



Report on an unannounced inspection of

HMP Haverigg

by HM Chief Inspector of Prisons

17–28 May 2021



Contents

Introduction.....	3
About HMP Haverigg.....	5
Section 1 Summary of key findings.....	7
Section 2 Safety	15
Section 3 Respect.....	21
Section 4 Purposeful activity.....	35
Section 5 Rehabilitation and release planning.....	39
Section 6 Recommendations in this report	46
Section 7 Progress on recommendations from the last full inspection.....	49
Appendix I About our inspections and reports	55
Appendix II Glossary of terms.....	58
Appendix III Further resources	60

Introduction

Situated near Millom in Cumbria, and one of the more remote establishments in the English prison system, HMP Haverigg is a sprawling former RAF station that had been a category C training prison since 1967. A prison with a troubled history and one that has been the subject of much criticism from the Inspectorate in recent years, particularly in relation to safety and control, significant change was introduced in late 2019 when HM Prison and Probation Service (HMPPS), greatly influenced by a respected former governor, re-designated Haverigg as an open prison. This, however, unfortunately coincided with the outbreak of the COVID-19 pandemic. The prison's response to the pandemic, while maintaining the momentum behind the transition, has therefore been the main strategic challenge for the establishment over the last 16 months. It is greatly to the credit of the acting governor, her management team and the staff and prisoners of Haverigg, that they have progressed so well.

Capable of holding about 480 prisoners, there were just 310 in residence during our inspection. Representing a reasonably mature age profile, most prisoners had been convicted of a sexual offence, and meeting the needs of this type of prisoner had been quickly established as the new purpose and specialism of the prison. Haverigg had made a very impressive start and at this inspection we found that outcomes for prisoners were at least reasonably good against all our tests of a healthy prison, and in safety we judged them to be 'good'. Much of this success was predicated on good staff-prisoner relationships, a traditional strength at Haverigg, with prisoners in our survey being very positive about their experiences in the prison. Staff in turn seemed to us to be greatly relieved that the prison had gained for itself a new lease of life, one that they were embracing, although some expressed anxiety about the need to gain the new skills required for working with the particular type of prisoner now held at Haverigg.

Data and outcomes confirmed to us that the prison was very safe and we noted a general sense of well-being. We inspected as the prison was emerging from inevitable restrictions imposed during the COVID-19 pandemic, but found prisoners had very good access to the prison grounds and that nearly everyone was involved in some kind of purposeful work or education. We were similarly encouraged by the way the prison was sustaining its approach to sentence management, critical risk of harm reduction work and rehabilitative services. As the prison settles into its new role, these services will take on even greater significance.

Another striking observation of ours was the prison's sense of confidence and self-reliance. Solutions were being sought to problems as they emerged, with this perhaps best exemplified by the way the prison, using prisoner labour, had organised the removal of the now superfluous security fencing, as well as other restrictions. This was not an insignificant task. A workshop had even been created to make use of the reclaimed steel. Similarly, the prison's extensive grounds were being developed and opened for prisoner access rather than being cordoned off.

More, of course, remained to be done. Some governance arrangements needed to be tightened up and while prisoners mitigated the worst impact, many accommodation facilities required investment and renewal. The challenge of ensuring a safe but accessible offer of temporary release also needed to be met. These issues, which are supported by our recommendations, do not, however, detract from our encouraging findings. Haverigg is fast becoming a very capable establishment and is progressing to a point where it soon may well be one of the better open prisons in the estate.

Charlie Taylor

HM Chief Inspector of Prisons

June 2021

About HMP Haverigg

Task of the prison/establishment

Category D male prison

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

Prisoners held at the time of inspection: 310

Baseline certified normal capacity: 488

In-use certified normal capacity: 486

Operational capacity: 488

Population of the prison

- 1% (four prisoners) aged 18–24 years
- 82% (253 prisoners) 35 or older
- 36% (110 prisoners) 55 or older
- 17% of the population spending time in the community each week
- 86.8% of prisoners identify as White
- 5.8% of prisoners identify as Asian
- 2.6% of prisoners identify as Black
- 4.8% of prisoners identify as Mixed Race
- 52% Christian
- 28% identify as atheist or no religion
- 8% Muslim
- 7% Buddhists

Prison status (public or private) and key providers

Public

Physical health provider: North Cumbria Integrated Care NHS Foundation Trust

Mental health provider: Tees, Esk and Wear Valley NHS Foundation Trust

Substance use treatment provider: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Prison education framework provider: Novus

Community rehabilitation company (CRC): Cumbria and Lancashire CRC

Escort contractor: GeoAmey

Prison group/department

Cumbria and Lancashire

Brief history

HMP Haverigg was opened in 1967 on the site of a former RAF station and is the only prison in Cumbria. Originally, 350 prisoners were accommodated in the RAF billets, but the addition of new accommodation and the rebuilding of two units following incidents of concerted indiscipline in 1988 and 1999 increased the accommodation. In December 2019 HMP Haverigg was re-categorised from a category C to a category D prison.

Short description of residential units

R1 Purpose-built house block split into two wings, with 60 cells on each wing with internal sanitation and communal showers, including two secure accommodation rooms.

R2 Nine billets of 18 cells with internal sanitation and communal showers, as well as specialised disability accommodation.

R3 Seven billets of 16 cells with a kitchen and dining area. These billets have communal showers and sanitation facilities.

R5 Purpose-built house block split into six spurs across two landings. Each cell has a shower and internal sanitation. This unit is currently used as the RCU and PIU.

R6 Two billets of 16 cells, with a kitchen and dining area. These billets have communal showers and sanitation facilities.

R4 and the segregation unit are closed.

Name of governor/director and date in post

Joanna Bailey, acting governor since March 2021

Leadership changes since the last inspection

Tony Corcoran (retired March 2021)

Prison Group Director

John Illingsworth

Independent Monitoring Board chair

Lynne Chambers

Date of last inspection

March – April 2017

Section 1 Summary of key findings

- 1.1 We last inspected HMP Haverigg in 2017 and made 44 recommendations, three of which were about areas of key concern. The prison fully accepted 37 of the recommendations, including the three about areas of key concern, and partially (or subject to resources) accepted seven.
- 1.2 Section 7 contains a full list of recommendations made at the last full inspection and the progress against them.

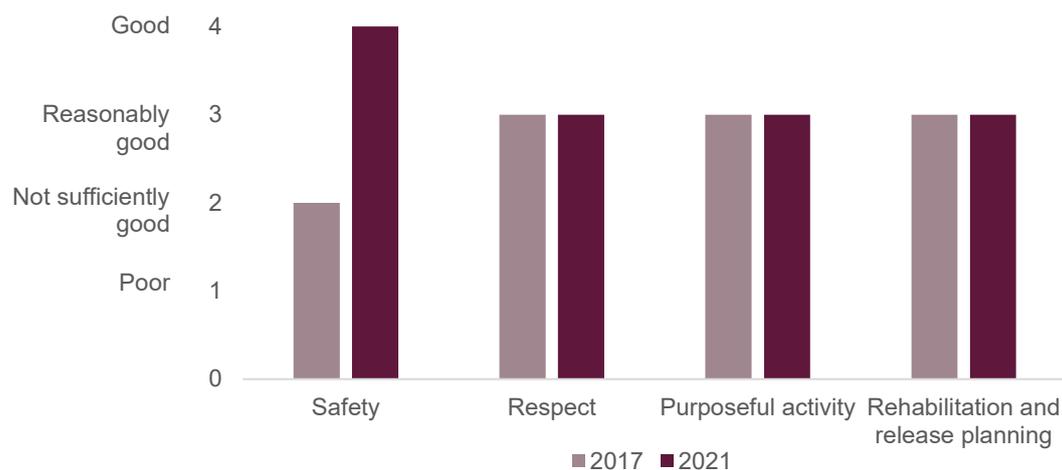
Progress on key concerns and recommendations

- 1.3 Our last inspection of Haverigg took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made one recommendation about key concerns in the area of safety. At this inspection we found that this recommendation had been partially achieved.
- 1.5 We made two recommendations about key concerns in the area of respect. At this inspection we found that both these recommendations had been achieved.
- 1.6 We made no recommendations about key concerns in the areas of purposeful activity or rehabilitation and release planning.

Outcomes for prisoners

- 1.7 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). At this inspection of Haverigg, we found that outcomes for prisoners had stayed the same in three healthy prison areas and improved in one.
- 1.8 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation Service (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Haverigg healthy prison outcomes 2017 and 2021



Safety

At the last inspection of HMP Haverigg in 2017, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now good.

- 1.9 The reception area was organised to minimise the risks of virus transmission. The reverse cohort unit (RCU, see Glossary of terms) was managed effectively to prevent the spread of the virus without imposing disproportionate restrictions. All newly arriving prisoners received a private risk and needs assessment. Peer-led face-to-face induction was comprehensive and prompt.
- 1.10 There were very few recorded violent incidents and the vast majority of prisoners told us they felt safe. There was good management oversight of violence reduction work. Use of force was rare, with only four incidents in the previous 12 months, but there was little evidence of de-escalation. There was no segregation unit but two designated secure cells had been used appropriately in the cases we examined, to hold people returning to closed conditions. Governance of secure cell use and the use of force were weak. Adjudications were usually managed adequately, but in one case a prisoner was denied legal assistance with no recorded explanation.
- 1.11 Procedural security was proportionate. Intelligence reports were analysed, collated and disseminated well, but we found some evidence of under-reporting. There was very little evidence of substance misuse. Thirty-nine prisoners had been returned to closed conditions in the previous 12 months, which was comparatively low.
- 1.12 There had been three deaths since our last inspection, including two that were self-inflicted, both of which took place when the prison was still a category C establishment. The prison had made good progress in implementing recommendations of the Prisons and Probation Ombudsman. There was very little self-harm at the time of the

inspection and ACCT (assessment, care in custody and teamwork) case management processes for prisoners at risk of suicide or self-harm were carried out well. No safeguarding referrals had been made to the local adults safeguarding board in the previous year and we identified some shortcomings in the management of one case. Peer support workers gave valued help to the most vulnerable prisoners but lacked staff oversight.

Respect

At the last inspection of HMP Haverigg in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that they remained reasonably good.

- 1.13 Staff and prisoner relationships were generally positive and respectful. However, staff had received limited training in working with category D prisoners or those convicted of sexual offences, and many of those we spoke to said they were not yet fully confident to work with the population.
- 1.14 Prisoners all had single accommodation, and the worst unit at our last inspection (R1) had been refurbished to a good standard. However, billets were old and many needed repair to roofs and flooring, and some showers were still in poor condition. While many parts of the grounds were maintained well, the physical environment did not reflect what we would expect in an open prison. There were many internal fences and razor wire, and most cell windows still had bars. Most prisoners we spoke to were content with the food, but they could not yet cook for themselves and the kitchen was in a poor state of repair.
- 1.15 Consultation arrangements, in the form of regular forums and the Prison Council, were good. Prisoners found it easy to make an application, but many told us that they were not answered promptly. Prisoner orderlies had been appointed to help track applications more effectively, but departments were not consistently using them. Responses to complaints were usually prompt, polite and constructive, but property complaints redirected to other prisons were often not resolved quickly. Good quality assurance arrangements included peer representatives checking a proportion of redacted complaints.
- 1.16 Well-attended diversity and inclusion meetings had continued throughout much of the pandemic and provided good oversight of equality work. The few submitted discrimination incident reports were robustly and quickly investigated. Most prisoners with a disability whom we spoke to said they felt supported. The 'village hall' provided a valued hub for older prisoners to socialise and participate in activities. Transgender prisoners said they felt supported in matters relating to their transition and could access appropriate health care.
- 1.17 Facilities for worship were good and had improved during the pandemic. The chaplaincy provided good pastoral support and had

built links with community groups. Chaplains visited the wings each day.

- 1.18 Health services were well led, responsive to the needs of the population and underpinned by mature partnership working. A wide range of health information and activities enabled prisoners to take responsibility for improving their health and well-being. A good range of mental health therapies was provided by a skilled team. Medicines management and pharmacy services were very good. A very high proportion of prisoners (88%) in our survey said the quality of health services was good and we saw some excellent support for patients.

Purposeful activity

At the last inspection of HMP Haverigg in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that they remained reasonably good.

- 1.19 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection. The findings, progress judgement and recommendations arising from their visit are set out in Section 4.
- 1.20 Prisoners could leave their units for about 13 hours a day. Library staff had just returned to the prison and, in the meantime, prisoners had been delivering library items to anyone who requested them. The gym was clean and well equipped and prisoners had reasonably good access to it. Prisoners could also access open spaces and nature in the extensive prison grounds.
- 1.21 Most prisoners were engaged in education, skills and work during the various phases of the COVID-19 pandemic and, at the time of the inspection, all eligible prisoners had some form of purposeful activity. There were realistic plans to adapt the education, skills and work offer to reflect the changing needs of the population and wider economic and social demands. The employment hub was a particularly helpful service for prisoners.
- 1.22 The quality of education delivered during the first phase of lockdown was not of a consistently good standard, and leaders had taken effective action to improve quality through staff development and recruitment. Prisoners had a structured induction programme and good individual learning plans.
- 1.23 Prisoners benefited from a high standard of technical training. They developed significant new skills, knowledge and behaviours through vocational training. Teachers planned and delivered a well-structured curriculum in mathematics and information communication technology. However, prisoners were not able to practise some of the skills they had learned because of limited access to computers.

- 1.24 Trainers in workshops where no qualifications were offered did not capture in writing the full range of knowledge, skills and behaviours that prisoners had developed. Prisoners' additional support needs were identified at the start of their education and training and addressed. Local employers spoke highly of the contributions made by prisoners on release on temporary licence (ROTL) to their businesses and communities.

Rehabilitation and release planning

At the last inspection of HMP Haverigg in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that they remained reasonably good.

- 1.25 Visits had restarted in April 2021, but demand was low. Prisoners had good access to Purple Visits (see Glossary of terms), which had been used about 700 times in the previous six months. The visits room had been refurbished and provided a very welcoming environment. Monitoring by visits staff was discreet, and they were aware of prisoners with contact restrictions. Community agencies providing family support work had not yet returned to the prison.
- 1.26 Strategic oversight of reducing reoffending was undermined by the lack of a comprehensive needs analysis and overarching dynamic action plan. However, the offender management unit (OMU) was well led and focused on improvement. A shortage of probation officers was mitigated by employing more prison staff to act as prison offender managers (POMs). All POMs had reasonable caseloads and most prisoners benefited from regular, purposeful contact with them. Most prisoners had up-to-date sentence plans and those we spoke to were making reasonable progress. OMU staff communicated well with prisoners and ran surgeries four times a week to answer their questions.
- 1.27 ROTL assessments had continued through the pandemic and about half the population had been able to access ROTL opportunities since its reintroduction in April 2021. However, the range of voluntary and paid work opportunities was very limited. In our case sample, ROTL decision-making was well considered and informed by a full range of information, including prisoner participation at all boards. There had been no ROTL failures to date.
- 1.28 Nearly all prisoners were convicted of sexual offences and more than 80% were assessed as posing a high or very high risk of harm. Public protection work in the cases we inspected was good. The interdepartmental risk management meeting was not tracking cases from six months before release, which ran the risk of delay to necessary actions. However, all MAPPA levels in our case sample were confirmed before release. Child contact restrictions and mail and telephone monitoring processes were robust and proportionate, although there was a small backlog in telephone monitoring cases.

- 1.29 Decisions to re-categorise prisoners and return them to closed conditions were proportionate and multidisciplinary. Prison managers were aware of the few prisoners with outstanding needs in relation to offending behaviour interventions, and staff liaised with community offender managers to establish if these could be completed on licence or on temporary release from custody.
- 1.30 About 10 prisoners a month were released from Haverigg, with the majority going to approved premises. The community rehabilitation company (CRC) met prisoners 12 weeks before release to discuss resettlement plans and provide suitable support. Leaders had put systems in place to ensure continuity of release planning once the current CRC contract expired in June 2021.

Key concerns and recommendations

- 1.31 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.
- 1.32 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.
- 1.33 Key concern: While safety outcomes were currently good, there were some shortcomings in assurance structures; for example, governance of the use of force and secure cells was weak, the safeguarding strategy was out of date, and there was inadequate staff supervision of the peer workers who supported particularly vulnerable prisoners.

Recommendation: Leaders should implement robust governance of key areas of safety, including use of force, secure accommodation and safeguarding of the most vulnerable prisoners. (To the governor)

- 1.34 Key concern: The general environment did not yet reflect that of a category D open prison, with internal fences, razor wire and bars on cell windows. Much of the prison also needed refurbishment and repair; many billets had leaking roofs and cracked floors. Some showers and the main kitchen were also in poor condition. A recent power loss in the kitchen caused by a broken part had resulted in considerable disruption and a limited menu for several weeks.

Recommendation: The prison should complete its transition to an open prison environment with proportionate physical security, and the living areas and main kitchen should be repaired and refurbished to provide consistently decent living and working conditions. (To HMPPS and the governor)

- 1.35 Key concern: ROTL was a key objective for most prisoners at Haverigg. However, the range of voluntary and paid work opportunities in the community was very limited.

Recommendation: Prison leaders should expand the range of paid and voluntary work opportunities available to prisoners undertaking ROTL in the community.

Notable positive practice

- 1.36 We define notable positive practice as innovative work 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.
- 1.37 Inspectors found 15 examples of notable positive practice during this inspection.
- 1.38 Records showed a measured approach to dealing with infringements that may have resulted in a return to closed conditions. Staff worked with prisoners to address concerns and decisions were made only following a comprehensive and multidisciplinary review at which relevant risk factors were considered. (See paragraphs 2.25 and 5.31)
- 1.39 The locally adapted support intervention plans provided a broad range of support to those who had additional needs or vulnerability. (See paragraph 2.31)
- 1.40 The village hall encouraged community living for older prisoners, who could associate in a welcoming environment, engage in competitions or participate in art or music. (See paragraph 3.7)
- 1.41 The nature trail was an excellent, creative use of unused land in the prison grounds. It had been transformed from scrubland into a nature area with bees, and rare tree plantations that attracted birds and insects. The project, entirely designed and maintained by prisoners, provided constructive activity and supported mental and physical well-being. (See paragraph 3.8)
- 1.42 Prisoner representatives quality assured redacted versions of complaints. This initiative facilitated positive engagement with prisoners. (See paragraph 3.21)
- 1.43 Regular and meaningful consultations were held with prisoners with protected characteristics. (See paragraph 3.30)
- 1.44 The daily briefing included a reminder to prison officers of patients who were using the 'do not attempt to resuscitate' protocol. (See paragraph 3.51)
- 1.45 All patients on four or more medicines were automatically reviewed by the pharmacist; this useful layer of governance promoted safe prescribing practices for prisoners with complex health needs. (See paragraph 3.65)

- 1.46 Drug recovery workers kept in touch with patients for up to six months after release, which provided ongoing support and continuity of care with community agencies. (See paragraph 3.82)
- 1.47 Prisoners had daily access to minor health and well-being products, which removed a wait of up to seven days for canteen deliveries. (See paragraph 3.89)
- 1.48 Potential ROTL activity placements were jointly assessed by resettlement and OMU staff to ensure both health and safety and public protection risks were fully explored and considered. (See paragraph 5.7)
- 1.49 OMU staff communicated well with prisoners and ran surgeries four times a week to answer their questions. Prisoners could arrange scheduled meetings the same day with managers and staff from the OMU. (See paragraph 5.14)
- 1.50 Prisoners were able to attend and contribute to their ROTL boards, which enhanced the quality of assessment and helped to address prisoners' anxieties, maximising the chances of successful temporary release. (See paragraph 5.20)
- 1.51 Staff who undertook mail and telephone monitoring were invited to attend and contribute to monitoring review meetings, providing a potentially valuable perspective on decisions, and reinforcing an ethos of inclusivity and joint working in the prison. (See paragraph 5.27)
- 1.52 The new 'last stop' resettlement facility was a promising initiative designed to give prisoners national and local information in advance of their release. (See paragraph 5.39)

Section 2 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 2.1 The number of new arrivals was low and averaged about two prisoners a week. Prisoners travelled in clean vehicles and were given adequate food and drink for the journey. They alighted swiftly at the prison and the atmosphere was welcoming. In our survey, 86% of prisoners said they were treated well in reception.
- 2.2 The reception area was well organised and clean. All new prisoners were given a rapid flow COVID-19 test and waited for the result before being seen by a nurse in private. They were booked in by prison staff who were wearing masks and social distancing measures were followed.
- 2.3 Up to £20 was allowed for prison shop purchases on the first night, a sensible measure which enabled prisoners to buy items without waiting, possibly for several days, for their weekly canteen. Prisoners spoke positively about this preventing the build-up of debt during their early days.
- 2.4 Following a negative COVID-19 test in reception, prisoners were normally moved to the residential units. However, a small number arriving from prisons designated as red sites (experiencing a COVID-19 outbreak) did not alight at reception but were appropriately taken straight to R5, the reverse cohort unit (RCU, see Glossary of terms) where they quarantined for seven days and were subject to two tests before being moved to normal location. RCU cells were clean, well prepared and had showers and toilets. Cleaning schedules followed by prisoner COVID-19 cleaners ensured that all areas were thoroughly cleaned throughout the day.
- 2.5 On the residential units, welfare checks for all new arrivals were carried out four times within the first 24 hours. Those subject to RCU conditions were also seen regularly by the safety team and reported positively on the consistency of staff contact with them. Given the small number of new receptions, the safety team's oversight could have been extended to all new arrivals.
- 2.6 Prisoners subject to RCU conditions were not locked in their cells and were trusted to manage their time out of cell, which they appreciated. A

timetable was organised for them to walk on the landing outside their cells or go outside in the designated exercise area several times a day. Activity on the RCU was limited to in-cell education and distraction packs but prisoners were not confined to their cells.

- 2.7 Induction took place on the day of arrival or the following morning. It was delivered face-to-face by prisoner orderlies, who also went to see those on the RCU with appropriate distancing and wearing protective equipment. In our survey, 65% of prisoners who had had induction said that it covered everything they needed to know. Prisoners were given a helpful orientation tour of the prison guided by their peers and the induction booklet contained comprehensive up-to-date information.

Managing behaviour

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

Encouraging positive behaviour

- 2.8 There was a calm, relaxed atmosphere in the prison and, in our survey, only 12% of prisoners said they felt unsafe. There were few recorded violent incidents. There had been only three in the previous six months, although we found some evidence of under-reporting (see paragraph 2.23).
- 2.9 The challenge, support and intervention plan (CSIP, see Glossary of terms) model was used to manage perpetrators and victims. During the previous six months, there had been 71 referrals and 14 prisoners had required an intervention plan for antisocial behaviour. Intelligence on bullying came from a range of sources.
- 2.10 There was a comprehensive safety policy. Minutes of the safer custody meetings held every two months indicated that they were well attended, appropriate information was discussed and most actions were dealt with in a timely manner. The weekly safety interventions meeting was effective, with multidisciplinary attendance by staff from key departments. The meetings focused appropriately on prisoners who were challenging or had the most complex needs. Suitable management plans and support strategies were formulated.
- 2.11 Most prisoners behaved well and were motivated to progress. Oversight of the incentives scheme lacked rigour. Despite the local policy that all newly arriving prisoners would be placed on the enhanced level, there were examples of prisoners who had not been upgraded on arrival. One prisoner had been at Haverigg for five months without a review and another had been downgraded to standard level without a case review.

Recommendations

- 2.12 **All violent incidents should be accurately recorded on the incident reporting system.**
- 2.13 **The local policy on the application of the incentives scheme should be followed consistently.**

Adjudications

- 2.14 There had been 48 adjudications during the previous six months, which was a low number. Most adjudications concerned a failure to comply with rules or unauthorised items.
- 2.15 The sample adjudication records that we looked at showed that prisoners were given enough time to prepare and that most hearings were fair. However, there was too often a finding of guilt without adequate investigation and in one case a prisoner had requested legal assistance which was denied with no explanation. The deputy governor quality assured 10% of adjudications.
- 2.16 Drug use was not a significant issue, but managers were not complacent and the minutes of the bi-monthly drug strategy meetings that we examined demonstrated discussion of a range of data so that any increase in drug availability or use would be identified.

Recommendation

- 2.17 **Adjudicators should fully investigate all charges before a finding of guilt and ensure that prisoners are able to access legal advice if requested.**

Use of force

- 2.18 Use of force was rare. There had been none in the previous six months and only four incidents in the previous 12 months. However, managerial oversight of the little force that did take place was inadequate. In our review of the four cases, we found that the use of de-escalation techniques was not well documented, nor had the risk of transmission of the COVID-19 virus been considered during the application of force. In two cases ridged bar handcuffs had been used to escort compliant prisoners with no record of why these were necessary or proportionate to the risks posed. Body-worn cameras were available but had not been used. (See key concern and recommendation 1.33.)

Recommendation

- 2.19 **All use of force should be fully justified and proportionate and should only be applied following the use of de-escalation techniques.**

Segregation

- 2.20 The segregation unit had been closed in December 2019. Two designated secure cells on R1 had been used 15 times in the previous six months. Governance of this was weak. No designated manager was responsible for oversight of the secure cells and some records of their use were not available. Records that we were able to review indicated that use of the secure cells was appropriate, although the safety screens had not always been completed. In one case a prisoner located in a cell because he did not feel safe was denied exercise and time outside with no assessment of risk or consideration of alternatives. (See key concern and recommendation 1.33.)

Security

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

- 2.21 Haverigg had been a closed category C prison until December 2019. Significant work had been undertaken to reduce security measures: many internal fences had been cut down to a low level and most gates had been removed. However, security remained excessive for an open prison and not commensurate to the risks posed by the population. (See key concern and recommendation 1.34.)
- 2.22 The security team focused on managing risk in the prison and the community, working collaboratively with the offender management unit, safer custody and the police.
- 2.23 During the previous six months, 901 intelligence reports had been submitted. Reports were analysed, collated and disseminated well. The data received informed intelligence objectives and most actions were completed promptly. However, we found some evidence of under-reporting, and managers acknowledged that this needed addressing.
- 2.24 There was little evidence of substance misuse. In our survey, 9% of prisoners said that it was easy to get illicit drugs and 2% said that it was easy to get alcohol. There had been no random mandatory drug testing (MDT) in the previous 12 months. However, 39 tests had been carried out, including suspicion tests and risk testing for those who were to be released on temporary licence (ROTL, see Glossary of terms). Two tests had proved positive because of prescription medication.
- 2.25 During the previous six months, six prisoners had been returned justifiably to closed conditions for security reasons including possession of a mobile phone and assault. Another 32 prisoners had been returned to closed conditions following a review of their suitability for open conditions. Records showed that leaders took an individual

risk assessment approach to dealing with infringements and worked with prisoners to address the issues before returning them to closed conditions. This was commendable.

Safeguarding

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

Suicide and self-harm prevention

- 2.26 Since our last inspection, there had been three deaths, two of which were self-inflicted while it remained a category C establishment and one by natural causes since the re-role. Recommendations made by the Prisons and Probation Ombudsman (PPO) had been achieved.
- 2.27 There was little self-harm. During the previous six months, there had been two acts of self-harm. The quality of ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) documentation was good. Reviews were conducted on time and mental health professionals contributed to most reviews. Most care maps were appropriate and comprehensive case notes demonstrated care for prisoners in crisis. During the previous six months, 21 prisoners had been placed on ACCTs. In our survey, 85% of prisoners who had been on an ACCT said that they felt cared for by staff.
- 2.28 Ten Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were available to offer support. They were well supported by the prison and the local Samaritans branch.

Protection of adults at risk (see Glossary of terms)

- 2.29 The safeguarding strategy contained references to a number of outdated policies. There were good links with the local safeguarding adults board, but no referrals had been made during the previous year. We identified shortcomings in the management of one case, where the safeguarding board should have been consulted and information shared with prison offender managers.
- 2.30 The CSIP model had been adapted locally to create support intervention plans for a broader range of prisoners with additional support needs or vulnerability, which was good. Twelve of the CSIP referrals made in the previous six months had involved support. Managerial oversight was good, reviews were on time and plans reflected the relevant concerns of the individual.

2.31 Peer support workers gave a valuable service to these vulnerable prisoners. However, there was no formal supervision to ensure that the care remained safe and that those receiving support were protected from potential harm.

Section 3 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 3.1 Relationships between staff and prisoners remained good. In our survey, 86% of prisoners said that most staff treated them with respect and 88% that they had a member of staff to turn to if there was a problem. Many staff knew the prisoners well, spoke courteously about them and referred to them by their preferred names, which created a relaxed dynamic.
- 3.2 We observed many instances of polite interactions and many prisoners spoke well of staff and managers, often citing personal examples of how they had been supported. However, staff expressed concerns about the limited training they had received to prepare them for working with category D prisoners and those convicted of sexual offences. Many said they were not yet fully confident to work with this group and needed more guidance and support.

Recommendation

- 3.3 **Leaders should ensure that staff are confident to work in open category D conditions and with prisoners convicted of sexual offences.**

Daily life

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

Living conditions

- 3.4 Residential accommodation remained variable and R5 continued to provide the best living accommodation with in-cell showers and toilets. The worst unit at the last inspection, R1, had been refurbished to a good standard, as had some showers. However, R6 and P2 showers were still in poor condition. Cells were clean and free of graffiti and it was clear that prisoners were doing their best to maintain them despite the fact that cells were deteriorating, cold in the winter and had

problems with leaks. Floors were cracked and skirting was pulling away from the walls. Funding had been secured to carry out necessary remedial work but no start date had been set. (See key concern and recommendation 1.34.)

- 3.5 In our survey, 90% of prisoners said that the communal areas were kept clean and 82% said they could get cell cleaning materials each week. Nearly all prisoners said they could shower each day and had clean clothes and bed sheets each week. Prisoners' artwork was displayed on many units, which brightened the environment.
- 3.6 Each living area had a common room and kitchen where prisoners could eat or associate together. It was still not possible to use the phones in private and calls to solicitors, friends and family could be overheard. All units contained washing machines and dryers, which were in working order for prisoners to use.
- 3.7 The welcoming day centre in the 'village hall' was conceived and supervised by gym staff. It was an excellent facility and many prisoners told us that they found the services and environment helpful in preparing them for release. The art and music rooms in the village hall were particularly welcoming (see photo).



Art room in the village hall



Music room in the village hall

- 3.8 The prison grounds were clean and free of litter. Prisoners had made a concerted effort to maintain the grounds and many spoke of the physical and mental benefits of time spent working in the grounds. Prisoners had designed a well-used nature trail on unused land in the prison.
- 3.9 Many fences and internal gates remained in place and progress to remove them was slow with no completion date. Razor wire was still prominent around the establishment and most cells still had bars on the windows, which was not conducive to an open prison environment. The prison had made good use of prisoners' skills to help to remove some of the superfluous security fencing and gates and improve the environment, but much more work was needed. (See key concern and recommendation 1.34.) (See photo).



Fences in the prison grounds

Recommendation

- 3.10 **Telephones should be screened to afford adequate privacy when prisoners are making calls.**

Residential services

- 3.11 In our survey, 53% of prisoners said the food was good. The menu was varied and catered for a wide range of diets. The catering team made good use of fresh vegetables grown on site, which enhanced the quality and variety of the meals. There were no self-cook facilities, which was disappointing for an open prison, and prison leaders told us that this would be a future priority.
- 3.12 The kitchen was in need of major refurbishment and there had been a recent protracted power loss because of an irreplaceable part, which had resulted in a limited menu for several weeks. The kitchen roof leaked, damaging the ceiling, and the floors were cracked. Funding had been secured to carry out the repairs but with no start date confirmed. (See key concern and recommendation 1.34.)
- 3.13 The prison shop stocked a good selection of items suitable for open prison conditions. Most prisoners said that the weekly canteen system operated well and problems with their orders were rare.

Recommendation

- 3.14 **Self-cook facilities should be installed in the living areas so that prisoners can prepare meals for themselves.**

Prisoner consultation, applications and redress

- 3.15 Consultation arrangements with prisoners were good and there was evidence of progress that issues raised were addressed. Each wing held monthly forums, which all prisoners could attend. These discussions fed into well-attended Prison Council meetings, which had continued to take place intermittently during the pandemic. Minutes demonstrated constructive discussions and progress against a range of actions was regularly monitored.
- 3.16 A number of useful prisoner surveys had been conducted, including one on visits provision and a survey to help understand what additional support IPP (indeterminate sentence for public protection) prisoners would find helpful. The results from these surveys had been analysed and an action plan was in place.
- 3.17 Wayout TV had recently been introduced to facilitate the dissemination of information and advertise opportunities. Many prisoners had not yet seen the channel, but those who had said that it provided useful information. Prison leaders had provided useful written briefings to prisoners during the pandemic to update them on restrictions, the prison's recovery plan (see Glossary of terms) and other changes in the prison.
- 3.18 Application forms were freely available on the wings. In our survey, 89% of prisoners said that it was easy to make an application, but only about half of those who had made applications said they were responded to within seven days. Prison leaders were aware that application tracking was a problem and had appointed resident information orderlies (RIOs) to collect, log and return them. However, accurate recording and usefulness of analysis were undermined by the fact that not all departments were using the new system. There was also little oversight or quality assurance of the RIOs' work.
- 3.19 During the six months to the end of April 2021, 304 complaints had been submitted, more than at similar prisons. Complaint forms were freely available on the wings and 71% of prisoners in our survey said that it was easy to make a complaint.
- 3.20 Almost a third of all complaints concerned property and many were related to the fact that the re-role to category D had created confusion about whether items purchased at other prisons, particularly electronic devices, were permitted. Although complaints were usually answered promptly, those redirected to other prisons often had slow responses.
- 3.21 Complaint responses were typed, polite and constructive, although responses to common complaints were duplicated and did not fully address the specific issues raised. Quality assurance was good and included peer representatives reviewing 20% of appropriately redacted complaints each month. Although discussion of monitoring data on complaints had recently resumed through the Prison Council, the data were not compiled rigorously or properly analysed.

- 3.22 Legal visits had resumed in April 2021 and took place in suitable, private rooms. Video calls to legal representatives had been introduced in March 2020, which was positive given the remote location of the prison. Four video calls had taken place in April 2021 and eight in May 2021, while only two face-to-face visits had been booked during the same period. Video link facilities were also available for parole hearings.
- 3.23 The library offered good access to legal resources and prisoners could use two laptops to read legal documents and policies, which was useful.
- 3.24 Prisoners who were eligible for release on temporary licence (ROTL) were able to register to vote. Encouraging registration would have been a simple way to promote responsible citizenship as prisoners reintegrating into society. However, staff did not know how many prisoners were eligible and had not promoted or facilitated registration.

Recommendations

- 3.25 **Prison leaders should ensure rigorous tracking and analysis of applications, including through the development and promotion of the work of the resident information orderlies.**
- 3.26 **Complaints monitoring data should be collected systematically and analysed thoroughly to identify trends and help learn lessons.**

Equality, diversity and faith

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

Strategic management

- 3.27 The diversity and inclusion policy was supported by a broad and realistic action plan, which was monitored and updated regularly. The area was overseen by a proactive diversity and inclusion manager.
- 3.28 Diversity and inclusion meetings had continued throughout much of the pandemic and were well attended by managers and prisoner representatives. Minutes showed that appropriate actions were generated and followed up. Oversight of equality data had improved and the work was well supported by prisoner equality representatives.
- 3.29 Very few discrimination incident report forms (DIRF) were submitted and of the six DIRFs submitted in the previous six months, two referred to the same incident. Management of the system had improved;

incidents were robustly investigated and concluded in a timely manner. Responses were respectful, constructive and quality assured by the equality lead, who added best practice actions when applicable.

- 3.30 Consultation with prisoners from protected characteristic groups (see Glossary of terms) was much improved since the last inspection. There were monthly forums for black and minority ethnic, LGBT, transgender, older and disabled prisoners. Minutes of these forums indicated open discussion of prisoners' experiences and a constructive, problem-solving approach was taken by prisoners and staff.
- 3.31 Events such as Pride, Black History Month and International Women's Day were regularly celebrated, and posters promoting diversity and inclusion were prominently displayed around the prison.

Protected characteristics

- 3.32 At the time of our inspection, 13.2% of the population identified as black and minority ethnic and two Gypsy, Roma and Traveller prisoners had been identified. Ad hoc forums were held for these prisoners.
- 3.33 There were four foreign national prisoners at the time of our inspection. They all spoke fluent English, although interpreting was available if needed. No prisoners were subject to current immigration enforcement action.
- 3.34 Eighty prisoners had identified as having a physical or mental disability. The diversity and inclusion team were addressing limited accessibility around the prison in response to the rising number of prisoners with a disability and mobility impairment. Measures to improve accessibility were being actively explored.
- 3.35 There were two specially adapted cells for prisoners with disabilities and other cells had undergone some modifications based on individual need, such as the installation of grab bars and raised seating. Records showed that prisoners had been provided with modifications to support them with their disability.
- 3.36 Prisoners with disabilities told us that they felt supported, although some expressed frustration with practical problems, such as the long walk from units to the dining room, or storage in their cells being located at ground level. Twelve members of staff had been trained as autism champions. They maintained links with the National Autistic Society to support neurodivergent prisoners.
- 3.37 There were three transgender prisoners at the time of our inspection. They said they felt supported in their transition and could access appropriate health care. They had each had at least one transgender case board, and records of the boards demonstrated engaged conversations about their support needs and their feelings about their transition. Make-up and cosmetics were not available for order from catalogues.

- 3.38 There were four prisoners under the age of 25. There was no evidence that they were subject to specialist care plans or interventions. However, regular updates about their well-being were recorded on NOMIS (HMPPS electronic records) and the younger prisoners we spoke to were positive about their experiences at Haverigg.
- 3.39 There were 110 prisoners over the age of 55 and the population of older prisoners had increased in recent months. Monthly forums for older prisoners were facilitated by equality staff. Minutes indicated that prisoners raised a range of issues and that staff responded constructively. The village hall acted as a hub for older prisoners to socialise and participate in activities, as well as a source of information about prison life and well-being (see paragraph 3.7).

Faith and religion

- 3.40 Corporate worship had resumed in April 2021. Muslim, Anglican and Roman Catholic prisoners now had weekly services, and other religious groups were able to meet regularly in the chaplaincy.
- 3.41 During the pandemic, the chaplaincy had added an annexe to the chapel to provide a dedicated area for Islamic prayer. Facilities were good and met the needs of the population.
- 3.42 Despite staffing problems during the pandemic, the chaplaincy had provided good pastoral support. They visited the wings each day and attended ACCT (assessment, care in custody and teamwork) case reviews. The chaplains were flexible in their approach and supported prisoners of all faiths and those of no faith.
- 3.43 The chaplaincy had enabled 14 prisoners to attend funerals virtually or to video call with sick relatives during the pandemic. In one case, chaplains had facilitated a socially distanced in-person visit between a prisoner and a terminally ill relative.
- 3.44 The chaplaincy had fostered links with local community groups, including a hospice. A course on bereavement was in preparation and the chaplains also planned to facilitate the Sycamore Tree course (victim awareness course) when the lifting of restrictions allowed.

Health, well-being and social care

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

- 3.45 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary of terms) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission found no breaches of the relevant regulations during this inspection.

Strategy, clinical governance and partnerships

- 3.46 Governance arrangements were effective and excellent partnership working between the prison, North Cumbria Integrated Care (NCIC), and other health care providers ensured that patients' needs were met.
- 3.47 The transition from a category C to a category D prison had had a marked effect on the health needs of the population. There were now more patients with long-term conditions, trauma-related mental health challenges, and psychosocial needs related to addictions. The well-led health team had managed the transition seamlessly. They anticipated further change resulting from an increase in the prison population.
- 3.48 Untoward incidents (a healthcare-related event or omission could have led or did lead to unintended or unexpected harm) were uncommon (about five a month) and of a minor nature. There had been one death with COVID-19. Learning had resulted from these events. Service development was informed by regular audits and engagement with patients. Consultation forums with patients had recently restarted after being suspended during the pandemic.
- 3.49 In our survey, 88% of respondents said that the quality of health care was very/quite good, and positive comments were regularly received by staff.
- 3.50 The remote location of the prison made the recruitment of staff a challenge, although retention was strong. There were enough staff with the right competencies to deliver the services. Staff supervision, support and training were good.
- 3.51 Clinical records were held electronically, and information was shared with other prison departments, by consent, to support the care of prisoners. Nurses provided enhanced care plans to help prison officers to support patients on the wings. Patients with DNAR (do not attempt resuscitation) directives had their wishes displayed in the resuscitation bags and on the daily prison staff bulletin.
- 3.52 Access to health services was efficient. Prisoners could apply to see a clinician or could visit the health centre to make an appointment. It was rare for prisoners to fail to attend their appointments.
- 3.53 We observed professional relationships between health staff and patients, who were treated with compassion and dignity. Patients could ask to see a clinician of a particular gender.
- 3.54 Clinical rooms were suitably equipped, with strong management oversight. Medical devices and stock were appropriately maintained and stored. An annual external infection prevention and control audit was undertaken, and recommendations were addressed. Cleaning schedules for each room were checked each day, and regular cleanliness audits demonstrated the effectiveness of these measures.
- 3.55 The health screening room in reception required remedial work to repair peeling paint and some privacy blinds. The room contained NHS

equipment and we observed the door to be unlocked on several occasions rendering the equipment insecure.

- 3.56 Essential equipment for use in medical emergencies, including automated external defibrillators, was suitably checked, maintained, and strategically sited in several places in the prison, and in health care.
- 3.57 The up-to-date infectious disease outbreak control plan had been used to manage COVID-19 successfully. This was complemented by robust testing for prisoners leaving and entering the prison. No prisoners had tested positive since March 2021.
- 3.58 A confidential complaints process was in place; there were only about four complaints a month. Responses that we sampled were timely, polite and addressed the concern, but the handwriting could be difficult to read. Face-to-face resolution was used where appropriate.

Promoting health and well-being

- 3.59 There was a recent comprehensive prison health promotion strategy and a plan to drive its implementation. The national health promotion programme was not being used, but a wide range of information and activities was available to prisoners to promote health and well-being, including structured exercise, dietary support, educational events and social activities. Extensive health information leaflets were available in many areas in the prison including the village hall, which was well used by older prisoners (see paragraphs 3.7 and 3.39).
- 3.60 Gym staff encouraged prisoners to make their own decisions about healthy exercise. The gym catered for vulnerable groups and offered progressive and remedial plans to implement cardiac and pulmonary rehabilitation for the older population. A joint initiative by the gym and the clinical team enabled prisoners to access motivational support for smoking cessation.
- 3.61 Health screening programmes were evident in patients' clinical records including national bowel screening, aortic aneurysm and blood-borne viruses. An appropriate range of vaccines were readily available, including influenza. Administration of COVID-19 vaccines reflected the national programme with the administration of more than 225 first and second doses to eligible patients. Only two prisoners had declined.
- 3.62 A community sexual health service attended the prison each month and was well used. Hepatitis C treatment pathways were established and a specialist nurse attended to provide care.

Primary care and inpatient services

- 3.63 All prisoners received a health screening from NCIC staff on arrival and a brief written introduction to health care. A more detailed introductory booklet was available but not easily accessible to prisoners. Secondary comprehensive assessment of need took place during induction and all

patients on four or more medicines were automatically reviewed by the pharmacist.

- 3.64 The primary care appointments system was effective in delivering access to services. Waiting times were good and, if the pandemic restrictions caused delays, they were addressed. In our survey, 90% of respondents said it was very/quite easy to see a nurse, and 72% the GP.
- 3.65 Primary health care was delivered by a small, stable team whose care for patients was excellent. An appropriate range of primary care services included podiatry, optometry and physiotherapy. The nursing team delivered daily clinics, including triage, supported by an experienced GP from Gables Medical (Offender Health) Limited, who provided nine sessions a week.
- 3.66 Patients with long-term conditions were managed well, although the clinicians accepted that some patients with more complex needs might benefit from formal care plans focusing on expected therapeutic outcomes.
- 3.67 There were suitable arrangements for out-of-hours care, including the use of telemedicine (telecommunication and information technology to provide clinical health input at a distance) with the local accident and emergency department (A&E). This helped to determine if a patient needed to attend or receive advice on clinical interventions. Senior health care staff had 'read only' access to the A&E electronic clinical records, which was invaluable in ensuring continuity of care. Access to other secondary health appointments was well managed.
- 3.68 Primary care discharge was well planned. A 'Complex Care Discharge Information' sheet had been produced to share key information with the offender management unit. This facilitated appropriate arrangements to meet the patient's needs on release, such as specific accommodation and living aids. Patients received a summary of their care, and a discharge letter was sent to the GP. If a patient was not registered with a GP, the national NHS information spine was monitored for up to six months so that information could be shared once the patient had registered.

Social care

- 3.69 In September 2020, the prison, Cumbria County Council (CCC) and partners had agreed a comprehensive standard operating procedure for social care. In the last year, 11 referrals had been received by CCC for social care assessments. Several of these had resulted in environmental adjustments for patients, but none had met the threshold for a package of social care (see Glossary of terms).
- 3.70 Relationships with St Mary's Hospice, Ulverston, were very good, with NCIC using an agreed palliative care pathway. During 2020 a patient had chosen to return to the prison after spending time at the hospice. Prison and health care staff had made great efforts to ensure that the

patient experienced a dignified death, surrounded by people he knew. Work had started to create a more suitable area for palliative care in anticipation of a growing demand for services as the population increased.

Mental health care

- 3.71 The well-led mental health service was delivered by Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and Rethink. A tiered model of care was delivered by a skilled team of health professionals including a nurse consultant, mental health nurses, counsellors and therapists. Prisoners we spoke to were complimentary about the service and responded positively in our survey on access and quality. Only 6% said it was difficult to see a mental health worker and only 3% were unhappy about the quality of care.
- 3.72 Clinical records of all new arrivals were screened by the team, and those with potential needs were offered an appointment. The mental health and well-being practitioner delivered a face-to-face induction session for all new prisoners. In some cases, referrals from officers were returned and officers were asked to help individuals to refer themselves, which encouraged personal responsibility.
- 3.73 Routine and urgent applications were discussed and allocated at a daily referrals meeting which ensured a prompt response with no waiting lists. The team had received 111 referrals in the previous six months, the majority for primary care support. The overall caseload of 40 was expected to increase as the population grew. Appropriate care plans were in place for those receiving care and clinical records were clear and comprehensive.
- 3.74 Mental health practitioners attended the village hall twice a week which provided easy access to the service (see paragraph 3.7). The team had recently developed pertinent neurodiversity and dementia pathways and mental health and prison staff were being trained in preparation for implementation of the pathways.
- 3.75 The mental health and substance misuse teams were co-located which facilitated effective communication and joint working with patients with dual diagnosis. This was reinforced by weekly multidisciplinary team meetings to discuss complex cases.
- 3.76 The recent COVID-19 restrictions had curtailed some therapies, including groupwork, although patients had been seen individually to mitigate the gap in therapy.
- 3.77 Pre-release arrangements were sound and the care programme approach (mental health services for individuals diagnosed with a mental illness) was used as necessary. There had been no Mental Health Act transfers in the previous six months.

Substance use treatment

- 3.78 Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) and the GP delivered exemplary psychosocial and clinical management of patients with drug and alcohol problems, underpinned by close partnership working with the prison, NCIC and TEWV.
- 3.79 All new entrants to the prison were seen by the peer support worker, promptly triaged by drug recovery workers and offered an assessment within five days if indicated.
- 3.80 At the time of our inspection, six patients were receiving opiate substitution therapy, a reduction since the prison re-role. Thirteen-week reviews were undertaken jointly with drug recovery workers, although in practice reviews occurred more frequently. The demand for psychosocial support had also changed with a growing number of alcohol-related rather than drug-related therapies. At the time of our inspection, 44 patients were in treatment.
- 3.81 Group therapies had been suspended during the pandemic. Until the planned resumption of therapy, drug recovery workers were offering high-quality in-cell work materials. CNTW was keen to restart mutual aid support with Alcoholics and Narcotics Anonymous partners when this became possible.
- 3.82 Preparation of patients for release was good and had been enhanced by offering a systematic review of needs over several consultations, and follow-up for up to six months after release. Patients were given guidance on harm minimisation and naloxone to take home as necessary.

Medicines optimisation and pharmacy services

- 3.83 Medicines were supplied promptly by a community registered pharmacy. It was not always clear from the instruction labels when the medicines were to be used or how they were to be taken. We brought this to the attention of the pharmacy staff who agreed to review the labelling.
- 3.84 Pharmacy professionals were available on site five days a week and a pharmacist once a week. The pharmacist clinic was well established, and medicines reviews led by the pharmacist were completed for new arrivals and patients with long-term conditions.
- 3.85 Prisoners were encouraged to request their own medicines, most of which were supplied in possession. Risk assessments and compact agreements were put in place for in-possession medicines and were appropriately reviewed. The use of medicines in the prison was monitored well and there was close oversight of tradeable medicines. Detailed care plans supported the deprescribing of tradeable medicines.

- 3.86 Medicines and related stationery were stored securely, and room and fridge temperatures were monitored appropriately. We observed that confidentiality was maintained at the administration hatch, and access to the area was monitored by health care staff to ensure privacy.
- 3.87 Some vaccines had not been fully recorded as administered in patient records, which we brought to the attention of health care staff. Although there was clinical oversight of diabetic care, there was no review of the supply of insulin and related equipment to minimise wastage. Following the inspection, health care staff informed us of actions they had taken to rectify the wastage.
- 3.88 A few emergency medicines were located with the minor ailment medicines, which was unconventional. Action was taken to store these medicines separately.
- 3.89 A well-regarded 'health bar' gave prisoners daily access to common over-the-counter health and well-being products such as mouthwashes and creams, without having to wait for a canteen delivery.
- 3.90 Governance arrangements for the oversight of medicines were well established. The twice-monthly medicines management meetings were well attended by representatives from each provider. This ensured shared learning from medicines related incidents, medicines audits, alerts and recalls. Patient group directions were in date, signed and available for staff to refer to.

Dental services and oral health

- 3.91 Patients were able to access dental treatments equivalent to those in the community. In our survey, 51% described the quality of the dental service as very/quite good.
- 3.92 Delays in accessing dental care during the pandemic were being addressed. Sixty-seven patients had been waiting for 14 to 30 weeks, including those requiring aerosol generating procedures. There was a clear pathway for triage for those needing urgent care which was applied consistently.
- 3.93 The dental suite met infection prevention and control standards and equipment was maintained and serviced regularly. Despite several cylinders of oxygen in an adjacent room, oxygen was not to hand in the suite which could cause delay in an emergency. We observed that dental prescriptions were not always issued by the dentist, which was inefficient. The service managers agreed to address these anomalies.

Section 4 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary of terms) and are encouraged to engage in activities which support their rehabilitation.

- 4.1 Prisoners had 13 hours out of their rooms every day which was good. Cell doors were never locked and prisoners could make a call or take a shower as required. The exit doors leading into the grounds were locked overnight confining prisoners to the units.
- 4.2 Library staff had withdrawn from the prison towards the end of 2020 but had returned to the site from 17 May 2021. Despite this, library services had continued to operate with the help of prisoner library orderlies who managed a steady stream of requests for book loans and topped up small libraries on each unit periodically. Prisoners told us that this worked well. There was a good selection of appropriate reading material in the library which was preparing to open in a COVID-safe way when authorisation was received from HMPPS.
- 4.3 In our survey, half the prisoners said they used the gym twice a week or more. They could attend up to four times a week and none raised concerns about access. The gym was clean, well equipped and adhered to COVID-19 cleaning schedules. The PE instructors delivered a range of sports activities to encourage prisoners to remain active and to suit a wide spectrum of ages. They designed competitions imaginatively to encourage inclusive physical activity ranging from low impact games such as boules through to circuit training.

Education, skills and work activities



This part of the report is written by Ofsted inspectors. Ofsted carried out a progress monitoring visit of the prison alongside our full inspection. The findings, progress judgement and recommendations arising from their visit are set out below.

- 4.4 Ofsted assessed that leaders were making reasonable progress in ensuring that staff taught a full curriculum and provided support to meet prisoners' needs, including the provision of remote learning.
- 4.5 Leaders and managers had enabled the very great majority of prisoners to be engaged in some form of education, skills and work during the phases of the pandemic. For example, the outdoor facilities, including the farm and gardens, provided prisoners with work. Prisoners were also employed in the refurbishment of residential units occasioned by the recategorisation of the prison.
- 4.6 Leaders and managers had reacted quickly to the relaxation of COVID restrictions to enable prisoners to engage in a growing range of employment, skills and work opportunities. In education, prisoners were taught in classrooms in groups of five, with in-cell packs supplementing the face-to-face sessions with tutors. At the time of the visit, all eligible prisoners were occupied in some form of purposeful activity.
- 4.7 Leaders and managers had realistic plans to adapt the education, skills and work offered to prisoners to reflect the changing needs of the population and wider economic and social demands. For example, managers were changing the curriculum to reflect the high educational starting points of the new prison population by focusing more on the need to develop skills that would enhance their resettlement prospects. This new curriculum was ready to be implemented as soon as the prison was allowed to increase the number of prisoners able to attend face-to-face lessons.
- 4.8 Leaders and managers had become partners in a new project to bring a major employment and training hub to the prison to train prisoners and members of the local community in skills that were in demand in the regional and national economy.
- 4.9 Leaders and managers recognised that the quality of education delivered during the first phase of lockdown was not of a consistently good standard. They had taken effective action to improve the quality of in-cell packs and feedback to prisoners through staff development and the recruitment of new teachers.
- 4.10 Managers ensured that prisoners benefited from a structured induction programme which included an assessment of their starting points for English, mathematics and digital skills. Prisoners articulated their aspirations for what they wanted to do on release. This information was used well to develop individual learning plans and assist in allocation to relevant activities.
- 4.11 Prisoners with more advanced educational starting points were directed to the virtual campus (prisoner access to community education, training and employment opportunities via the internet) where they could undertake distance learning. At the time of the visit, 15 prisoners were enrolled on Open University courses.

- 4.12 Managers ensured that prisoners received useful advice and guidance before release. The prison employment hub contained information on job vacancies in all regions of the country open to those with certain restrictions on release. Staff helped prisoners to apply for jobs online.
- 4.13 Prisoners benefited from a high standard of technical training in workshops and industries, some of which was delivered by designated peers with significant experience in their vocational fields. As a result, prisoners developed significant new knowledge and skills in woodworking, light engineering and various construction trades, such as tiling and plumbing.
- 4.14 Teachers planned and delivered a well-structured curriculum in mathematics and information communication technology (ICT) that increased prisoners' knowledge and skills incrementally. Teachers gave prisoners useful information on what they had done well and how they could improve.
- 4.15 In certain subjects, prisoners had not yet made up the learning they had lost due to the restrictions. In ICT, prisoners were not able to practise some of the skills they had learned because restricted class numbers limited their access to computers. In construction, prisoners were only able to complete one of the three available trades because of social distancing measures in the limited space in the workshops.
- 4.16 Trainers in workshops where no qualifications were offered did not capture the full range of knowledge, skills and behaviours that prisoners had developed. For example, they did not record how prisoners used practical mathematics or developed broader employability skills. This limited the opportunities that prisoners had to demonstrate to prospective employers what they had learned in the prison.
- 4.17 Additional support needs were identified at the start of prisoners' education and training and staff ensured that appropriate support was provided. Teachers received useful advice on how to adapt their teaching to support prisoners in classrooms.
- 4.18 Local employers spoke highly of the contributions made by prisoners to their business and communities while on release on temporary licence (ROTL, see Glossary of terms). They said that prisoners on ROTL displayed a good work ethic and had skills and attitudes that made them suitable for employment on release.

Recommendations

- 4.19 **Leaders and managers should increase prisoners' access to classroom facilities, such as ICT suites, as soon as practically possible so that prisoners can practise the skills they have learned on their courses.**
- 4.20 **Leaders and managers should ensure that those prisoners who have not been able to complete all components of a vocational**

qualification are given the opportunity to do so as soon as practically possible.

- 4.21 **Leaders and managers should develop and apply consistently methods of recording the full range of knowledge, skills and behaviours that prisoners acquire in vocational workshops.**

Section 5 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

- 5.1 Social visits had resumed in April 2021 but were still subject to COVID-related restrictions on physical contact and serving refreshments. Only 61 had so far taken place. The prison was not easy to reach and, in our survey, only 10% of prisoners said that it was easy for their family or friends to get there.
- 5.2 However, uptake of Purple Visits (see Glossary of terms) was good and 714 had taken place over the previous six months. Many prisoners commented positively on the value of Purple Visits in helping them to maintain contact with their family during the pandemic. In our survey, 99% of prisoners said that they could use the phone every day to maintain contact with family and friends.
- 5.3 The visits room had been refurbished and provided a welcoming environment with a separate annexe for families, and a space for staff to monitor visits discreetly (see photo). Visits staff were aware of prisoners who had restrictions on contacts. The peer-led visits survey carried out by the prison (see paragraph 3.16) had identified potential improvements to visits. Staff were considering putting ideas into action, such as offender management unit (OMU) staff providing advice during visits and routinely facilitating visits on consecutive days for families travelling long distances.



Visits hall

- 5.4 Release on temporary licence (ROTL, see Glossary of terms) for maintaining family ties had restarted in April 2021, and overnight visits in May 2021 in line with national restrictions. Since then, there had been 53 overnight or day releases.
- 5.5 Community support agencies had not been attending the prison during the pandemic, and courses on parenting skills had not yet restarted. This was a significant gap.

Recommendation

- 5.6 **Prison leaders should have a plan, with suitable timescales, to encourage and enable community agencies to re-enter the establishment to provide comprehensive and in-person family services to prisoners as soon as possible.**

Reducing risk, rehabilitation and progression

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

- 5.7 Offender management was central to the reducing reoffending strategy and good collaborative working between these departments included joint assessments for ROTL work placements. However, work to reduce reoffending was undermined by the lack of a comprehensive needs analysis and overarching prison-wide action plan. The strategy did not include all relevant pathways, such as finance, benefit and debt.

- 5.8 During the previous year, the reducing reoffending committee had met once a quarter, at the same time as a performance meeting. This was useful in bringing together key resettlement partners to provide oversight of processes and achieved outcomes. The brief minutes of these meetings did not set out clearly enough what was being achieved.
- 5.9 OMiC (see Glossary of terms) had recently been introduced and OMU staff were working to establish the different procedures required. The department was well led, with a motivated, well-trained team which received regular supervision from the senior probation officer, who was also known as head of OMU delivery. The team was focused on embedding the principles of an open prison while managing a high-risk population appropriately. About 82% of prisoners were assessed as high or very high risk of harm. Nearly all prisoners had been convicted of sexual offences (92%), and most were serving a long or indeterminate sentence.
- 5.10 Effective working arrangements were based on small OMU teams or 'pods'. Each team of offender managers and case administration staff provided prisoners with more than one contact point, which improved communication and provided stability when individual staff were absent.
- 5.11 There were not enough probation offender managers (POMs) despite considerable efforts to recruit more. In the interim, a temporary reduction in the prison roll had been negotiated and temporary prison offender managers had been recruited to the OMU. The average case load of an individual POM was 21, which was reasonable.
- 5.12 In most of the cases that we reviewed, first contacts between prisoner and POM were timely (within their first two weeks at Haverigg) and continuing contact was reasonably regular and purposeful. Unlike many other prisons, contact was face-to-face and not solely driven by critical events such as parole. We found evidence of proactive and discretionary contact by POMs with their allocated prisoners, including one-to-one interventions to support sentence plan objectives or to reinforce earlier learning from formal programmes.
- 5.13 Contacts were enhanced by the OMU drop-in centre which had recently restarted. This was a very positive initiative. Prisoners could call into the centre in the morning from Monday to Thursday to arrange a meeting for the same afternoon with a duty POM or ROTL or public protection manager. Staff and prisoners were supported by two OMU orderlies who were well informed and helpful.
- 5.14 Our analysis of casework identified concerns about the quality of a small minority of assessments. Some components of the sentence plans arose from risk assessments at previous prisons rather than at Haverigg and did not address the potential risks in an open environment or in the community. However, most prisoners had suitable sentence plans and those we spoke to had a good

understanding of their objectives. In most cases prisoners had made reasonable progress against their plans.

- 5.15 At the time of our inspection, approximately 90% of the population had an OASys (offender assessment system) assessment which had been reviewed in the previous 12 months. However, about 120 prisoners had not had their OASys assessments reviewed since arriving at Haverigg, which would have been best practice given that a change of prison was a significant event.
- 5.16 Most prisoners were not eligible for home detention curfew (HDC, see Glossary of terms) and only two had been released on HDC in the previous six months. HDC assessments were timely. About half the population were eligible for parole. During the previous six months, 43 virtual hearings had been held, eight of which had resulted in release. The lack of recent ROTL history had afforded prisoners little opportunity to demonstrate a reduction in risk and had in some cases contributed to their being assessed as unsuitable for release.
- 5.17 The use of ROTL to support prisoners' reintegration into the community had been severely affected by the pandemic and associated community and prison restrictions. However, the prison had ensured the continuation of assessments and, by April 2021, approximately a third of the population had been approved for ROTL in principle, allowing for rapid implementation when restrictions allowed. Where assessments were incomplete, they were often awaiting late external contributions, mostly from community offender managers (COMs). A large proportion of prisoners also required an especially high level of input and assessment because they were subject to restricted ROTL (which places additional requirements on certain categories of prisoners, including those with indeterminate or extended determinate sentences and those assessed as high or very high risk of serious harm).
- 5.18 POMs usually helped prisoners to complete ROTL applications during their first contact after arrival. Prisoners were invited to attend boards and told us that they felt able to contribute fully to the process. The ROTL files that we reviewed were comprehensive, with contributions from internal and external stakeholders. Discussions with COMs about MAPPA levels (multi-agency public protection arrangements) took place before prisoners accessed ROTL.
- 5.19 We observed a restricted ROTL board for a high risk-of-harm prisoner. A comprehensive review of relevant information was carried out and participants adopted a flexible and thoughtful ROTL plan, which addressed anxieties and sensitivities raised by the prisoner. The risk assessment was passed to the deputy governor to agree or decline ROTL. The prison had had no ROTL failures to date.
- 5.20 Once approved, prisoners were able to access ROTL promptly and, by the time of our inspection, about half the population had experienced some ROTL activity, including unaccompanied and accompanied community work, town visits or maintaining family ties. In our survey,

95% of prisoners who had used ROTL said it had helped them to achieve their objectives and targets.

- 5.21 However, the range of voluntary and paid work opportunities was still very limited. Community placements comprised largely unskilled projects which were unlikely to provide prisoners with useful skills on their release. (See key concern and recommendation 1.35.)

Recommendations

- 5.22 **The reducing reoffending strategy should include all resettlement pathways and be underpinned by a comprehensive and up-to-date needs analysis and prison-wide action plan.**
- 5.23 **All prisoners should have a review of their sentence plans and risk of harm assessments following their move to open conditions.**

Public protection

- 5.24 Public protection arrangements were robust in the cases that we examined. Work was overseen by the head of OMU delivery and a small public protection pod (see paragraph 5.10). Monthly interdepartmental risk management team (IRMT) meetings were held, together with ad hoc case conferences if a prisoner's behaviour caused concern at other times. At the time of the inspection, 42 prisoners were subject to enhanced behaviour monitoring to manage risk of harm and protect the public. Under this scheme, POM work was supplemented by that of a psychologist, usually over a period of six months. Regular meetings between the POM and prisoner facilitated oversight of risk factors and the prisoner's coping skills.
- 5.25 IRMT meetings were well attended and progress in a variety of areas was discussed, including case conferences and prisoners on enhanced behaviour monitoring. Preparation for release started six months beforehand, but the meeting formally tracked cases only from the three-month point, which could have caused delay in implementing actions.
- 5.26 In our case analysis, we found evidence of dialogue between the POM and COM about MAPPA, risk and public protection. In several cases, information-sharing went beyond this, with records demonstrating effective case engagement by the COM and appropriate feedback to the POM. All MAPPA levels in our case sample had been confirmed before release.
- 5.27 Child contact restrictions and mail and telephone monitoring processes were generally robust and proportionate. Annual reviews of child contact restrictions were held to assess whether these prisoners posed a continuing risk to children. At the time of the inspection, 19 prisoners had been identified as requiring monitoring. They were reviewed each week, which enabled responsive decision-making. Authorisation forms were more detailed than we often see, and the practice of inviting

monitoring staff to meetings contributed to robust decision-making and created an ethos of inclusivity and joint working. Some of the telephone monitoring logs gave a verbatim account of calls, which were sometimes unclear with no overarching summary, and there was a backlog in monitoring for two prisoners.

- 5.28 We examined 10 recently completed notifications of prisoner information for potential multi-agency release management assessments (MAPPA F). They provided comprehensive information and were completed at least a week before community meetings. All but one report had been countersigned by the head of OMU delivery.

Recommendations

- 5.29 **Interdepartmental risk management team meetings should have oversight of prisoners six months before their scheduled release date to ensure that actions are identified and addressed in adequate time.**
- 5.30 **Monitoring of prisoners' telephone calls should be timely, and records should contain a summary of conversations, with key points highlighted.**

Categorisation and transfers

- 5.31 Decisions to return prisoners to closed conditions were made following a comprehensive and multidisciplinary review at which relevant risk factors were considered (see paragraph 2.25).
- 5.32 About one-third of the population were serving life or indeterminate sentences. They appropriately formed one of the priority groups for ROTL because of the importance of giving them opportunities to demonstrate a reduction in risk.
- 5.33 Recent consultation work led by prisoners had identified a need for an individual IPP support group to address anxieties about access to ROTL, parole outcomes and resettlement planning. The support group was being planned at the time of our inspection.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

- 5.34 Accredited offending behaviour programmes were not available as prisoners were expected to have completed such work before arrival. A very small number of prisoners had been unable to undertake the Horizon programme (designed for medium-risk prisoners convicted of sexual offences) while in closed conditions. POMs liaised appropriately with COMs to establish if such a programme could be completed on licence or on temporary release from custody, subject to availability and current restrictions.

- 5.35 POMs continued to support prisoners with one-to-one work (see paragraph 5.12) and the mental health team had recently introduced an intervention to address pre-release anxiety. The substance misuse team provided support to prisoners to prevent a relapse. In our survey, 63% of prisoners said that their experiences at Haverigg had made them less likely to offend in future.

Release planning

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

- 5.36 Demand for resettlement services was low, with an average of 10 releases into the community each month. Humankind, a Cumbria-based independent charity, provided appropriate support and services on behalf of Cumbria and Lancashire Community Rehabilitation Company (CRC).
- 5.37 A resettlement discharge board was held for all prisoners 12 weeks before their release. They were able to access support and advice from a reasonable range of partnership agencies in the prison and in the community. A Career Connect worker assisted prisoners with completing their CVs and searching for jobs, including telephone interviews. The Department of Work and Pensions assisted with financial advice, including pension queries. All prisoners were able to open bank accounts before their release. In most of the cases that we reviewed the resettlement plans were of reasonable quality.
- 5.38 The majority of prisoners were released into approved premises, and the CRC supported other prisoners in their search for accommodation. Only one prisoner had been released in the previous six months with no accommodation on their first night.
- 5.39 At the time of our inspection, 34 prisoners were within 12 weeks of their release, 30 of whom came from outside the prison's catchment area. This presented some challenges, but good communication with COMs meant that most cases were managed effectively. A useful new 'last stop' resettlement facility consisted of an advice room with a range of information on resettlement pathways for prisoners approaching release. In our survey, 77% of prisoners who were to be released in the next three months said that someone was helping them to prepare for release.
- 5.40 The CRC was approaching the end of its contract in June 2021 in advance of the reunification of the probation service. Plans for the transfer of responsibilities remained unclear. Prison leaders had been proactive in appointing a manager to bridge the gap and support the continuity of release planning processes.

Section 6 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

- 6.1 Key concern 1.33: While safety outcomes were currently good, there were some shortcomings in assurance structures; for example, governance of the use of force and secure cells was weak, the safeguarding strategy was out of date, and there was inadequate staff supervision of the peer workers who supported particularly vulnerable prisoners.

Key recommendation: Leaders should implement robust governance of key areas of safety, including use of force, secure accommodation and safeguarding of the most vulnerable prisoners. (To the governor)

- 6.2 Key concern 1.34: The general environment did not yet reflect that of a category D open prison, with internal fences, razor wire and bars on cell windows. Much of the prison also needed refurbishment and repair; many billets had leaking roofs and cracked floors. Some showers and the main kitchen were also in poor condition. A recent power loss in the kitchen caused by a broken part had resulted in considerable disruption and a limited menu for several weeks.

Key recommendation: The prison should complete its transition to an open prison environment with proportionate physical security, and the living areas and main kitchen should be repaired and refurbished to provide consistently decent living and working conditions. (To HMPPS and the governor)

- 6.3 Key concern 1.35: ROTL was a key objective for most prisoners at Haverigg. However, the range of voluntary and paid work opportunities in the community was very limited.

Key recommendation: Prison leaders should expand the range of paid and voluntary work opportunities available to prisoners undertaking ROTL in the community.

Recommendations

- 6.4 Recommendation 2.12: All violent incidents should be accurately recorded on the incident reporting system. (To the governor)
- 6.5 Recommendation 2.13: The local policy on the application of the incentives scheme should be followed consistently. (To the governor)

- 6.6 Recommendation 2.17: Adjudicators should fully investigate all charges before a finding of guilt and ensure that prisoners are able to access legal advice if requested. (To the governor)
- 6.7 Recommendation 2.19: All use of force should be fully justified and proportionate and should only be applied following the use of de-escalation techniques. (To the governor)
- 6.8 Recommendation 3.3: Leaders should ensure that staff are confident to work in open category D conditions and with prisoners convicted of sexual offences. (To the governor)
- 6.9 Recommendation 3.10: Telephones should be screened to afford adequate privacy when prisoners are making calls. (To the governor)
- 6.10 Recommendation 3.14: Self-cook facilities should be installed in the living areas so that prisoners can prepare meals for themselves. (To the governor)
- 6.11 Recommendation 3.25: Prison leaders should ensure rigorous tracking and analysis of applications, including through the development and promotion of the work of the resident information orderlies. (To the governor)
- 6.12 Recommendation 3.26: Complaints monitoring data should be collected systematically and analysed thoroughly to identify trends and help learn lessons. (To the governor)
- 6.13 Recommendation 4.19: Leaders and managers should increase prisoners' access to classroom facilities, such as ICT suites, as soon as practically possible so that prisoners can practise the skills they have learned on their courses. (To the governor)
- 6.14 Recommendation 4.20: Leaders and managers should ensure that those prisoners who have not been able to complete all components of a vocational qualification are given the opportunity to do so as soon as practically possible. (To the governor)
- 6.15 Recommendation 4.21: Leaders and managers should develop and apply consistently methods of recording the full range of knowledge, skills and behaviours that prisoners acquire in vocational workshops. (To the governor)
- 6.16 Recommendation 5.6: Prison leaders should have a plan, with suitable timescales, to encourage and enable community agencies to re-enter the establishment to provide comprehensive and in-person family services to prisoners as soon as possible. (To the governor)
- 6.17 Recommendation 5.22: The reducing reoffending strategy should include all resettlement pathways and be underpinned by a comprehensive and up-to-date needs analysis and prison-wide action plan. (To the governor)

- 6.18 Recommendation: 5.23: All prisoners should have a review of their sentence plans and risk of harm assessments following their move to open conditions. (To the governor)
- 6.19 Recommendation 5.29: Interdepartmental risk management team meetings should have oversight of prisoners six months before their scheduled release date to ensure that actions are identified and addressed in adequate time. (To the governor)
- 6.20 Recommendation 5.30: Monitoring of prisoners' telephone calls should be timely, and records should contain a summary of conversations, with key points highlighted. (To the governor)

Section 7 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2017, the reception process was good, focusing appropriately on safety and care. The first night environment was poor and the induction programme still required improvement. Levels of violence were reducing but more needed to be done to improve perceptions of safety. The management of prisoners at risk of suicide and self-harm was good. Safeguarding procedures had improved. There were some weaknesses in the incentives system. Conditions in the segregation unit were poor and governance in this critical area was weak. The use of force was high compared to similar prisons. Supply reduction work needed to be prioritised but clinical treatment and psychosocial outcomes were generally good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

A clear plan should be introduced to address prisoners' perceptions of safety. The safer custody team should ensure that the local strategy is effectively implemented to provide adequate support for victims, challenge perpetrators and address any underlying causes of violent incidents. (S41)

Partially achieved

Recommendations

Prisoners should be given sufficient notice that they are transferring to Haverigg. (1.4)

Achieved

Arriving prisoners should be disembarked from escort vehicles without delay. (1.5)

Achieved

The content of the induction programme should be accurate. All prisoners should be kept purposefully engaged until allocated to activities and should not be locked in their cells between induction sessions. (1.12)

Partially achieved

First night cells should be clean, free from graffiti and properly equipped. (1.13)

Achieved

Case managers should consistently attend reviews of prisoners on open ACCT documents. (1.26)

Achieved

Night staff should be trained to respond to serious self-harm incidents. Night observations of prisoners on open ACCTs should be carried out irregularly. (1.27)

Achieved

The gated cell in A wing should be more appropriately located to afford greater privacy from other prisoners. (1.28)

No longer relevant

The mandatory drug testing programme should be adequately resourced to undertake the required level of target testing and for all requested suspicion tests to be completed. (1.43)

Achieved

Individual targets for prisoners on basic level to improve their behaviour should be set, monitored and reviewed. (1.48)

Unable to inspect

Protected characteristics issues should be discussed at the adjudication standardisation meeting to identify any trends or patterns of concern. (1.52)

Achieved

Incidents involving the use of force should be reduced. The governance of and accountability for the use of force, planned interventions and batons, should be improved. All planned use of force should be filmed on hand-held video cameras. Documentation of all such uses should be completed promptly. (1.57)

Partially achieved

The Unity substance use service should conduct a treatment needs analysis to identify the needs of the population. This should be done in conjunction with the offender management unit to determine the need for treatment arising from substance-related offending. (1.70)

No longer relevant

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2017, too many areas of the prison were dirty and neglected. The R5 unit provided the best accommodation but the units where most prisoners lived were shabby. Telephones lacked privacy and

the application system was weak. Relationships were a real strength and staff were motivated and caring. Peer support was good. There had been significant improvements in the management of equality and diversity. The chaplaincy played an integral part in the prison community. Faith provision was good. There was a justified lack of confidence in the complaints system. Health services were reasonably good, although we had serious concerns about the application of a zero tolerance policy in health care. Consultation on food and the provision of fresh produce were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The accommodation on R1 and R4 should be maintained to a high standard. Cells and communal areas should be clean, graffiti free and painted to a good standard. (S42)

Achieved

A health care professional should assess the health needs of each segregated prisoner every day. The GP should see each segregated prisoner at least once every 72 hours. (S43)

Achieved

Recommendations

All toilets in cells should be clean and adequately screened. (2.9)

Achieved

There should be facilities to allow prisoners to wash their own clothes. (2.10)

Achieved

Managers should oversee and monitor the application system to ensure that applications are dealt with effectively and promptly. (2.11)

Partially achieved

Telephones on all units should provide adequate privacy. (2.12)

Not achieved

Staff should refer to prisoners by their preferred name. (2.16)

Achieved

Regular consultation with minority groups and monitoring of these groups should be undertaken to understand their perceptions and to ensure equitable access to provision. (2.21)

Achieved

All reported incidents of discrimination should be investigated thoroughly. (2.22)

Achieved

The perceptions of prisoners with disabilities about victimisation by other prisoners should be investigated and the findings acted on. (2.30)

Achieved

All replies to complaints should adequately address the issues raised by prisoners and use the prisoner's preferred name. (2.37)

Partially achieved

There should be a robust quality assurance scheme for complaints and regular analysis of trends. (2.38)

Achieved

Prisoners with long-term conditions should be identified and reviewed in a timely and systematic manner. They should have evidence-based care plans. (2.64)

Achieved

Escort arrangements should be fully effective in meeting the health care needs of the population. (2.65)

Achieved

Prison officers should supervise the administration and collection of medication to eliminate bullying and the diversion of supplies. Prisoners should be able to store their medication securely in their cells. (2.74)

Achieved

Controlled drugs should be stored in legally compliant cabinets that are bolted to the wall for security and the appropriate registers should be used. (2.75)

Achieved

Nurses should not dispense medicines other than in exceptional circumstances and all medicines, with the exception of methadone, should be supplied from individually labelled patient packs. (2.76)

Achieved

Governance arrangements, including staff supervision and appraisal, should be robust enough to ensure that the needs of the individual and the organisation are met. (2.81)

Achieved

Purposeful activity

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

At the last inspection in 2017, time out of cell had improved and was much better than we see in similar prisons. The provision of learning and skills was a well-led establishment priority. Self-assessment was sound and managers and partners worked well to address weaknesses. The process for allocation to work was very good. Prison industries had developed productive contracts with employers to provide work. The range and quality of activity places was very good and there were sufficient spaces for every prisoner to work full time. A good range of vocational qualifications was available but important qualifications at a higher level in mathematics and English were lacking. Attendance was good, as was behaviour in activities. The library provision was good. The PE department continued to provide

good access to recreational activities and vocational gym qualifications. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Teachers and instructors should identify and implement vocational activities which improve prisoners' English and mathematical skills and knowledge. (3.8)

Not inspected

Vocational qualifications should meet current industry standards. (3.9)

Not inspected

Prisoners' vocational skills in all areas of work should be recognised through accredited qualifications. (3.13)

Not inspected

Teachers should recognise the different starting points of prisoners and plan their teaching, learning and assessment in English and mathematics to challenge all prisoners to work to their full potential and improve their skills.

(3.18)

Not inspected

Achievement rates in English and mathematics at levels 1 and 2 should be high. (3.24)

Not inspected

Managers should identify which prisoners do not use the library and the reasons for this. The findings should be acted on to increase the number of prisoners using the library. (3.28)

Not inspected

Managers should ensure that the substandard shower facilities identified at the last inspection should be upgraded as a matter of priority. (3.33)

Not achieved

Resettlement

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

At the last inspection in 2017, the integration of the reducing reoffending and offender management functions had improved the strategic management of resettlement. The quality of offender management was better for high-risk cases managed by probation offender supervisors. The sentence plan did not drive prisoners' progress adequately. Arrangements to manage MAPPA (multi-agency public protection arrangements) prisoners were sound and the initial screening process was an example of good practice. Support for long-term prisoners was reasonable but there were limited interventions to help reduce risk. Reintegration was managed reasonably well. Most pathways work was adequate but some prisoners

were released with no fixed address. The community rehabilitation company (CRC) also had to do more to help prisoners find employment on release and there were gaps in offending behaviour work that could increase risk on release. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All relevant prisoners should have an up-to-date OASys and sentence plan. Offender supervisors should consistently provide meaningful support to prisoners proportionate to their risks. (4.10)

Achieved

All offender supervisors should receive regular casework supervision, and offender management files should be subject to regular quality assurance checks. (4.11)

Achieved

The initiatives that help prisoners to gain employment on release should be effectively coordinated. (4.28)

Partially achieved

A full range of interventions should be delivered to meet the offending behaviour needs of the population. (4.40)

No longer relevant

When access to a specific programme is required, transfer to the appropriate establishment should be facilitated in a timely manner. (4.41)

No longer relevant

Appendix I About our inspections and reports

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

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.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in one of the following:

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.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: 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.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on

our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 6 lists all recommendations made in the report. Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Appendix III: Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Esra Sari	Inspector
Rebecca Mavin	Inspector
Annie Bunce	Researcher
Joe Simmonds	Researcher
Amilcar Johnson	Researcher
Becky Duffield	Researcher
Paul Tarbuck	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Fiona Atkinson	Care Quality Commission pharmacist
Catherine Raycraft	Care Quality Commission inspector
Charles Searle	Ofsted inspector
Andrea Machell	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II 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/>

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

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.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

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 seven to 10 days.

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (that is assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

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

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Crown copyright 2021

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

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

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

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

Printed and published by:
Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

All images copyright of HM Inspectorate of Prisons unless otherwise stated.