4** While the prison remained safe, there were concerns about some critical aspects of oversight and governance. For example, we identified misreporting of incidents which resulted in incorrect safety data (see paragraph 2.7 and key concern and recommendation S3). The use of force and segregation were also far higher than all other open prisons (see paragraphs 2.9 and 2.10). It was more positive that prison leaders were sighted on the risks of illicit items and focused on reducing their supply and demand.
- I.5** Appropriate guidance for social distancing, including signage and one-way systems, were well-managed for both prisoners and staff. Prisoners had good access to cleaning materials, including sanitisation equipment.
- I.6** It was positive that, with suitable risk assessment, around 50 prisoners had been able to continue to work outside the prison since autumn 2020, except for the recent short outbreak lockdown. The prison had been given approval to progress back to HMPPS stage three (see Glossary of terms) shortly before our visit. Prison leaders were planning to increase the number of opportunities for release on temporary licence in mid-May, although a cautious approach meant that too few prisoners would benefit (see paragraph 5.4).

Section 2. Safety

In this section, we report mainly on arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Arrival and early days

- 2.1 The number of new arrivals had remained stable at approximately 15-20 a month, except during the recent outbreak of COVID-19 when receptions were halted. The reception area was a clean and welcoming environment. Despite the lack of waiting rooms, it was large enough to accommodate several prisoners. Processing new arrivals was well-organised, and a staff member completed the first night interview. Most prisoners being received could speak English but reception material was not available in foreign languages and reception staff were unaware of how to access the telephone interpreting services. Arrangements to minimise the risk of virus transmission included face coverings and social distancing.



Reception



Reception waiting area

- 2.2** First night safety assessments were completed in a private space that allowed for open discussion. New arrivals received peer support from orderlies based in reception who introduced them to the rules and what to expect at Sudbury.
- 2.3** New arrivals were allocated to West 5 wing (the induction unit) for up to 14 days. This was not a reverse cohort unit (see Glossary of terms) and prisoners were not required to isolate on arrival. We were told this was because they had isolated for 14 days at the sending prison. The regime on West 5 was equitable with that in other areas of the prison (see paragraph 4.1), but the cells were cramped and kitchen facilities were limited, including just one burnt-out, two-slice toaster and one microwave for the entire wing to share (see paragraph 3.10).
- 2.4** A streamlined two-day induction covered an introduction to the essential areas of the prison that continued to operate during the pandemic.
- 2.5** Prisoners on West 5 were sometimes told to find their own bed to relocate to at the end of their induction period. However, prisoners told us that this was difficult to achieve as they were not authorised to mix with other wings. The pressure to find their own accommodation created anxiety among newly arrived prisoners.

Managing behaviour

- 2.6** In our survey, 32% of prisoners said they had experienced victimisation or bullying from staff, contrasted with 8% who reported victimisation from other prisoners; 10% said they currently felt unsafe.

- 2.7** Recorded levels of violence remained low, with minimal difference in the figures for the 12 months before the regime restrictions and the period since then. However, we identified incidents that had not been recorded correctly and were, therefore, not included in the prison's overall figures. While these incidents would not have changed the overall figures significantly, they should nonetheless have been recorded appropriately. For example, we found an incident where a prisoner was physically restrained for attempting to abscond and in the process had assaulted a member of staff; this had been recorded on the HMPPS safety diagnostic tool as a 'miscellaneous' incident. (See key concern and recommendation S3.)
- 2.8** We were equally concerned about incidents involving unexplained injuries, some serious and requiring hospital treatment, also recorded as 'miscellaneous'. Despite the high number of challenge, support and intervention plan (CSIP, see Glossary of terms) referrals, we were not assured that incidents involving bullying were always investigated robustly, including those where intelligence was received with the name of a suspected perpetrator.
- 2.9** Incidents of use of force had remained high. Most involved the use of ratchet handcuffs to relocate a prisoner from their cell to the segregation unit. Handcuffs were applied irrespective of level of risk or compliance. This embedded and frequent use did not reflect the rehabilitative culture expected in a category D establishment, and was not the practice in other category D establishments. HMPPS data suggested this had been a long-term practice going back before the pandemic restrictions. (See key concern and recommendation S4.)
- 2.10** Use of segregation had remained high and processes were often punitive. For example, in addition to the use of handcuffs on compliant prisoners (see paragraph 2.9), all prisoners were strip-searched on arrival to the unit, including those not suspected of concealing prohibited items.



Secure accommodation unit

- 2.11** The number of adjudications showed a slight reduction since before the regime restrictions were imposed. There were gaps in the small sample of records we reviewed, including incomplete records of hearings and outcomes not recorded.

- 2.12** Safer custody meetings had continued during regime restrictions. Attendance was good and there was some data analysis and action planning. This forum had not discussed issues with inaccurate reporting.
- 2.13** Security meetings had continued and the prison was aware of emerging risks, such as the entry of illicit items. There had been appropriate action to manage this risk, including the use of intelligence-led drug testing with a high number of positive results, suggesting effective intelligence. Substance misuse support was offered to prisoners who tested positive rather than an immediate return to closed prison.
- 2.14** Due to regime restrictions, the usual incentives associated with an open prison, such as release on temporary licence (ROTL), were now more limited. There was little evidence that leaders had considered alternative ways to motivate good behaviour.

Support for the most vulnerable, including those at risk of self-harm

- 2.15** There had been one self-inflicted death in 2020, before the regime restrictions. The coroner's report had concluded that the death was due to a drug overdose. It was good practice that the prison had completed its own lessons learned exercise before receiving the Prisons and Probation Ombudsman (PPO) report and recommendations following this death.
- 2.16** Levels of self-harm remained low, although slightly higher than the average for open prisons. Prisoners who had not self-harmed but were at risk were supported appropriately through assessment, care in custody and teamwork (ACCT) case management for at-risk prisoners. The minority of ACCTs opened in 2020 were a result of self-harm with the remainder used as a supportive mechanism. The small number of ACCT case reviews we looked at included attendance from the mental health team and support through care plans. Governance arrangements were in place for ACCT procedures and we found some good examples of ACCT management. In our survey, 10% of prisoners said they had been on an ACCT, but only a third of these said they had felt cared for by staff (see also Staff-prisoner relations in Section 3).
- 2.17** There were regular welfare checks of prisoners deemed to be vulnerable, including those required to shield due to at higher risk of contracting COVID-19. At the time of our visit, seven prisoners were shielding and a further 18 had refused to shield. All received regular welfare visits.
- 2.18** It was positive practice that there were weekly checks for prisoners in their last month at the prison if they were deemed to be vulnerable, for example, if there was a history of self-harm.
- 2.19** Peer support was underdeveloped and there were no safer custody prisoner representatives. There was a Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), but this was not well promoted or used.

Section 3. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 3.1** In our survey, only 61% prisoners said that staff treated them with respect, and only 30% said a member of staff had talked to them in the last week about how they were getting on. Many prisoners we spoke to reported poor overall relationships, and a staff culture that undermined the rehabilitative purpose of the prison.
- 3.2** Almost a third of prisoners said that they had been victimised by staff at Sudbury. Most we spoke to felt insecure and told us that staff would use the threat of recategorisation as a method of control. Such concerns were reflected in prisoner surveys conducted by the prison.
- 3.3** There were many reports of staff being abrupt, unhelpful and having a punitive approach. Documentary evidence showing the disproportionate use of restraints, the frequent suspension of release on temporary licence (ROTL) and the high numbers returned to closed conditions supported prisoner perceptions. Not all prisoners had regular contact from a personal officer, which in part was a consequence of a dispute with the local staff association.
- 3.4** Nevertheless, some prisoners were able to name some good staff and we found some committed, energetic staff doing positive, and in some cases innovative, work with prisoners. Their efforts resulted in some clear benefits for prisoners, such as the well-maintained gardens, the encouragement provided by PE and catering staff to improve lifestyle, and library staff support for prisoners to maintain relations with their children.
- 3.5** Leaders recognised that relationships needed to be improved. There had been recent staff training on the rehabilitative culture and some work to address prisoner perceptions, for example, that they would be penalised for making a complaint. However, these initiatives had had a limited effect. (See key concern and recommendation S5.)

Living conditions

- 3.6** The prison comprised 14 older units (East and West 1-7) linked by a central corridor and consisting of single and double rooms, with communal showers/washrooms and kitchens. Newer accommodation in P wing consisted of four units of single and double rooms, also with communal showers/washrooms and kitchens. Temporary D wing modular accommodation ('pods') provided single rooms with integrated toilets and showers, and two separate kitchens, one of which was for the use of shielding or isolating prisoners.
- 3.7** Despite an extensive programme of remedial work since our last inspection, much of the communal living accommodation, particularly in the older units, was gloomy, dilapidated and grubby. There was extensive mould, poor tiling and broken partitioning in some showers, and communal kitchens were poorly equipped. While mostly clean, some rooms were damp, mouldy and in poor condition.



Mould on shower room floor

- 3.8** Conditions in the newer units were better, except that the showers there were also poor. Since our last inspection, two P wing units in particularly poor condition had been decommissioned.



Room P4

- 3.9** The D wing ‘pods’ were in good condition and very popular with prisoners, even though they had worse access to cooking facilities and less time out of their rooms. There was little evidence of graffiti in any part of the accommodation.



Single pod

- 3.10** Kitchens in all units were poorly equipped, containing a single microwave and toaster for about 30 prisoners – and in the case of most D wing pods, for about 60. There was no other cooking equipment and no fridges.



Cooking facilities for 30 prisoners

- 3.11** Scheduled work to improve conditions in the older units had been suspended due to the pandemic, but was due to re-start now that the prison's risk had been lowered. However, the longstanding problems with the accommodation could not be resolved without significant investment in improving the fabric of the building. (See key concern and recommendation S6.)
- 3.12** Prisoners had good access to outside areas; these were pleasant and very well-maintained, offsetting the poor living accommodation.
- 3.13** Prison contractors had been managing a rat infestation. While leaders thought the issue was confined to outside areas, prisoners told us that vermin were also present in the roof cavities of some older units.
- 3.14** In our survey, 99% of prisoners said they could shower every day and 79% said they had enough soap/sanitiser to keep their hands clean. Despite limited facilities the laundry appeared to work well; 88% of prisoners said they had enough clean, suitable clothes for the week and 90% that they had clean sheets every week.

Complaints, legal services, prisoner consultation and food and shop

- 3.15** Most prisoners we spoke to said they received a prompt response to their applications, although some complained they did not receive a satisfactory resolution to the issues raised. Although some complaint responses were abrupt, those we sampled were almost all reasonable. Quality assurance arrangements were satisfactory and there was evidence of action taken to address poor responses. There was some trends analysis of complaints and we saw some evidence that spikes in categories of complaint were investigated.
- 3.16** The prison council, made up of prisoner representatives and managers, had continued to meet throughout the pandemic. Although it was not sufficiently action-driven, council members were positive about the contribution of the new governor. The creation of working groups to consult on specific areas of concern, such as ROTL, was a good innovation.
- 3.17** In our survey, 70% of prisoners said the prison food was good or reasonable. The quality and quantity of food was generally good, although prisoners on P wing, the last scheduled to collect their food, complained that their meal choice were not always available.
- 3.18** The kitchen supplied samples of healthier menu options to the weekly healthy living club, attended by about 20 prisoners, to encourage them to improve their diet and provided a weekly fresh fruit prize to the prisoner making most progress with their healthy living goals.
- 3.19** Unit kitchens were poorly equipped and prisoners had very limited opportunity to practise independent living skills. During the regime restrictions, prisoners working in the kitchens had had no opportunity to gain catering qualifications.
- 3.20** The kitchens continued to supply special meals to celebrate religious festivals. There was limited opportunity for Muslim prisoners to break the Ramadan fast communally, and no opportunity for those in D wing, as movement on and off of wings was stopped from 8.30pm (see paragraph 4.1). Ramadan food was provided in insulated packs at 4pm, but some prisoners in D wing complained that it was no longer hot by sunset. Prisoners in other wings could leave their rooms to use the kitchen microwaves to break their fast.

- 3.21** The prison shop worked reasonably well, although there had been shortages in fresh produce because of the pandemic.

Equality, diversity and faith

- 3.22** Strategic oversight of equality and diversity work had been adversely affected by the pandemic and there had been little progress against action plans.
- 3.23** The full-time diversity and inclusion/prisoner engagement lead was supported by an equality officer, but he was on restricted duties and so had no face-to-face contact with prisoners. Other officers allocated to assist with equality work were often assigned to other duties.
- 3.24** The equality action team (EAT) had continued to meet, although minutes of meetings indicated an insufficient focus on setting and monitoring clear actions. There was also a lack of regular consultation with prisoners from most protected characteristics groups and only one prisoner equality representative. However, EAT discussions benefited from the collation and analysis of local equality monitoring data, which was much better than we usually see. The data had indicated some disproportionate treatment of black and Asian prisoners, for example in access to paid work, and this was being actively investigated (see paragraph 3.27).
- 3.25** The quality of discrimination incident reporting form (DIRF) investigations and responses was good and better than we usually see. Discrimination complaints were upheld when appropriate, including when made against staff. In some cases in 2020 there had been unacceptable delays in completing matters, although responses in 2021 were prompt.
- 3.26** During the pandemic period there had been little input from external community representatives to provide advice and support to prisoners.
- 3.27** Forty-four per cent of prisoners were from a black or minority ethnic background and in our survey their responses about respect from staff were similar to those from white prisoners. There had been some very good recent ad hoc consultation meetings with Asian and black prisoners to feed into the prison's investigation of data that indicted some possible discrimination (see paragraph 3.24).
- 3.28** In our survey, 31% of prisoners said they had mental health problems and 17% that they had a disability. Monitoring data collated by the prison showed little evidence of disproportionate treatment of prisoners with disabilities. Personal emergency evacuation plan assessments were very poor with many having no definitive assessment of whether the prisoner would need help in an evacuation. However, we found little evidence of unmet need for the prisoners with disabilities we spoke to.
- 3.29** In our survey, both older and younger prisoners reported broadly similar treatment and conditions to other prisoners, although older prisoners were more positive about being treated with respect by staff.
- 3.30** The chaplaincy had continued to provide support to prisoners throughout the pandemic restrictions, offering a range of spiritual and pastoral care. Faith resources for all religions were updated regularly and made available to prisoners, including those shielding or isolating. Corporate worship and faith group sessions had been reinstated in September 2020 but suspended again in November when national restrictions were imposed. The team had been quick to reinstate corporate worship when the prison's risk level was reduced at the time of our visit.

Health care

- 3.31** Health services, provided by Practice Plus Group (PPG), were good and well-led. The prison, health commissioner and PPG worked together effectively.
- 3.32** In our survey, 59% of prisoners said the overall quality of health services was good and responses to a user survey during the pandemic period were generally positive.
- 3.33** Service recovery from the pandemic restrictions had been interrupted by a significant outbreak of COVID-19 in early 2021. Public Health England had supported the prison to contain the infection successfully. The prison and health providers were suitably prepared to manage further outbreaks of COVID-19 and other communicable diseases. A handful of patients were shielding during our visit; none were COVID-19 positive or symptomatic.
- 3.34** The full range of primary care services were available and responsive. Routine appointments with the GP were available during the working week and patients had prompt access to medicines from a nurse prescriber. Patients had had uninterrupted access to external hospital appointments.
- 3.35** Some waiting lists, such as optometry and podiatry, although short, were growing. Managers were aware of this and planning a response. Non-attendance rates for appointments were beginning to rise and managers were taking steps to avoid a return to pre-restrictions non-attendance levels, which had been a problem.
- 3.36** Routine health screening and immunisations were available and reflected the age range of the population. At the time of our visit, 211 first COVID-19 vaccinations and 44 second vaccinations had been administered, in line with government strategy. To date, 39 eligible prisoners had declined to take the vaccine.
- 3.37** Work to expand the therapeutic space, begun in 2020, had now resumed. Minor infection control compliance issues, such as sealing of flooring at the walls, would require attention. The addition of FFP3 facemasks (see Glossary of terms) enhanced the emergency resuscitation equipment and made it safer to use.
- 3.38** Health campaigning and innovation had taken place during the restrictions. A healthy living group established in January 2021 encouraged prisoners to improve and maintain their well-being. Work with each individual in this group had continued during the recent outbreak.
- 3.39** No prisoner required social care at the time of our visit. Local authority referral and assessment had been available throughout the period of restrictions.
- 3.40** The dental suite had been refurbished to a high standard with pertinent up-to-date certifications. Time for Teeth provided a valued service, but the waiting list had grown to 165 during the restrictions. Options to address this problem were being evaluated, including supplying an air purifier to enable more patients to be treated in each clinic.
- 3.41** Mental health services had improved since our last inspection. Mental health practitioners were on site and accessible throughout the week with inputs from a psychiatrist and psychologist. There were around 24 referrals a month and a combined caseload of 50. There had been an increase in patients with serious and enduring mental disorders, an unanticipated development during the pandemic. Practitioners had maintained face-to-face contact with patients, although access had been limited during the recent COVID outbreak, and they hoped to reintroduce joint therapeutic groups with Inclusion. The care programme approach was used to enable continuity of care with local services. There had been no transfers of patients to secure hospital beds under the Mental Health Act.

- 3.42** Inclusion drug and alcohol services were very good, although access to prisoners had been irregular during COVID-19 restrictions. There were around 60 patients on the caseload. The peer recovery worker saw every new arrival individually, as the induction group had been stopped. Therapeutic groups and mutual aid activities were ready to resume when current restrictions ended. Recovery workers had had face-to-face contact with patients during the restrictions, when permitted. They had supplied imaginative and high-quality in-cell therapeutic and diversionary materials to maintain patients' motivation. Only five patients were on opiate substitution therapy. Inclusion and PPG worked closely to support them and review their progress jointly, as per national guidance.
- 3.43** Pharmacy services had improved since we last visited with a pharmacy technician on staff and another being recruited. We observed professional standards in stock management and faster access to common medicines, as nurses now used patient group directions, authorising them to supply and administer prescription-only medicine. Almost all (95%) of the 60% of prisoners receiving medicines had them in possession and had all been suitably risk assessed. We observed exemplary administration of medicines.
- 3.44** Health care preparation for prisoners being released was efficient. They were helped to find a GP in the community and given medicines to take home as necessary, including naloxone (to manage substance misuse overdose) if advisable. They were given suitable harm minimisation and information on how to avoid transmission of COVID-19 in the community.

Section 4. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

- 4.1** Prisoners could move around freely during the day and had keys to their rooms. For most of the pandemic period, units were unlocked from 7.30am until 8.30pm every day, apart from two brief periods for roll checks. Prisoners in the induction unit had a similar amount of time out of their rooms as other prisoners.
- 4.2** Most prisoners could leave their rooms to use the bathrooms, kitchens and phones at night. However, due to a local restriction, which we did not consider proportionate, those in D pods could not. This restriction was not relaxed for prisoners fasting during Ramadan.
- 4.3** Library provision was good and, despite the regime restrictions, there had been efforts to promote library services. A printed catalogue had been provided to prisoners from which they could select books, using a request-and-deliver service, and two additional trolleys of donated books were available. To promote reading, a board with photocopies of book covers was displayed in the dining hall and updated weekly.
- 4.4** In the absence of the Storybook Dads scheme, in which prisoners can record a story for their children, the library had initiated a new 'share a story' project. In this scheme, a children's book was sent to the prisoner's family and a copy provided to the prisoner to allow parent and child to have an interactive storytelling session over the phone. While take-up was still relatively low, the scheme was being further promoted through the family engagement worker, advertising on the internal TV system and use of social media to reach families.
- 4.5** Gym provision was good and better than we had seen elsewhere. It was widely promoted by an enthusiastic PE team who were keen to engage with prisoners to encourage healthy living (see paragraph 3.4). Following the suspension of gym services in March 2020, the outside gym had reopened soon after restrictions had been eased in July and the indoor gym reopened in September, although services were halted again during the local COVID-19 outbreak in early 2021 until April.



Gym

- 4.6** Each wing had a prisoner gym representative. At the time of our visit, three gym sessions a week were offered to each wing with a fourth due to commence as soon as national restrictions allowed. The range of sessions offered included weights and circuit training, with a cardiovascular session added when national guidance allowed. There were plans to reintroduce programmes such as Parkrun (a non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led events for walkers and runners), with an appointment to recertify the route booked in advance.
- 4.7** Leaders made sure that the education, skills and work offer was broad. Prisoners completed most education and vocational courses through in-cell work packs. Before the recent COVID-19 outbreak at the prison, leaders had maintained prisoners' essential work roles inside the prison, such as cleaners, kitchen and recycling workers, as well as external work for about 50 outside the prison in construction, supply chain and manufacturing roles.
- 4.8** The national restrictions had resulted in fewer prisoners taking part in education, skills and work activities. At the time of the visit, around one-quarter of prisoners were engaged in education. Leaders highlighted that younger prisoners were less engaged in education. They also recognised that prisoners with a learning difficulty and/or disability had been more adversely affected during the pandemic than other groups.
- 4.9** Leaders and managers recognised that prisoners had made slower progress in learning than they had before the pandemic. Education staff were not able to communicate with prisoners in person. They identified that information, advice and guidance was not effective. Inductions had not been completed for a significant period.
- 4.10** The small sample of prisoners to whom we spoke felt challenged by their work roles, but not by the in-cell learning. Those on Open University programmes felt that they were making slow progress. Prisoners appreciated how education staff supported them with their well-being.

- 4.11** In most subjects, teachers did not routinely order the content of in-cell learning to build prisoners' knowledge from simple to more complex concepts. Prisoners did not always study education courses that matched their future career goals. Staff did not effectively monitor what prisoners learned from in-cell work packs and did not reinforce learning.
- 4.12** Instructors assessed prisoners' employability and work skills. They evaluated prisoners' professional behaviours, including leadership skills and initiative while at work.
- 4.13** Prison leaders assessed the improvements required in the provision offered by the education subcontractors. They had identified that too many teachers did not provide useful feedback to prisoners on their in-cell learning activities.

Section 5. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 5.1** Opportunities for prisoners to stay in touch with their families and friends had been severely constrained by the period of restrictions and then the outbreak of COVID-19 in early 2021. Other than a three-month period in the summer of 2020, no social visits had been available at the prison. It was, therefore, encouraging that during our visit the prison announced these would resume in mid-May, although HMPPS guidance meant there could be no physical contact.
- 5.2** Purple Visits (see Glossary of terms) had been available since August 2020, with each prisoner offered the opportunity for one 30-minute call a month. In our survey, 55% of prisoners said they had not seen their family and friends by video call in the previous month. It was positive that the prison had conducted two surveys with a small number of prisoners to increase use of video calls, although national data indicated that the take-up at Sudbury was better than at most open establishments.
- 5.3** Communal phones were available in the older accommodation units, but there were no phones in the newer pods, where 80 prisoners had to share 10 prison-issued mobile phones. However, in our survey, 93% of prisoners said they were able to use the phone every day.
- 5.4** Since March 2020 there had been almost no opportunity for prisoners to access day or overnight release on temporary licence (ROTL) to maintain family ties. This was a source of frustration for most of the prisoners we spoke to and had been exacerbated during the recent COVID outbreak when other open prisons had been given permission by HMPPS to resume day release. During our visit the prison was given approval to resume day release to maintain family ties from mid-May, however these plans were cautious and would initially benefit only five prisoners a day.
- 5.5** At the time of our visit, 25 prisoners were not eligible for day release as they had been suspended from ROTL following adjudication. Such suspension was used frequently at Sudbury, but applied inconsistently. Some suspensions had been imposed immediately after the adjudication (when the prison did not have approval to use ROTL), while in other cases suspension had been deferred until ROTL resumed; the reason for this difference was not always clear. The application of suspensions was not monitored for consistency or to avoid disproportionate outcomes for different prisoner groups.
- 5.6** The PACT (Prison Advice and Care Trust) family engagement worker had continued to provide support for prisoners during the period of restrictions. Although this support had predominantly been carried out remotely, more recently the worker had met some prisoners face to face. It was positive that in the previous year 20 prisoners had completed an accredited relationship course.

Sentence progression and risk management

- 5.7** The offender management in custody (OMiC) model had been implemented at the start of April 2021 and the prison had an appropriate number of prison offender managers (POMs) in place.
- 5.8** At the time of our visit, about 200 prisoners were classed as restricted ROTL cases, which included indeterminate sentence prisoners (ISPs) and those deemed higher risk. These prisoners were allocated a probation POM. It was positive that probation POMs had remained in the prison during the period of restrictions and had continued to meet the prisoners they were managing face to face regularly. The case notes for this group of prisoners showed good quality support, often involving other departments, such as mental health, substance misuse and psychology. Many of this group of prisoners were reliant on a direction from the Parole Board for release and in the previous year 47 ISPs had received such a direction.
- 5.9** Conversely, the remaining 60% of prisoners received relatively poor support from their prison officer POMs. Many prisoners told us they had not had any contact from their prison officer POM for many months, which was confirmed in the case notes we sampled, where the contact recorded was often perfunctory. The low levels of contact were partly attributable to the redeployment of these officers to other operational duties throughout much of the period of restrictions, with little opportunity to meet the prisoners on their caseloads. (See key concern and recommendation S7.)
- 5.10** Although prison officer POMs had returned to offender management duties for the implementation of OMiC, they remained on a shift pattern that they told us was not conducive to the POM role. They said they had a backload of assessments of each prisoner's risk and sentence plan (OASys). This was a particular issue as a new assessment was required for each prisoner who was returned to closed conditions; this had numbered over four a week in the previous 12 months, which was higher than other open prisons.
- 5.11** Records indicated that 85% of prisoners at Sudbury had had an OASys assessment in the previous 12 months, although in our survey, 21% of respondents did not know their sentence plan targets and, of those who did, only 37% said staff were supporting them to meet them. The senior probation officer at Sudbury had started regular professional supervision sessions with the prison POMs to support the quality and consistency of their work.
- 5.12** The senior probation officer chaired the inter-departmental risk-management team (IRMT) meeting that had continued to convene monthly throughout the period of restrictions. Minutes indicated that the forum had an appropriate focus on high-risk releases, multi-agency public protection arrangements (MAPPA) and public protection issues. We also found evidence of good contact between POMs and their counterparts in the community on risk-related issues. However, there were no arrangements to monitor mail for the 11 prisoners who were not permitted to have contact with children (see key concern and recommendation S8).

Release planning

- 5.13** In our survey, only 38% of prisoners who expected to be released in the next three months said someone was helping them prepare for this, which was poor for a resettlement prison.
- 5.14** Community rehabilitation company through-the-gate caseworkers had remained on site during the restrictions, but, until more recently, had not met prisoners face to face except in

exceptional circumstances. Caseworkers contacted prisoners with three months left to serve by questionnaire to assess their resettlement needs, but if prisoners failed to respond to two letters they were deemed as refusing to engage and did not receive support. During the period of restrictions, this had applied to 59 prisoners.

- 5.15** Caseworkers provided good support for those with whom they worked and we saw evidence of perseverance in attempting to secure accommodation before release. Of 405 prisoners released in the previous 12 months, only one did not have an address to go to on the day of release.
- 5.16** Some of the agencies supporting the through-the-gate work had not been on site throughout the restrictions and worked primarily through correspondence; these included the Department for Work and Pensions job coach, St Giles Trust (who train prisoner peer mentors to a level 3 qualification in information, advice and guidance) and the finance, benefit and debt advisor. Fifty prisoners had left Sudbury in the previous 12 months without a bank account despite having asked for assistance to get one.
- 5.17** Before March 2020, up to 120 prisoners went out to paid work in the community and up to 60 in unpaid work each day. Through the period of restrictions, the prison maintained paid work for about 50 prisoners a day in essential worker positions. The prison had cautious plans to increase this number to about 80. Many prisoners told us they were frustrated with the lack of opportunity to secure paid employment and that during the restrictions there had been no facility to search for and apply for jobs themselves.

Section 6. Appendices

Appendix I: Background and methodology

Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All visits 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 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.

Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

Ofsted inspectors took part in this visit remotely to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations.

Ofsted's interim visit letter is published in full on our website:

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

SVs are carried out over two weeks, but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

Scrutiny visit team

This scrutiny visit was carried out by:

| | |
|---------------------|-----------------------------|
| Ian Dickens | Team leader |
| Deri Hughes-Roberts | Inspector |
| David Owens | Inspector |
| Nadia Syed | Inspector |
| Paul Tarbuck | Health care inspector |
| Annie Bunce | Researcher |
| Becky Duffield | Researcher |
| Shannon Sahni | Researcher |
| Jed Waghorn | Researcher |
| Rebecca Parry | Ofsted inspector (remotely) |

Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>

Appendix III: Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

FFP3 masks

Filtering face piece (FFP) masks come in three respirator ratings: FFP1, FFP2 and FFP3. FFP3 offers the wearer the highest level of protection and is recommended for use during outbreaks of SARS, avian flu and coronavirus.

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Purple Visits

A secure video calling system commissioned by HM Prison and Probation Service (HMPPS). This system requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit (RCU)

Unit where newly arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

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