



Report on an unannounced  
inspection of

## **HMP Oakwood**

by HM Chief Inspector of Prisons

17–28 May 2021



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## Introduction

Occupying a relatively small site near Wolverhampton, G4S-run HMP Oakwood is the biggest prison in England, housing more than 2,000 men, most of whom live in three large accommodation blocks. The prison opened as a category C training prison in 2012; it has been well-maintained and still looks clean and new. A large proportion of prisoners at Oakwood are serving more than four years and 10% are on indeterminate sentences, but despite this complex and often high-risk population, the prison was a safe and respectful place.

I was consistently struck by the positive way that prisoners talked about the prison, welcoming the levels of trust that they were given and describing, with very few exceptions, a professional and supportive staff team. Even those who were on the basic regime and were still subjected to protracted time locked in their cells because of COVID-19 restrictions, praised the prison, with many who had spent years moving round the secure estate telling me it was the best prison they had been to.

The director succeeded a well-respected predecessor in March 2021, but despite such a significant change, leaders had a clear set of priorities for further development when pandemic restrictions are lifted.

The performance of the education provider had been disappointing. Last year, as lockdowns were imposed, there were unnecessary delays in producing any sort of in-cell learning and there had been no face-to-face education when restrictions were lifted in summer 2020. There were also inexplicable delays with the assessment of the learning needs of new prisoners. At the time of the inspection, the provider was beginning to open classrooms and workshops, but progress was slow.

In our last inspection, in 2018, we commented on the lack of programmes to address the behaviour of sex offenders, so it was disappointing to see that there was still nothing in place despite these prisoners making up a quarter of the population. We were also concerned that the governance and practice of use of force were not good enough, nor was assessment of need and risk on arrival or in preparation for release sufficient.

The prison had developed and allowed the flourishing of an extensive network of prisoner-led initiatives (PLI). Without direct staff supervision, prisoners ran and organised a workshop that built tables, benches, bird boxes and hanging baskets that were sold to the local community. PLI were responsible for the maintenance of the grounds and a market garden that grew food for the prison and sold plants and vegetables. Other PLI ran support networks for new arrivals that assessed need, provided support for different faiths and gave advice. Prisoners who were on a basic regime, or those with other vulnerabilities, were taken out of their cells, given a chance to talk, offered the opportunity to do some work and begin the journey to an enhanced regime. Not only had PLI been able to support the most vulnerable prisoners, but those who were leading the activities told me that it had given real meaning to their lives.

COVID-19 restrictions meant that prisoners at Oakwood were still locked in their cells for too long each day and there was not yet enough access to work or training, but if momentum is maintained, I am confident that the prison will continue to make progress when the pandemic is over.

The prison has a friendly and positive atmosphere in which people are treated with respect and expectations are high. The director and his staff are determined to maintain the levels of trust and responsibility that are given to prisoners, because they are committed to the rehabilitation of the men in their care. Staff and prisoners should be proud of what they have achieved.

**Charlie Taylor**

HM Chief Inspector of Prisons

June 2021

# About HMP Oakwood

## **Task of the prison/establishment**

A category C training prison.

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

Prisoners held at the time of inspection: 2,087

Baseline certified normal capacity: 1,600

In-use certified normal capacity: 1,600

Operational capacity: 2,106

## **Population of the prison**

- 2,388 new prisoners received in the previous 12 months.
- 184 foreign national prisoners.
- 33.2% of prisoners from black and minority ethnic backgrounds.
- Circa 150 prisoners released into the community each month.
- 220 prisoners receiving support for substance use.
- 287 prisoners working with the mental health team.

## **Prison status and key providers**

Private: G4S

Physical and mental health and substance use provider: Practice Plus Group

Prison education framework provider: Novus

Community rehabilitation company (CRC): Staffordshire and West Midlands CRC

Escort contractors: GEOAmey

## **Prison group**

Midlands

## **Brief history**

HMP Oakwood opened on 24 April 2012, as a category C men's prison holding up to 1,605 prisoners. In 2017 it increased its capacity to 2,106.

## **Short description of residential units**

Ash: Vulnerable prisoner population, including vulnerable prisoners on induction, enhanced level prisoners, those serving life and long-term sentences, the over-50s and those receiving assisted living support.

Beech: General population, including Willow (a reintegration landing), a family unit, the induction unit and accommodation for long-term prisoners.

Cedar: General population, including Chestnut (a reintegration landing), an enhanced level unit and an over-40s enhanced level unit.

Douglas: Lifer and long-term population.

Elm: Drug support unit.

Fir: Segregation unit.

Oaks: 80 temporary single occupancy units.

**Name of director and date in post**

Sean Oliver, March 2021

**Leadership changes since the last inspection**

John McLaughlin (May 2013)

Sean Oliver (March 2021)

**Independent Monitoring Board chair**

Barbara Evans

**Date of last inspection**

26 February – 9 March 2018

## Section 1 Summary of key findings

- 1.1 We last inspected HMP Oakwood in 2018 and made 34 recommendations, three of which were about areas of key concern. The prison fully accepted 31 of the recommendations, including two of the recommendations about key concerns, and partially (or subject to resources) accepted one. It rejected two of the recommendations, including one about a key concern.
- 1.2 Section 7 contains a list of recommendations made at the last full inspection.

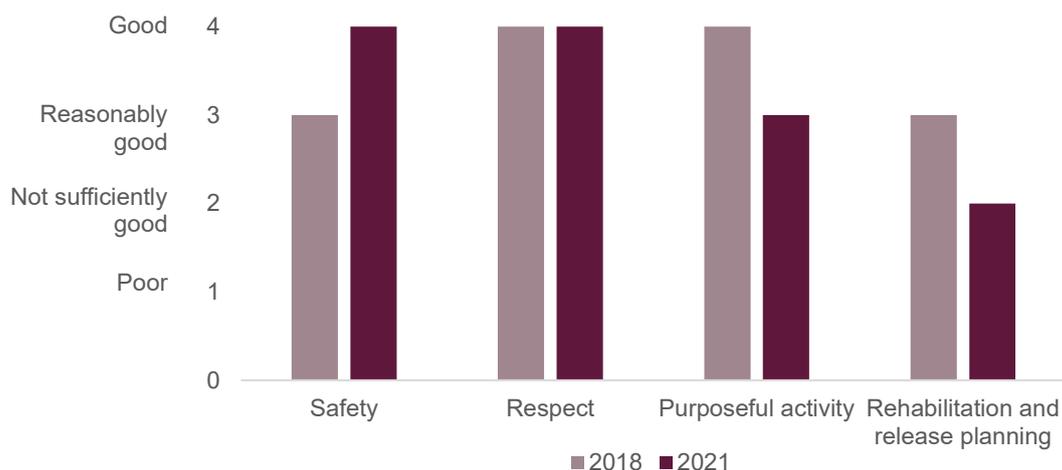
### Progress on key concerns and recommendations

- 1.3 Our last inspection of HMP Oakwood 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 follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made two recommendations about key concerns in the area of safety. At this inspection we found that one of those recommendations had been achieved and one had not been achieved.
- 1.5 We made one recommendation about a key concern in the area of rehabilitation and release planning. At this inspection we found that this recommendation had not been achieved.

### Outcomes for prisoners

- 1.6 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). At this inspection of HMP Oakwood, we found that outcomes for prisoners had stayed the same in one healthy prison area, improved in one and declined in two areas.
- 1.7 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 (HMPPS) National Framework for prison regimes and services.

**Figure 1: HMP Oakwood healthy prison outcomes 2018 and 2021**



## Safety

At the last inspection of Oakwood in 2018 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now good against this healthy prison test.

- 1.8 Reception was welcoming, efficient and very clean. Staff were respectful and most prisoners told us they were treated well. There was excellent use of peer support workers, although it was not always appropriate that they were used as interpreters for non-English speakers.
- 1.9 The regime for most new arrivals was poor. Many prisoners were only unlocked for 10 minutes every day to carry out domestic tasks and 30 minutes to exercise outside during their 14 days in quarantine. First night cells were clean and well equipped with in-cell showers and phones. A streamlined induction provided a good overview.
- 1.10 Most prisoners told us they felt safe. The number of assaults was lower than at the previous inspection and compared with similar prisons, but violence was on an upward trajectory. The monthly violence meeting analysed incidents well, and interventions to reduce violence had now restarted. Support for vulnerable prisoners was good, and an impressive use of peer support workers promoted a safe environment. Most prisoners were on the higher level of the incentives scheme, but the prospect of becoming involved in prisoner-led initiatives and less restrictive arrangements in some residential units were the main incentives for positive behaviour. The number of adjudications had increased since the previous inspection.
- 1.11 Use of force had decreased and documentation was good, but senior managers did not provide sufficient scrutiny. We were not confident that force was always used proportionately. Use of segregation had decreased. The segregation unit was clean and staff-prisoner

relationships were good. The use of peer workers was positive, but the regime and reintegration planning were too limited. The use of full personal protective equipment (see Glossary of terms) while escorting some prisoners to the unit and routine strip-searching on arrival was disproportionate.

- 1.12 Security was generally well managed and electronic technology was used effectively to detect illicit items. However, decisions to restrict or ban a prisoner's visits were not well recorded. Over a quarter of prisoners told us it was very easy to get illicit drugs, but the prison had not restarted drug testing. The drug strategy and collaborative working were good.
- 1.13 Levels of self-harm were comparable to our previous inspection and average compared with similar prisons. Self-harm peaked in October 2020 and was on a slight upward trend. Almost two-thirds of prisoners who had received support through the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm told us they felt cared for, and ACCT case management had improved. Safer prisons meetings were not held during the pandemic, but a comprehensive amount of data was analysed. Prisoners at risk were housed separately from the general population and good efforts were made to keep them safe.

## Respect

At the last inspection of Oakwood in 2018 we found that outcomes for prisoners were good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained good against this healthy prison test.

- 1.14 Most prisoners said that staff treated them respectfully and that they had an officer they could turn to for help. Staff's electronic case notes were comprehensive, and managerial oversight was effective.
- 1.15 External areas were neat and tidy, and internal communal areas were impressively clean. Cells were well maintained and mostly suitably equipped, although the 500 overcrowded cells were cramped and inadequately furnished. Access to cleaning material, laundry facilities and prison kit was good. The response to cell bells had improved since the previous inspection and electronic kiosks were well used.
- 1.16 Meals were served too early. Self-catering arrangements in Douglas and The Oaks units were positive initiatives. Newly arrived prisoners could wait up to two weeks for their first shop order, but the availability of additional goods enhanced prisoners' everyday lives.
- 1.17 Consultation arrangements were good. Prisoners made applications through the unit kiosks and timeliness was monitored well. The number of complaints was low at half that of comparator prisons. Access to

legal visits was adequate and they mostly took place in the video booths. There was no legal services provision, but prisoner-led legal support was good.

- 1.18 The strategic oversight of equality and diversity and the analysis of monitoring data were insufficient. There were delays in replying to some discrimination incident reporting forms, but responses were good. Only 58% of black and minority ethnic and 54% of Muslim prisoners said in our survey that staff treated them respectfully. Support for foreign national prisoners was insufficient – Home Office surgeries remained suspended and there was poor access to free legal representation. Provision for prisoners with hidden disabilities was better than we normally see. There was some good support for transgender prisoners. The chaplaincy continued to provide prisoners with support throughout the pandemic, and the peer-led Project Unite had restarted its innovative interventions work.
- 1.19 Health care services were effectively governed and well-led, and providers' resilience had meant core services could be maintained. The prisoner-led Health Advisory Service (HAS) made sure patients were well informed. The collaborative Beat Diabetes project and the Dying Well in Prison Charter were positive. Social care arrangements were working well. Mental health and substance use services were well integrated. Mental health support had been limited. There had been an increase in demand, but a skilled team could now offer a wider range of interventions. The drug recovery unit continued to provide good support. Medicine administration in the units was generally well managed, but the pharmacy's oversight of medicine management arrangements was not sufficiently robust. Dental services had been reduced during the pandemic, but a full range of treatments was now being delivered.

### **Purposeful activity**

At the last inspection of Oakwood in 2018 we found that outcomes for prisoners were good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now reasonably good against this healthy prison test.

- 1.20 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection. Ofsted's full findings and the recommendations arising from their visit are set out in Section 4.
- 1.21 Prisoners in full-time employment could spend at least nine hours out of their cell, however many prisoners were still locked up for 22 hours a day, which placed an inevitable toll on prisoner well-being. Almost all prisoners could take an hour of outside exercise. In our spot checks during the working day, we found 33% of prisoners locked in their cells.

- 1.22 The pandemic had had a significant impact on library services, with a big drop in the number of books being issued to prisoners compared with the previous year. Unit-based equipment had mitigated the closure of the gym, but more could have been done to make sure that access was equitable.
- 1.23 Face-to-face education had restarted, and the number of work roles was increasing. The education provider was too slow to reintroduce face-to-face vocational training, but there were plans for a further expansion of prison-run workshops and vocational training programmes. Leaders appropriately prioritised English and mathematics and targeted prisoners known to have lower levels in these subjects, including those for whom English was not their first language. Prisoners who arrived at the prison since March 2020 had not received an education induction or completed initial assessments. As a result, leaders and managers did not know the needs of a significant proportion of the population.
- 1.24 Prisoners did not receive advice or guidance to help them make informed choices about learning and work activities. They could access a breadth of subjects through in-cell work packs and most of the work they produced was of a high standard. The uptake and return of in-cell work packs during the pandemic had been low, but had increased significantly very recently. Prisoners on distance learning programmes received particularly good support to continue to make progress and achieve. Learning support staff screened the needs of learners known to have learning difficulties or disabilities appropriately and used the information to provide helpful learning support strategies.

## Rehabilitation and release planning

At the last inspection of Oakwood in 2018 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good against this healthy prison test.

- 1.25 The take up of visits was low because they were only for a short time and subject to restrictions, for example, physical contact was prohibited. Equipment for the Purple Visits system (see Glossary of terms) was only delivered to the prison in October 2020. Imaginative use of Purple Visits enabled fathers to read bedtime stories to their children. The Help and Advice Line for Offenders' Wives ran a family engagement service and had resumed face-to-face support. The family interventions unit provided a supportive environment, and the excellent range of family intervention courses had been quick to restart.
- 1.26 Reducing reoffending meetings had not taken place for over a year. The prison held a challenging mix of prisoners, with half assessed as presenting a high risk of harm to others, nearly three quarters serving long sentences of four years or more and about a quarter convicted of

a sexual offence. Almost 40% of the population did not have an initial assessment of their risks or needs or an updated assessment to inform their sentence planning and progression. In our survey, 58% of prisoners told us they had a custody plan, but only 48% said someone was helping them to achieve their targets. Probation and prison offender manager (POM) caseloads were far too high, and contact had rarely been face-to-face. Home detention curfew processes were managed well, but there were delays in prisoners being released owing to a lack of Bail Accommodation and Support Service and approved premises accommodation.

- 1.27 Those posing a high risk who were due to be released were not routinely considered ahead of time at the interdepartmental risk management team meeting, but contributions to multi-agency public protection arrangement (MAPPA) meetings were very good. Mail and phone monitoring was better than we see in other prisons.
- 1.28 Although there was a credible recovery plan (see Glossary of terms), accredited programme places were not sufficient to meet the needs of the population. Programmes and needs assessments for prisoners convicted of sex offences were not sufficient. Release on temporary licence for a small number of prisoners had restarted. Services to help prisoners manage their finances and debt had continued, and accommodation support was good.
- 1.29 The community rehabilitation company (CRC) had remained on site and supported the majority of the approximately 150 prisoners released each month. However, plans were mostly drawn up remotely and were not always timely. The Resettlement Advice Line and Prisoner Helpdesk and the Oakwood Community Hub provided practical support.

## Key concerns and recommendations

- 1.30 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.
- 1.31 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.
- 1.32 Key concern: Not all force was used proportionately, and staff missed opportunities to de-escalate situations. Senior managers did not sufficiently scrutinise paperwork or camera footage and meetings took place infrequently and were not effective.

**Recommendation: There should be regular managerial oversight of the use of force, which should involve routine reviews of all instances. Patterns and trends should be identified and acted on, to ensure that force is always justified and proportionate.** (Directed to: the director.)

- 1.33 Key concern: Provision for foreign national prisoners was poor. Surgeries with immigration officials remained suspended, and unlike those held in immigration removal centres, detainees had no access to free legal advice surgeries. The Home Office had not informed the prison of four vulnerable detainees assessed to be at higher levels of risk in detention.

**Recommendation: Prisoners should have access to regular surgeries with immigration officials and should be given at least one month's notice of a decision to detain them. The Home Office should inform the prison promptly of all prisoners assessed to be at risk in detention, so that appropriate arrangements for their care can be made.** (Directed to: the Home Office and Ministry of Justice.)

- 1.34 Key concern: Managers were unaware of the educational needs of too many prisoners who had arrived at the prison since the start of the pandemic as these men had not had an education induction and had not completed any initial assessments.

**Recommendation: Leaders and managers must identify rapidly the starting points and needs of prisoners who have arrived at the prison since the start of the pandemic. They must make sure that all prisoners are fully informed about the education and training options available, and that prisoners undertake learning that will benefit them.** (Directed to: the director.)

- 1.35 Key concern: At the time of our inspection, 12% of prisoners did not have an initial assessment of their risks or needs, and a further 27% did not have an updated assessment, reviewed in the previous 12 months, to inform sentence planning and progression. Contact with prison offender managers was too infrequent and did not drive sentence progression. Caseloads were too high, which affected prison and probation offender managers' ability to complete assessments and have meaningful contact with prisoners.

**Recommendation: All prisoners should have an up-to-date assessment of their risks and needs, and prisoners should have regular meaningful contact with a prison offender manager that challenges their offending behaviour and drives sentence progression.** (Directed to: the director.)

- 1.36 Key concern: The interdepartmental risk management meeting was not sufficiently focused on prisoners' risks and any action set was not always followed up. There was an inadequate escalation process to make sure that prisoners' MAPPA levels were confirmed six months before their release, which meant that some high-risk prisoners could be released without a robust risk management plan.

**Recommendation: Public protection procedures should ensure that there is a robust risk management plan in place well in advance of the prisoner's release.** (Directed to: the director.)

- 1.37 Key concern: HMP Oakwood was not commissioned to deliver accredited programmes or a programme needs assessment (PNA) for prisoners convicted of a sexual offence. Prisons delivering suitable interventions would not always accept prisoners without a PNA, which prevented them from progressing. The prison's most recent needs assessment showed that 90% of prisoners convicted of a sexual offence with an offender assessment system report, had not completed any intervention or was awaiting an assessment. There was a significant gap in provision for prisoners convicted of a sexual offence.

**Recommendation: A strategy should be developed for delivering specific offence-focused work to sex offenders, including improved access to accredited programmes and the provision of alternative opportunities for those assessed as unsuitable.**

(Directed to: the director.) (Repeated recommendation 4.33.)

### **Notable positive practice**

- 1.38 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.
- 1.39 Inspectors found eight examples of notable positive practice during this inspection.
- 1.40 The effective use of the wide range of prisoner-led initiatives contributed positively to the living experience of prisoners. (See paragraphs 2.3, 2.16, 2.42, 3.3, 3.24, 3.78, 3.85, 4.10, Appendix III Further resources.)
- 1.41 The prison had identified that prisoners might have required support following legal visits and invited prisoners to take part in a post-legal visit debrief to check on their well-being. (See paragraph 3.26.)
- 1.42 Processes were in place to identify on arrival prisoners with hidden disabilities, such as post-traumatic stress disorder, learning difficulties and autism, and to make appropriate referrals, for example, to health care and education departments. A group of 16 men with autism were receiving enhanced peer support. The prison was about to launch its Hidden Disabilities project, which aimed to build on this by introducing formal assessment and wing care planning processes. (See paragraph 3.41.)
- 1.43 The prisoner-led Health Advisory Service offered an innovative and pragmatic information and advice programme, which was well received by prisoners and supported the delivery of health services. (See paragraph 3.62 and Appendix III Further resources.)

- 1.44 The Beat Diabetes project, involving the health care team and other prison departments, helped improve patients' understanding of diabetes and self-care to support well-being. (See paragraph 3.68.)
- 1.45 End-of-life care had been fully embedded at the prison and was offered to patients with a terminal disease. Those involved could choose to remain in prison and be cared for by staff who knew them. (See paragraph 3.70.)
- 1.46 The prison was using Purple Visits technology for popular evening 'bedtime story visits' enabling fathers to read stories to their children. (See paragraph 5.5.)
- 1.47 The family intervention unit on Beech house block provided prisoners wishing to maintain family ties with a supportive environment. It offered parenting and family courses and peer mentors. (See paragraph 5.6.)

## 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 Vans used to transport prisoners to Oakwood were clean and appropriately equipped with first aid kits. Waiting times were minimal and prisoners were not handcuffed while exiting the vehicles. The number of receptions had not changed during the pandemic, including when Oakwood was declared a COVID-19 outbreak site. Approximately 50 new prisoners were admitted every week.
- 2.2 Reception was welcoming and good arrangements were in place to minimise virus transmission. Prisoners received hand sanitiser and face masks, and their temperatures were taken. Three holding rooms were available – they were in good order and very clean – and information about the prison was displayed on the walls.
- 2.3 Peer-led support was excellent. On arrival prisoners were greeted by induction orderlies as well as representatives from other peer-led initiatives such as Project Unite (see paragraph 3.53) and Leading Individuals Forward Together (see paragraph 3.78). They supported newly arrived prisoners, but also promoted support networks that were available. (See paragraph 1.40 and Appendix III Further resources.)
- 2.4 Staff were respectful and courteous. In our survey, 89% of respondents said they were treated well. Reception processes were comprehensive and efficient. The first night interview was conducted in private, and prisoners could make a free phone call on the first night. Prisoners were not routinely strip-searched, and refreshments were provided. In our survey, 49% of respondents reported spending less than two hours in reception.
- 2.5 The process for non-English speaking prisoners was not good enough. Other prisoners were used as interpreters when discussing sensitive or confidential information, which was not appropriate.
- 2.6 After the reception process had been completed, prisoners were moved to a designated unit for 14 days of self-isolation. However, some had isolated at their sending prison resulting in an extended period of separation. The regime for most new arrivals was poor. Many prisoners only received 10 minutes every day in the unit to complete domestic tasks and 30 minutes to exercise outside. We were told that

prisoners should have been receiving 30 minutes and 1 hour respectively every day.

- 2.7 In our survey, 83% of prisoners said they felt safe on their first night. First night cells were clean and well prepared. This included being equipped with bedding, a hygiene pack and tea and coffee bags. All cells had in-cell showers and phones. Most prisoners said the phone numbers of their contacts were approved within 24 hours and they could call them freely from their in-cell phones. Delays sometimes occurred if a prisoner arrived on a Friday, in which case the numbers were approved after the weekend.
- 2.8 A streamlined induction was delivered due to regime restrictions. It provided a good overview, while a detailed induction booklet covered all aspects of the prison. Induction orderlies met new arrivals in a socially distanced group setting. Owing to COVID-19, it took place in the communal area in the unit, rather than in the induction room that was available. It was good that arrangements had been made to continue with induction procedures during regime restrictions, but the environment was not ideal because of noise levels and disruptions.
- 2.9 The arrangements for non-English speakers' induction were inadequate. There was no use of professional telephone interpretation services and other prisoners or staff members were used as interpreters. We observed an induction session with a prisoner who could not speak English – much of the induction session was not translated for him and he was provided with an induction booklet that was written in English.

## **Recommendation**

- 2.10 **Language assistance should be provided to non-English-speaking prisoners to make sure they understand reception and induction processes.**

## **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**

- 2.11 In our survey, 32% of prisoners said they had felt unsafe at some point, and 18% felt unsafe during our inspection. The number of assaults was lower than at the previous inspection and lower than in similar prisons. However, levels of violence were on an upward trajectory.
- 2.12 All violent incidents were investigated, and the monthly violence meeting provided good analysis. A well-attended weekly stabilisation

meeting, which analysed security intelligence, provided good oversight of and action planning for violence and disorder in the prison.

- 2.13 Most violent incidents were carried out by prisoners under the age of 30 and interventions that had contributed to the reduction in violence before the pandemic, such as the under 30s workshop, had recently re-started.
- 2.14 Thirty-three open challenge support and intervention plans (see Glossary of terms) were being used during our visit to manage perpetrators and vulnerable prisoners. However, unit staff generally lacked any understanding of the plans, and behaviour targets set for perpetrators had been pointless during the restricted regime as prisoners could not access the interventions fully. The prison did, however, make effective use of peer support workers to promote a safe environment.
- 2.15 Processes for identifying and supporting vulnerable prisoners were robust. When a concern was identified, a 'keep safe' referral was made and shared with unit managers and the safer custody team, who liaised with the security department. This multidisciplinary team decided what action to take. All referrals were discussed at the following keep safe meeting, which was held twice a week.
- 2.16 The incentives scheme had largely been suspended since the beginning of the pandemic and most prisoners were on the highest level. During this time, the scheme had been revised to focus on positive behaviour and the benefits of participating fully in the regime. The opportunity to become involved in the many peer-led initiatives was a key incentive at the prison (see Appendix III Further resources), as was the prospect of living in either Douglas or The Oaks units, which offered prisoners a much less restrictive prison experience. The lowest level of the incentives scheme had been renamed 'reintegration' and the most punitive measures, such as the removal of televisions, had been removed. The reintegration landings (the Willow and Chestnut units), supported by the peer-led Basic Intervention Group (BIG) team, continued to operate. The four-week programme had been temporarily replaced with a less formal and reduced format, but poor behaviour continued to be challenged and the ethos of the BIG team continued to be successful. (See paragraph 1.40, Appendix III Further resources.)

## **Adjudications**

- 2.17 According to the prison's own data, the number of adjudications had increased since the previous inspection. Records we examined showed that most charges were fair and proportionate. Very few adjudications were outstanding, and most were dealt with on time and appropriately. Those that were waiting to be dealt with were very recent and the delay was for appropriate reasons. Adjudication hearings were held in a relaxed environment and prisoners were given the chance to defend their alleged offence.

- 2.18 Formal meetings to analyse data and identify emerging trends had lapsed since the pandemic and only one meeting had been held in the current year.

### **Use of force**

- 2.19 There had been 284 incidents involving the use of force in the previous six months, which was a decrease since the previous inspection.
- 2.20 The use of force documentation we examined was completed promptly and most records gave a good account of what led up to an incident. However, on reviewing camera footage, there was one incident that raised some concern, and we were not confident that force was always used proportionately. Low-level force, such as the use of guiding holds (which involves holding the prisoner's hand and elbow), was used too infrequently. Meanwhile, the use of personal protective equipment (PPE) to escort prisoners to the segregation unit was disproportionate (see recommendation 2.36). Most incidents involving force were spontaneous and consisted of full control and restraint and opportunities to de-escalate situations sooner were often missed.
- 2.21 There was evidence that complaints about use of force were taken seriously, but, overall, governance arrangements were poor – senior managers did not sufficiently scrutinise paperwork or camera footage to make sure force was used proportionately or to learn lessons to improve the overall management of the use of force. Meetings were held too infrequently to monitor data or identify any emerging patterns, and there was no action planning. (See key concern and recommendation 1.32.)
- 2.22 Special accommodation had not been used in the previous six months and staff did not carry batons or PAVA (an incapacitant spray).

### **Segregation**

- 2.23 The use of segregation had decreased since our previous inspection. Most stays in the segregation unit were short, however, the justification for segregating two prisoners during our visit had not been clearly documented to provide assurance that the prisoners were being held for the shortest time possible.
- 2.24 Some prisoners who were relocated to the segregation unit were escorted by staff in full PPE clothing and all prisoners were strip-searched on arrival, which was disproportionate (see recommendation 2.36) The decision to have some prisoners unlocked in the presence of more than two officers was justifiable, given individuals' unpredictable behaviour towards staff. This position was regularly reviewed, and changes were made at the earliest opportunity.
- 2.25 Relationships between staff and prisoners in the unit were good. Staff knew the prisoners in their care, prisoners we spoke to were complimentary about staff and we observed some positive interactions.

- 2.26 The segregation unit was bright, communal areas and cells were clean, had in-cell showers and were free of graffiti, and prisoners could clean them every day. Men had access to radios and a well-stocked unit library. However, none of the prisoners had TVs and we were told that there was no aerial to allow this.
- 2.27 The regime for segregated prisoners was too limited. Meals were taken to the prisoner's cell and the daily regime was restricted to only 30 minutes' outside exercise and access to a phone call. The unit had a good exercise room, but during our visit we were told that prisoners were not able to use it due to COVID-19. The use of peer workers in the segregation unit was positive and they provided good support.
- 2.28 Formal meetings to monitor the use of segregation and identify emerging trends had been suspended since the beginning of COVID-19 and only one quarterly meeting had been held in March of the current year. Reintegration planning was too generic and prisoners we spoke to were not sure about what behaviour targets they needed to meet so they could return to the normal location.

## Recommendation

- 2.29 **The justification for segregating prisoners should be clearly documented and should include individual behaviour targets to allow prisoners to return to normal location at the earliest opportunity.**

## 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.

- 2.30 Security was generally good. Analysis of intelligence was well managed and supported by a range of technology. Intelligence was appropriately disseminated, and there was good collaborative work with other departments. The use of prisoner peer workers was impressive and suitability assessments for those in influential roles were now rigorous and comprehensive, which made sure decision making was defensible.
- 2.31 Most aspects of security were proportionate. However, prisoners were routinely strip-searched following a cell search without there being sufficient evidence of a threat.
- 2.32 Security objectives set were appropriate, and the monthly tactical assessment meeting also made sure that action was agreed based on key threats. The prison responded well to emerging threats including the ingress of drugs. However, in our survey, 27% of prisoners said it

was very or quite easy to get illicit drugs, but the prison had not restarted drug testing, which hindered the gathering of further intelligence to tackle the demand.

- 2.33 The prison was aware of the risks of staff corruption, and prevention measures were in place – they included good staff awareness through one-to-one conversations with the corruption prevention manager and staff we spoke to knew about whistleblowing arrangements and felt confident about using them.
- 2.34 A small number of prisoners had been banned from using Purple Visits, and some had restrictions placed on their social visits. Records did not routinely record whether or not the prisoner had been notified of the restrictions, whether staff had considered their potential impact or details of any subsequent reviews. During our visit the prison implemented a process to rectify this.
- 2.35 There was a comprehensive drug strategy and good collaborative work between the security department and drug use services, and action was discussed at a well-attended monthly meeting. The prison had numerous measures in place to tackle the availability of illicit drugs, including a drug recovery unit and a robust approach to the use of the body scanner. However, the availability of illicit substances highlighted in our survey was a concern.

## Recommendation

- 2.36 **Security arrangements should be proportionate, and prisoners should not routinely be strip-searched.** (To the director)

## 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

- 2.37 Levels of self-harm over the 12-month period before our inspection were comparable to last time. At the previous inspection, there had been 898 incidents of self-harm compared with 887 this time. Although high, rates were average when compared to other similar prisons. There had been no self-inflicted deaths since the previous inspection.
- 2.38 A detailed analysis of the prison's self-harm figures was carried out and staff were aware of the trends. Self-harm peaked in October 2020 and had been on a slight upward trend over the previous 12 months, and although actual incidents of self-harm had started to decrease between January to March, they rose again in April. A suicide and self-harm

prevention action plan was in place, helping the prison to monitor and respond to increases in the level of self-harm.

- 2.39 A total of 633 prisoners had received support through the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm over the past 12 months. In our survey, of those who had received support through the ACCT process, 64% said they felt cared for by staff. ACCT case management had improved since our previous inspection. In the sample we looked at, reviews were timely, care maps were updated, and action was carried out. We also came across examples where family members were involved in the process, which acted as a support mechanism.
- 2.40 A tiered quality assurance model was in place for the ACCT case management process, which was mostly effective. However, in some cases, issues with recording had not been identified or addressed. For example, staff observing a prisoner with complex needs, who had been on a constant watch, did not have access to information about his triggers and had little knowledge of his needs. Some management checks were completed, but there were no comments on good practice or gaps identified, which meant we were not confident about the efficacy of such checks. Other quality assurance checks were effective with clear action taken as a result.
- 2.41 There was a comprehensive suicide and self-harm prevention strategy, which provided staff with clear guidance. The safer prisons meetings, which had taken place every two months, were not held during the pandemic. While this was not ideal, a comprehensive amount of data continued to be collated and analysed. Meetings had restarted in December 2020. They were attended by a small team and a detailed analysis of self-harm data was presented.
- 2.42 A national Listener scheme (in which prisoners are trained by the Samaritans to provide confidential emotional support to fellow prisoners) was in place. However, due to the impressive and extensive input from other prisoner-led support groups, there was little demand for this service (see paragraph 1.40 and Appendix III Further resources).

### **Protection of adults at risk (see Glossary of terms)**

- 2.43 There were two adult safeguarding policies, both of which referred to vulnerable prisoners. One policy focused on a prisoner's vulnerability due to their offence. The other was a local safeguarding strategy that provided guidance on action to take if further interventions were required for prisoners who could be at risk of abuse and neglect.
- 2.44 The policies provided clear guidance on how to support a vulnerable prisoner, including through completing a referral form for the local safeguarding adults board. Not all staff and managers were aware of the details of these policies, but they knew of their existence and had an awareness of what to do if they had a concern about a prisoner.

- 2.45 The regional G4S lead staff member attended the local safeguarding adults board meetings on behalf of G4S prisons within the region.
- 2.46 Prisoners at risk were housed separately from the general population and good efforts were made to keep them safe.
- 2.47 Prior to COVID-19, the prison had sought external agencies' input to provide further support to vulnerable prisoners. This included hearing tests carried out by the Deaf Society, a talk on prostate cancer and a voluntary dementia test for those over 50. They were positive initiatives providing additional support where needed.

## 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 In our survey, 74% of prisoners said staff treated them respectfully and 70% stated they had a member of staff they could turn to for help. Almost without exception we observed friendly and helpful interactions across the prison throughout the inspection. Staffing in the residential units was largely consistent and most staff we spoke to could demonstrate a good level of knowledge about those in their care.
- 3.2 The key worker scheme (see Glossary of terms) operated reasonably well, and all prisoners were offered a 15-minute review each month. Those identified as a priority for additional support had a review every week. Our analysis of electronic case notes showed the reviews mostly took place regularly and were comprehensive. Managers undertook regular checks and data were regularly reviewed at the prison's performance meeting.
- 3.3 Staff at the prison supported the wide range of prisoner-led initiatives that contributed to the living experiences of prisoners and assisted staff in providing support and interventions. (See paragraph 1.40, Appendix III Further resources.)
- 3.4 The ever-increasing number of peer worker roles was clearly defined. Appropriate training was provided and most peer workers had access to relevant qualifications. Regular consultation with prisoners involved in these schemes, and regular managerial oversight and supervision sessions, made sure that they operated appropriately.

### 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

- 3.5 All accommodation had integral sanitation and access to in-cell phones. Across the prison, cells were clean, bright and well maintained. Prisoners' access to cleaning and sanitising equipment was good, and all residential stores we examined were well stocked. Systems were in place to make sure stocks were replenished. Communal areas in residential units were particularly impressive. There was no evidence of graffiti and good use had been made of the artistic talent of some of the prisoners to reduce the institutional feel of the establishment. Landings and stairways were kept very clean, and prisoners took pride in their surroundings. A good level of up-to-date information about the regime and available services was available in each unit.

### Prisoner wall art





- 3.6 However, about 1,000 prisoners still lived in ‘doubled-up’ cells originally designed for one occupant. These cells were too small to accommodate enough furniture for two and compromised privacy when prisoners were using the phone, shower or toilet. There were also no lockers to secure personal items or medication. Prisoners we spoke to told us that this was exacerbated by the long periods of confinement during the pandemic, an issue that affected a large proportion of the population (see paragraph 4.2).
- 3.7 Responses to cell call bells had improved significantly and 48% of respondents compared with 22% at the previous inspection said their cell bell was answered within five minutes. Regular and routine monitoring was undertaken, and any lapses were investigated and remedial action taken.
- 3.8 The Oaks unit, consisting of an additional 80 single accommodation ‘pods’ had been installed during the pandemic to reduce the level of overcrowding across the prison. Prisoners living there had the autonomy to configure their own living areas and each pod had its own shower room. A discrete fitness area was available for use during the day. (See also paragraph 3.15.)

### The Oaks temporary accommodation



- 3.9 External areas were well maintained, and good use had been made of the available space to provide horticultural areas that produced fresh herbs and vegetables for prisoners to buy, and plants and flowers for the communal garden areas. Prisoner teams regularly visited all areas, keeping them litter free.
- 3.10 Almost all prisoners wore their own clothes, although there was sufficient clothing for the few who wore prison-issue clothing. Laundry facilities and a weekly exchange system were in place.
- 3.11 The unit-based electronic kiosks enabled prisoners to take personal responsibility for many aspects of their life at the establishment. They were able to, for example: oversee their finances; order from the prison shop, request meals, communicate with a range of departments and individuals across the prison to ask questions and receive answers electronically; book visits; and order additional phone credit.

### Recommendation

- 3.12 **Prisoners should not be held in multi-occupancy cells that are too small to allow for sufficient personal space, furniture or privacy.**

### Residential services

- 3.13 The kitchen had continued to provide a full menu throughout the pandemic and still catered for a wide range of special diets, liaising well with the health care team to ensure prisoners' needs were met. A wide range of cultural and religious celebrations were catered for, and the

prison had provided night-time meals for 460 prisoners during Ramadan.

- 3.14 Meals were still served much too early, and we saw the lunch service start before 11.30am on some mornings. Meals we observed were of good quality and served in sufficient quantities. In our survey, 37% considered the food to be good or reasonable.
- 3.15 The self-catering facilities available in the Douglas and Oaks units were good and much valued by those living there. Elsewhere, provision was limited and usually consisted of a microwave and a toaster on each landing.
- 3.16 The kitchen was in good condition and, although some appliances were awaiting repair, food delivery was not affected. Serveries and food delivery trollies were cleaned after each use.
- 3.17 Formal training beyond basic food hygiene had stopped since the outbreak of the pandemic and it was disappointing that the training kitchen had not yet re-opened.
- 3.18 Shop arrangements had been largely maintained throughout the pandemic. In our survey, 71% of prisoners said the shop sold what they needed. An initial grocery pack was available for purchase on arrival, but prisoners could wait up to two weeks for their initial order depending on their arrival day, which was too long.
- 3.19 An additional range of food was available to prisoners who had access to self-catering facilities. A good range of hobby material was also available, and prisoners could order from clothing catalogues. Staff could also access online shopping on behalf of prisoners on request.

### **Recommendation**

- 3.20 **Lunch should not be served before noon, and the evening meal not before 5pm.** (Repeated recommendation 2.17.)

### **Prisoner consultation, applications and redress**

- 3.21 Consultation arrangements were good and forums were in place, enabling prisoners to influence most aspects of life at the prison. The forums provided the agenda for the Sapphire group, the wider prisoner/prison consultation group. (See also Appendix III Further resources.)
- 3.22 In our survey, 71% of prisoners said it was easy to make an application and 67% said they were usually dealt with within seven days. Applications were made using the electronic kiosks available in all residential units and were routinely monitored at the weekly performance meeting to ensure timeliness against the local target of five days.

- 3.23 The number of complaints submitted was low – about half the average number for similar prisons. We concluded that the applications process and the wide range of prisoners in advisory roles contributed to this. The most prevalent issues were offender management and life in the residential units (for example, loud music). Complaint forms were freely available in all residential units but, in our survey, only 56% of respondents said it was easy to make a complaint and only 38% of those who had made a complaint thought they had been treated fairly. The timeliness and standard of responses were monitored and showed good oversight. Response times were usually short.
- 3.24 There was no legal services provision, but prisoners had good access to legal texts through the prisoner-led Your Consultation Group, which helped prisoners to access legal and regulatory information and local policies, and provided them with informal advice about making formal custody-based applications. (See paragraph 1.40 and Appendix III Further resources.)
- 3.25 In our survey, only 46% of prisoners said it was easy to attend legal visits. Most legal consultations were undertaken via video, but face-to-face visits were still arranged and in both weeks of our visit there were vacancies across most days for both. We concluded that the provision was adequate. (However, see also paragraph 3.36.)
- 3.26 The prison had identified that some prisoners experienced emotional difficulties after official visits, especially where family matters and potential sentencing issues were concerned. In response, the prison had initiated a system in which all prisoners were invited to undergo a welfare check interview after official visits to ensure support was provided where necessary. (See paragraph 1.41.)

## **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 Strategic oversight of equality and diversity had been adversely affected by the COVID-19 restrictions. Governance meetings had been suspended until January 2021 and little progress had been made on the limited action plan.
- 3.28 Throughout the pandemic, the equality team continued to prepare quarterly reports on provision, but they only set out basic data and provided little analysis of the experience of prisoners in protected

groups. There was insufficient analysis of equality monitoring data. Some evidence of disproportion from HM Prisons and Probation Service (HMPPS) data had not been investigated. There was little local analysis of data, for example, on access to the limited work opportunities during the pandemic.

- 3.29 Most of the prison's consultation and support meetings had been suspended at the start of the pandemic. Although they did not take place regularly, the prison had held some equality consultation meetings and a number focused well on the impact of restrictions on prisoners.
- 3.30 The active team of peer representatives had resumed its support for prisoners in protected groups. Arrangements were well managed, and peer representatives worked very well with the equality team. Representatives said they felt well supported.
- 3.31 Sixty-nine discrimination incident reporting forms (DIRFs) had been submitted in the six months to the end of April 2021. There were delays in replying to some DIRFs. However, the quality of DIRF investigations and responses were good. Quality assurance arrangements were sufficient, and the prison was about to reinstate DIRF scrutiny meetings, in which prisoner representatives assess the standard of anonymised responses.

### **Recommendation**

- 3.32 **HMPPS data collected locally on the treatment of prisoners with protected characteristics should be analysed and investigated to identify disproportion and, if necessary, acted on.**

### **Protected characteristics**

- 3.33 Black and minority ethnic prisoners had similar responses to their white counterparts to most questions in our survey, and DIRF responses showed racist behaviour was challenged effectively. However, it was a concern that only 58% of black and minority ethnic prisoners and 54% of Muslim prisoners said that most staff treated them with respect, significantly lower than for comparator groups (81% and 78% respectively). Regular dedicated forums for black and minority ethnic and Muslim prisoners had been suspended during the pandemic and the prison did not host any events during Black History Month due to Covid-19 restrictions.
- 3.34 Monitoring data suggested that prisoners from Gypsy, Roma and Traveller communities were significantly less likely to make a complaint. During consultation meetings, prisoners in this group said that those with literacy difficulties needed more support, which the prison had acted on.
- 3.35 There was insufficient support for the prison's 184 foreign national prisoners, 13 of whom were held under immigration powers. Despite there being substantial needs among this group, the prison could only

demonstrate that health care staff kept records of their use of professional telephone interpretation services.

- 3.36 Home Office surgeries remained suspended, and prisoners complained that they seldom received updates on how their case was progressing. Prisoners complained of poor access to free independent legal representation by immigration specialists. Unlike in immigration removal centres, the Legal Aid Agency did not provide detainees with access to immigration legal advice surgeries, a failing which the high court had recently found to be unlawful (SM, R (on the application of) v Bail for Immigration Detainees [2021] EWHC 418). There were no up-to-date immigration law books in the library, and no information on legal support groups such as Bail for Immigration Detainees. (See key concern and recommendation 1.33.)
- 3.37 Two detainees were only informed of the decision to detain them the day before their release, which was unacceptable. The Home Office had not informed the prison that it had assessed four of the detainees at the two higher levels of risk under its adults at risk in immigration detention policy (see Glossary of terms). Staff in the prison had not heard of the policy and had therefore not considered whether detainees assessed to be at risk should be given unit care plans. The Home Office continued to detain two detainees assessed to be at risk, despite a release recommendation from its internal detention review panel, which did not consider that removal was possible within a reasonable timescale. (See key concern and recommendation 1.33.)
- 3.38 Prisoners with disabilities were more negative than non-disabled prisoners in our survey, including in areas such as respectful treatment and safety. The reasons for these survey results were unclear, but it was possible that limited time out of cell had a greater impact on prisoners in this group. Only 33% said they were able to lead a healthy lifestyle at the prison always or most of the time in relation to their physical, mental, emotional and social well-being, compared with 62% of those without a disability. The prison did not monitor access to work opportunities to see if it was equitable.
- 3.39 Nonetheless, most prisoners with disabilities we spoke to felt well-supported by both staff and peer representatives and we found evidence of good support for prisoners in this group, including for those receiving social care (see paragraph 3.72). Peer representatives conducted regular welfare checks on those who were more vulnerable.
- 3.40 Arrangements for the emergency evacuation of some prisoners with mobility disabilities accommodated on the upper floors were inadequate. Most prisoners with a 'buddy' felt well supported and the prison's oversight of buddying arrangements was satisfactory.
- 3.41 Provision for prisoners with hidden disabilities, such as post-traumatic stress disorder (PSTD), learning difficulties and autism, was better than we normally see and was developing well. Processes were in place to identify these prisoners on arrival and to make appropriate referrals, for example, to the health care and education departments. A group of 16

men with autism received enhanced peer support. The prison was about to launch its Hidden Disabilities project, which aimed to build on this work by introducing formal assessments and unit care planning processes. (See paragraph 1.42.)

- 3.42 Activities for older men, such as a weekly older prisoners' club, remained suspended. Throughout the pandemic, staff undertook monthly welfare checks on prisoners aged 50 and over. In our survey, prisoners in this group reported similar or more favourable treatment and conditions than younger prisoners, and 95% said most staff treated them with respect. Good support was provided to younger prisoners in the under-30s workshop and there were plans to develop this provision.
- 3.43 The prison's large number of veterans received good support from staff and peer representatives. A prison survey of veterans suggested that 60% had mental health problems – this group was particularly positive about the health care team who helped them with PTSD.
- 3.44 Regular support groups for LGBT prisoners had been suspended at the start of the pandemic. Links had been established with a local support charity, and we saw some good support for transgender prisoners, whose cases were kept appropriately under review by a multidisciplinary team.

### **Recommendations**

- 3.45 **Professional interpretation should be used where necessary to support accurate and confidential communication.**
- 3.46 **Detainees should not be held in Oakwood, unless they can be given access to free independent legal advice surgeries.**
- 3.47 **The prison should maintain appropriate arrangements for the evacuation of prisoners with disabilities.**

### **Faith and religion**

- 3.48 Corporate worship and religious classes were suspended for much of the pandemic, and, from the outset, the majority of the chaplains were unable to work because they were shielding (see Glossary of terms). Despite these challenges, the chaplaincy had continued to provide prisoners with good support and in our survey, 69% of prisoners said their religious beliefs were respected at Oakwood.
- 3.49 A small residual team of chaplains had continued to provide some one-to-one unit-based support. Faith resources for all religions were updated regularly and made available to prisoners, including those who were shielding or isolating. The team maintained its mandatory duties, such as daily visits to the segregation unit, and weekly visits to prisoners who were on an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm.

- 3.50 Despite COVID-19 restrictions, the large population of Muslim prisoners were positive about provision during Ramadan and their responses were similar to non-Muslim prisoners in our survey on respect for their faith. Some good use was made of prison TV during Ramadan, for example, by playing the call to prayer at sunset.
- 3.51 The chaplaincy continued to provide good pastoral support during the pandemic. Prisoners could use iPads to view funerals and have contact with dying relatives. A bereavement counsellor, who had been shielding during the pandemic had recently resumed work.
- 3.52 Corporate worship had been reinstated in April 2021, but social distancing requirements meant that prisoners could only access one session of corporate worship every three weeks.
- 3.53 Project Unite, which had been set up to support Muslim prisoners and promote understanding of the Muslim faith, provided prisoners with good support throughout the pandemic and had recently begun to resume its programme of innovative courses and interventions. It was also expanding its provision to support prisoners of all faiths. (See also Appendix III Further resources.)

## 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.

### Strategy, clinical governance and partnerships

- 3.54 The Care Quality Commission (see Glossary of terms) found no breaches or concerns about regulations during the inspection.
- 3.55 Partnerships were effective and had been operating throughout the pandemic. A health needs analysis had been completed, but a review had been deferred due to COVID-19. Managerial oversight was strong and all providers had maintained core services. Clinical leadership was good, and staff told us they felt well supported. Health care staff had rightly focused on keeping prisoners safe, supporting those who were vulnerable through testing, and rolling out the Covid-19 vaccination programme.
- 3.56 There were staff vacancies for nurses and pharmacy technicians. Cover had also been temporarily extended to provide 24-hour support, which meant regular use of agency staff and overtime. Revised working practices, the excellent onsite facilities – including the use of in-cell telephony – and the support of the prisoner-led Health Advisory Service (HAS) had made sure patients were well informed and retained good access to most primary care services (see also paragraph 3.62).

- 3.57 Records showed mandatory training and professional supervision had continued throughout the previous 12 months. Clinical governance processes were still active, although many meetings had been scaled down and virtual attendance encouraged. Important clinical information was still being shared, with audit and performance data used to determine and address risks. Incident reporting processes were clear and there was evidence that lessons were learned. There had been a number of deaths in custody since the previous inspection, but health recommendations from the Prisons and Probation Ombudsman had been acted on.
- 3.58 We sampled clinical records on site. They were well-ordered and conveyed key information and there was evidence that interpreting services were used, where appropriate. Health care staff knew their patients and interactions we observed were courteous and respectful. Oakwood had excellent health facilities both within the health care centre and in the units. Treatment rooms were spacious, well-lit, clean and appropriately kitted out.
- 3.59 An in-house paramedic service provided a rapid response to health emergencies. This small team was a valued resource – its members also undertook triage and unit-based interventions. Resuscitation equipment was standardised and included an automated external defibrillator. The equipment was available on all houseblocks with health staff trained to provide immediate life support.
- 3.60 A patient experience manager organised the peer-led HAS. This team of prisoners provided an advice and liaison service, responding to patient enquiries through the in-cell phone service. Complaints were handled well, frequently involving face-to-face contact, and formal responses answered the concerns raised.

### **Promoting health and well-being**

- 3.61 Health promotion campaigns had continued during the pandemic. Laminated posters in English were on display throughout the prison and information in a range of other languages was also promoted.
- 3.62 Health promotion followed the national programme. It was organised through the HAS team and the peer support health champions, which were based in every unit. Activities included campaigns encouraging self-examination for testicular cancer, information on the risks and treatment of hepatitis C, mental health awareness and promoting COVID-19 vaccination. (See paragraph 1.43 and Appendix III Further resources.) Preventative screening programmes, including those for retinal and aortic abdominal aneurysm, were restarting.
- 3.63 Vaccination programmes, such as those for hepatitis B, were in place. COVID-19 vaccinations were progressing well. Uptake of the vaccination by black and minority patients had been low and a targeted initiative to address their concerns had been undertaken, resulting in an increase in uptake.

## Primary care and inpatient services

- 3.64 Primary care services operated over seven days, from 7am to 8pm with slightly reduced hours at weekends, and temporary night cover due to the outbreak. Prison staff usually called 111 or 999 if medical assistance was required out of hours. Reception and secondary health screenings had continued, and referrals were made to other services. Appropriate arrangements were in place to make sure patients were accommodated in the reverse cohort unit (see Glossary of terms) and COVID-19 PCR tests were taken when prisoners arrived and five days later.
- 3.65 At the start of the pandemic, GPs and senior clinicians identified all patients meeting shielding requirements. Patients received a visit from a health care professional and advised them of the risks associated with COVID-19 and informed them about shielding. Nursing staff visited shielding patients regularly.
- 3.66 Nurse triage had continued during the pandemic enabling referrals to be made to the GP or other clinicians, who could then follow up patients by phone. The supply of personal protective equipment (PPE) had been maintained throughout the pandemic. The physiotherapist, optician and podiatrist had restarted face-to-face clinics having provided triage and urgent care throughout the pandemic. Clinics run by other visiting specialists were to be reintroduced.
- 3.67 Waiting lists for GPs and allied health professionals were not excessive and urgent appointments were available. The HAS team phoned patients who did not attend appointments with positive results – non-attendance rates were less than 2.5%.
- 3.68 The service identified and monitored patients with long-term conditions. Some nurses had undertaken specific long-term condition training, such as for asthma, and nurses worked with the GP and external specialists to ensure a coordinated approach. A 12-week Beat Diabetes programme, which had started at the beginning of May, had been developed in collaboration with the prison gym and kitchen (see paragraph 1.44).
- 3.69 There was a backlog of routine external appointments, but as more appointments became available, effective administrative and clinical oversight meant services were well placed to respond. Telephone consultations with hospital specialists had been arranged, providing patients with additional reassurance.
- 3.70 Following joint work between the health care department and the prison safer custody team, the Dying Well in Custody Charter had been adopted for end-of-life care. This meant patients chose to remain at the prison to receive care from staff who knew them. (See paragraph 1.45.)

## **Social care**

- 3.71 There was a memorandum of understanding between the prison, health care provider and Staffordshire County Council. Onsite social care assessments were moved to telephone consultations, supported by health care staff, during the pandemic. Onsite assessments had now restarted.
- 3.72 Arrangements worked well. Four patients received a social care package (see Glossary of terms), and the support was appropriate. Peer supporters had now resumed their roles, providing patients with assistance with everyday activities. They were well trained and understood their responsibilities.
- 3.73 Equipment was obtained through the occupational therapy service in the local authority, which was supplied promptly, when required. The local authority social worker liaised with and supported patients with ongoing social care needs when they were being transferred or released from prison.

## **Mental health care**

- 3.74 In our survey, 64% of respondents indicated they had needed help with their mental health while at the prison. Inclusion delivered an integrated mental health and psychosocial substance use service. The team consisted of a psychologist, assistant psychologist, mental health nurses, a social worker, an occupational therapist and recovery practitioners. Two visiting psychiatrists provided 0.7 whole time equivalent input to the service, which was not sufficient to meet the demand.
- 3.75 Health screening on arrival made sure prisoners with mental health needs were referred to Inclusion. There was an open referral pathway and referrals were seen promptly – within two days if urgent, or five days if routine. All patients had a care coordinator and care plan. The dedicated team was now offering prisoners a wide range of treatments, including psychoeducation, facilitated self-help, psychological therapies and crisis support. The care programme approach was used effectively to support patients with a severe and enduring mental illness.
- 3.76 The Inclusion team was on site from Monday to Friday from 8am to 6pm, and a regional on-call service provided urgent advice or provided practitioners who attended over the weekend. Mental health support had been more limited as a result of an increase in demand and routine assessments and treatment were curtailed during the pandemic. However, patients who were referred received a welfare check and a subsequent assessment, where urgent needs were identified, and contact was maintained through in-cell telephony.
- 3.77 A duty rota system meant new referrals were seen promptly and any acute concerns dealt with. Personal care plans and running clinical records indicated that health professionals had regular, meaningful contact with patients. One-to-one sessions took place in the units.

- 3.78 Leading Individuals Forward Together mentors, part of the prison-led peer initiative supervised by the Inclusion team, provided highly valuable peer support to prisoners with mental health needs. (See paragraph 1.40 and Appendix III Further resources.)
- 3.79 A member of Inclusion prioritised attendance at all initial ACCT reviews and contributed to the multidisciplinary support offered to prisoners who self-harmed. Working relationships with the prison were positive and staff supported the work of the segregation unit effectively, visiting at least three times a week. Inclusion delivered mental health awareness training during prison officer induction sessions.
- 3.80 Over the previous 12 months, eight patients had been assessed as requiring a transfer to hospital for treatment under the Mental Health Act, but none had been transferred within the two-week standard, which was unacceptable.

### **Recommendation**

- 3.81 **The transfer of patients to hospital under the Mental Health Act should take place within Department of Health guidance timescales.**

### **Substance use treatment**

- 3.82 Inclusion delivered psychosocial substance use services through a psychosocial lead staff member and a team of recovery practitioners. The team worked alongside the clinical substance use team provided by Practice Plus Group. Joint working arrangements were excellent. The team attended the prison drug strategy meetings, which helped implement the Inclusion team's agreed action plan.
- 3.83 All new arrivals were screened for alcohol and drug issues and, if necessary, referred to a clinical prescriber and or recovery practitioner. Clinical assessments took place promptly and opiate substitution treatment was good, delivering flexible prescribing that complied with national guidance. Anyone could refer a patient to the substance use team, and daily multidisciplinary meetings discussed new referrals, allocations and any emerging concerns. Psychosocial practitioners visited all prisoners reported to have used illicit substances to provide harm reduction advice and encourage them to become involved with their service.
- 3.84 The Inclusion psychosocial team and clinical substance use nurse were competent, and both clinical and managerial supervision was well embedded. Staff we spoke to felt valued and supported. The team provided substance use training to newly recruited prison officers as part of their induction.
- 3.85 The drug recovery unit, run by dedicated wing staff, was well established, and a recovery practitioner and substance use nurse based in the unit provided direct clinical and psychosocial support. Recovery champions promoted mutual aid and provided highly valued

peer support across the prison in the absence of regular groups during the pandemic (see paragraph 1.40, Appendix III Further resources). The New Beginnings group work programme was due to restart as soon as restrictions eased. The environment promoted well-being and prisoners were positive about their experience in the unit.

- 3.86 Alcoholics Anonymous organised mutual support groups in the visitor centre, and the recovery practitioners facilitated self-management and recovery training sessions across the prison. Despite group work being significantly curtailed during the pandemic, recovery champions had continued to offer peer support. Plans were in place to restart group work in all residential units as soon as the teams were able.
- 3.87 Naloxone (a drug to manage substance use overdose) was provided to prisoners being released along with training for family members in the visitors' centre. Through-the-gate work with community drugs services provided prisoners with a good support plan on release, and recovery champions supported prisoners who needed any practical help.

### **Medicines optimisation and pharmacy services**

- 3.88 Medicines were supplied by the onsite Lloyds pharmacy team, which also provided medicines to six other prisons. There was insufficient staffing to offer an adequate service. There was no pharmacy input into clinics, nor direct pharmacist support for patients, such as those with complex needs.
- 3.89 Prescribing and administration were appropriately completed using SystmOne (the electronic clinical information system), using an agreed formulary (list of medications used to inform prescribing). Sixty per cent of patients had their medicines in possession. Risk assessments were attached on SystmOne, but a pharmacist did not routinely check them, and there was no lockable storage in double occupancy cells. Prisoners on 28 days' prescribing ordered their own medicines, with the pharmacy holding stock that could be supplied if they were not ordered in time.
- 3.90 Pharmacy oversight of prescribing practice and other local medicine management arrangements were not sufficiently robust. Supervised medicines were given to patients twice a day at 8am and 4pm, and lunchtime and night-time medicine supervision was provided in emergencies and on a short-term basis. Medicines that were to be taken twice a day, such as anti-epileptic and strong pain relief, were not given to patients at the recommended 12-hour interval designated for effective clinical care, and there was no clinical pharmacist input into these prescribing decisions. Ten per cent of the entire prison population was prescribed an abusable, sedating antidepressant medicine. Although administration of such medicines was generally supervised, and individual complex cases were reviewed, there was not enough evidence to show that such trends were evaluated to mitigate risks.

- 3.91 Medicine administration in the units provided patients with a degree of privacy, was managed safely and had suitable officer supervision. Fridge temperatures were recorded, but in one case prompt remedial action was not taken when the temperature was outside the required range, although all medicines were removed. There was insufficient storage space to safely segregate all types of medicines, but this was immediately addressed when it was raised with managers.
- 3.92 Suitable medicines were available to treat minor ailments without a prescription and there were protocols to provide more potent medicines without the need to see a doctor. Prisoners could buy some medicines from the shop. There was an out-of-hours policy and a suitable list of common emergency medicines. Community-style prescriptions were available to prevent any disruption to patients' medicine supply following an unplanned release from court.
- 3.93 Prison-specific medicines management and quality assurance meetings were held every two months, and there were wider regional meetings to discuss any issues. However, the Lloyds pharmacy team was not always represented, so any medicine concerns may not have been appropriately escalated.

### **Recommendation**

- 3.94 **Pharmacy services should be configured so that safe dispensing arrangements are in place and medicine management processes ensure medicines are prescribed and, wherever possible, administered in line with recommended dosage schedules. Arrangements should include direct pharmacy oversight of prescribing practices to mitigate risks and support patient care.**

### **Dental services and oral health**

- 3.95 Dental services had been affected by the pandemic due to the requirement to provide a safe clinical environment. The provider on site had made good strides to normalise the provision.
- 3.96 The two dental suites met infection control standards and a shared, separate decontamination area enabled resources to be switched between facilities, allowing for a period of inactivity following cleaning. Equipment was stored securely, waste disposed of appropriately and maintenance arrangements were good, with appropriate certifications in place.
- 3.97 Access to the full range of NHS dental treatment had restarted, and although still risk assessed, routine appointments had been reintroduced. A few men who complained about dental care had imminent appointments scheduled and we were confident anyone in pain would be dealt with urgently and external emergency dental treatment was arranged on at least one occasion.
- 3.98 Given the impact of the pandemic, substantial progress had been made towards recovering services. Waiting times for routine appointments

were declining and stood at about 10 to 14 weeks for most patients, which was not unreasonable.

## 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 in full-time employment could spend at least nine hours out of their cells and almost all could take an hour of outside exercise.
- 4.2 However, over a year since the start of the pandemic, far too many were still locked up for 22 hours a day, often sharing cramped cells designed for one person, which placed an inevitable toll on prisoner well-being. In our survey, prisoners commented on the impact of limited time out of cell on their mental health – for example, one wanted, '[more] association time as we get less than two hours' total association time and exercise. This is terrible for mental health'. Referrals to the mental health team were increasing (see paragraph 3.76) and only 52% of prisoners in our survey said they were always or most of the time able to lead a healthy lifestyle at the prison in relation to their physical, mental, emotional and social well-being.
- 4.3 Access to employment was gradually improving as the workshops opened. Our spot checks found 33% of prisoners locked up. Unit staff told us that 525 prisoners were in work or education. Managers and other recording processes indicated many more prisoners were involved in these activities, which suggested a lack of accuracy in accounting.
- 4.4 The pandemic had had a substantial impact on the range of literacy activities that library staff could offer. Limited literacy programmes had been maintained, such as the 10 by 10 creative writing challenge, but others, such as book clubs, reading challenges and mentoring schemes remained suspended. Only 25% of prisoners said they were able to have library materials delivered to them once a week or more, and library data suggested a very significant drop in the number of books being issued compared with the previous year.
- 4.5 Prisoners in the Ash unit retained access to a satellite library. However, access to the main library had been suspended in March 2020. A selection of books had been made available to residential units up until September 2020, when library staff introduced an outreach service, which delivered items such as books, DVDs, arts and crafts material, and distraction packs. The library reopened fully in April 2021.

- 4.6 At the start of the pandemic, the prison had provided unit-based equipment to offset the closure of the sports hall. Although it remained closed for recreational activities, formal sports courses were beginning to take place and staff were working with the health care department to develop provision for prisoners with diabetes. There was no dedicated outside provision because the football courts had been used for temporary accommodation (see paragraph 3.8).
- 4.7 Some structured activity sessions were taking place outside the residential units during exercise periods, but we were not confident that access was equitable, and attendance was not formally monitored.

### **Recommendation**

- 4.8 **The prison should make sure that access to the limited gym provision is equitable to all.**

### **Education, skills and work activities**



This part of the report is written by Ofsted inspectors. From May 2021 Ofsted began carrying out progress monitoring visits to prisons to assess the progress that leaders and managers were making towards reinstating a full education, skills and work curriculum. The findings and recommendations arising from their visit are set out below.

- 4.9 Ofsted assessed that leaders were making reasonable progress towards ensuring that staff taught a full curriculum and provided support to meet prisoners' needs, including the provision of remote learning.
- 4.10 Prison leaders were ambitious about the education, skills and work curriculum. They comprehensively planned for the gradual reinstatement of the curriculum. When restrictions began to be lifted, leaders had acted very quickly to increase classroom education and the number of work roles available. However, managers had been too slow to reintroduce face-to-face vocational training.
- 4.11 Leaders had well-informed plans for the further expansion of prison-run workshops and vocational training programmes. Leaders and managers had implemented a variety of prisoner-led initiatives (see paragraph 1.40 and Appendix III Further resources). They included mural painting parties (see paragraph 3.5), art therapy programmes run by highly skilled prisoners, and a prisoner-led affordable clothing line.

## Workshop



- 4.12 Leaders reopened classroom-based education, appropriately prioritising English and mathematics. specifically focused on prisoners with lower levels in these subjects, including those for whom English was an additional language. They ensured the most vulnerable prisoners could access face-to-face learning in small group sessions. Prisoners with pandemic-related anxieties found this way of learning helpful.
- 4.13 Leaders and managers did not monitor the progress that prisoners made with in-cell learning packs or evaluate the effectiveness of the curriculum during the pandemic. Leaders analysed data in order to review the success of the curriculum but did not use the analysis to inform their improvement action.
- 4.14 Prisoners who had arrived at the prison since March 2020 had not received an education induction and had not completed their initial assessments. As a result, leaders and managers did not know the learning needs of a significant proportion of the population. Prisoners were not sufficiently well informed about the education and vocational training available at the prison. (See key concern and recommendation 1.34.)
- 4.15 Prisoners were not aware of the information, advice and guidance (IAG) service at the prison. The provision of IAG to prisoners had been significantly reduced during the pandemic. Just over half of new arrivals during this period put together their skills action plan in their cells. They did not receive advice or guidance to help them make informed choices about learning and work activities.

- 4.16 Leaders made sure that prisoners could access a breadth of education subjects through the in-cell work packs. However, only a third of prisoners participated in in-cell learning. Popular non-accredited courses included science, history and music. In subjects such as art, prisoners were provided with additional support kits, such as pencils, for different shading techniques. Most of what prisoners produced through the work packs was of a high standard. Prisoners completing vocational work packs provided full answers to a range of tasks and activities that demonstrated their knowledge of underpinning theories.
- 4.17 Managers and staff recognised that the uptake and return of in-cell work packs during the pandemic had been low. Both had increased significantly very recently because of the support and encouragement teachers provided to prisoners in education areas on houseblocks.
- 4.18 Once they had returned to face-to-face lessons, teachers used their understanding of the learning needs and existing knowledge of the small groups of prisoners to set useful, individual learning activities. Staff were patient and helpful with those who struggled with learning. Prisoners on distance learning programmes were particularly well supported to continue to make progress and achieve.
- 4.19 Prison instructors encouraged prisoners to be responsible and gain promotion in workshops. Prisoners completed prison-certificated work packs to recognise the skills they had gained in each position. However, managers had not yet brought back accredited learning programmes, other than for industrial cleaning. Prisoners in work roles were purposefully deployed and completed their work to a good standard.
- 4.20 The quality of the feedback that prisoners received from teachers on their work packs was too variable. Much feedback did not help prisoners develop their skills or provide them with an understanding of how to improve. Feedback was too often overly congratulatory.
- 4.21 Leaders, managers and staff had not considered how to help prisoners retain the learning acquired during their in-cell activities. They had not been given any activities to reinforce their knowledge since completing the packs. Prisoners who completed in-cell work packs in English and mathematics at the start of the pandemic were still waiting to sit examinations.
- 4.22 Learning support staff identified prisoners' learning difficulties or disabilities appropriately. They used this information to provide helpful learning support strategies. Support staff safely visited prisoners in the units and used in-cell telephony to support them with learning throughout the pandemic. Teachers and learning support staff had substantially increased their face-to-face contact with prisoners in recent weeks.

## **Recommendations**

- 4.23 Leaders and managers must ensure that information, advice and guidance are available for all prisoners and that prisoners receive support to identify and follow appropriate skills action plans to help them decide on their education, skills and work choices.**
  
- 4.24 Leaders and managers must make sure that prisoners are supported to retain and reinforce their knowledge while they wait to return to face-to-face classes. They must ensure that vocational training for prisoners is safely reintroduced as soon as possible.**

## 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 There were excellent facilities for social visits, which had resumed at the end of April 2021. Help and Advice Line for Offenders' Wives (HALOW), a family support charity, ran the welcoming visitors' centre. In addition to two visits halls, the prison had converted unused legal visits rooms to several lounge facilities, which were intended for more relaxed family visits once COVID-19 restrictions permitted. Family visits were not reinstated because the national ban on physical contact remained in place (see paragraph 5.2). In the meantime, the rooms were being used for compassionate visits, for example, in the case of a family bereavement.
- 5.2 Visits were subject to strict national restrictions. Visiting times were limited to one hour, and the prison was prohibited from serving food. Social distancing had to be maintained and physical contact was not allowed. Prisoners considered it unfair that they were not permitted to hug family members when those in the community could. The prohibition was stricter than government guidance for care home visits, which allowed people to hold hands, and we no longer considered it proportionate. The visits' short duration and these restrictions, meant that for many families, visits were not realistic or worthwhile. The take-up of visits was low. There were often no visitors in the mornings, and few in the afternoons.
- 5.3 Four prisoners had been placed on closed visits for breaching the physical contact restriction. We were told such sanctions were only applied for flagrant abuse of the prohibition. However, there was not enough documentation of these decisions or their review to show they were justified.
- 5.4 The prison only received Purple Visits video conferencing equipment in October 2020, which was far too late to make up for the national suspension of social visits. Take-up of Purple Visits was initially low, but now improving, with over 1,000 sessions having taken place in April.

- 5.5 The prison was using Purple Visits technology for evening bedtime visits, enabling fathers to read stories to their children. Take-up of these sessions was good and over 100 sessions had taken place by the time of the inspection. (See paragraph 1.46.)
- 5.6 The family intervention unit in Beech unit provided prisoners wishing to maintain family ties with a supportive environment, where they could undertake parenting and family courses and receive help from peer mentors. The interventions team had restarted its excellent range of courses and three parenting courses had begun the week before the inspection. (See paragraph 1.47.) The prison was planning for its full range of interventions to be available by the end of the summer.
- 5.7 HALOW provided a family engagement service and worked hard to mitigate the impact of restrictions. Staff had resumed face-to-face support for prisoners and their families. Family support and children's workers continued to offer individual support to prisoners and their families.
- 5.8 Prisoners appreciated having access to in-cell phones so they could maintain contact with family and friends, and 98% responding to our survey said they could use the phone every day if they had credit. Prisoners could send and receive correspondence under the Email a Prisoner scheme, which was very well used.

## **Recommendation**

- 5.9 **National restrictions on social visits, such as the prohibition on physical contact and on the provision of food, should be brought into line with those in the community.**

## **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.

- 5.10 HMP Oakwood had a large and complex population of over 2000 prisoners. Half the population was assessed as presenting a high risk of harm to others, nearly three quarters were serving long sentences of four years or more and 10% had indeterminate sentences. Approximately a quarter of prisoners had been convicted of a sexual offence.
- 5.11 The strategic management of reducing reoffending was not sufficient. A comprehensive population needs analysis had been undertaken, incorporating information on factors influencing prisoners' offending and demographics. However, the strategy failed to acknowledge the difficulties created by the pandemic, or clearly set out how the prison aimed to rehabilitate prisoners. The reducing reoffending meeting had

not been convened since March 2020, which meant the action plan was not up to date.

- 5.12 During the inspection, there were eight probation offender managers, 15 prison offender managers, and no senior probation officers in post. There were high levels of redeployment – staff had spent 3,000 hours working in other areas of the prison in the previous six months. Prison and probation offender managers were carrying caseloads of 100 prisoners each, which was far too high and unmanageable. (See key concern and recommendation 1.35.)
- 5.13 Many prisoners we spoke to were frustrated about the lack of contact with prison and probation offender managers (POMs) (see key concern and recommendation 1.35). In our survey, only 58% of prisoners said they had a custody plan, which was significantly lower than at the previous inspection (74%). While 80% of prisoners who had a plan knew what they needed to do to achieve their targets, only 48% said someone was helping them to achieve them. Prisoners who identified themselves as having mental health problems were particularly negative in their response to this question – only 25% said they were receiving help.
- 5.14 Due to the length of their sentence, most prisoners required an offender assessment system (OASys) report outlining their risks and needs, as well as a sentence plan. During the inspection, 12% of prisoners did not have an initial assessment of their risks and needs, and a further 27% did not have an updated assessment that had been reviewed in the previous 12 months to inform sentence planning and progression. The vast majority of reviews undertaken in the previous 12 months were completed remotely, which potentially undermined their quality. (See key concern and recommendation 1.35.)
- 5.15 Contact between POMs and prisoners was predominantly driven by time-bound processes, such as parole and release dates, and in most cases, contact was not face to face. The offender management unit had installed telephones during the pandemic to enable POMs to contact prisoners in their cells. Contact was also made via video link. Face-to-face contact was permitted in April 2020, however, we found that tasks, including OASys interviews were still being conducted remotely or by a paper self-assessment questionnaire. Only a small amount of one-to-one work to drive sentence progression had restarted. (See key concern and recommendation 1.35.)
- 5.16 Indeterminate sentenced prisoners made up 10% of the population (204 prisoners). Parole hearings had continued – the majority were held via telephone conference or video link, but some face-to-face hearings had resumed in January 2021. Dossier paperwork was submitted promptly, and tracking and monitoring systems were effective. Prisoners we spoke to serving indeterminate sentences were complimentary of the prison environment, however, they commented on prison and probation offender managers' lack of knowledge of their cases.

- 5.17 In the previous six months, nearly three-quarters of prisoners who had been assessed for home detention curfew release, had been approved – lower than at the previous inspection (95%). Processes were managed well and initiated in reasonable time in the lead up to prisoners' eligibility dates. However, some prisoners were not released on their due date. In the previous six months, 43 prisoners were released beyond their eligibility date, the longest waiting 92 days. During the inspection, 31 prisoners had been held beyond their eligibility date. Staff told us this was mainly owing to a lack of suitable accommodation in either approved premises or Bail Accommodation and Support Services (BASS) accommodation and delays in community offender managers verifying suitable addresses in the community.

### **Recommendation**

- 5.18 **A comprehensive reducing reoffending strategy should be developed, supported by a detailed action plan that is monitored and updated regularly.**

### **Public protection**

- 5.19 The strategic management of public protection was not sufficient. The monthly interdepartmental risk management team (IRMT) meeting did not systematically consider high-risk prisoners adequately prior to their release, only reviewing them a month or less before they were due to leave the prison. This meant there were no assurances that their risks would be properly managed. Action set at meetings was not tracked. Attendance at the IRMT meeting was inconsistent, and the standard of contributions was variable. (See key concern and recommendation 1.36.)
- 5.20 Information sharing with community offender managers and the handover of responsibility for prisoners' risk management, including release planning, did not always take place six to eight months ahead of a prisoners' release. The lack of oversight of the process meant that for some high-risk prisoners, their multi-agency public protection arrangement (MAPPA) levels, updated risk management plans and practical arrangements were only confirmed in the last few weeks before their release, rather than the last few months. (See key concern and recommendation 1.36.)
- 5.21 Day-to-day public protection was well organised. Public protection staff appropriately screened all new arrivals to identify, monitor and manage those identified as a risk to children or others. Each prisoner identified would be allocated a case worker who would manage every aspect of their case, including reviews, mail and call monitoring, and liaising with other departments and services. This meant monitoring was consistent and better than we see in other prisons.
- 5.22 During the inspection, 96 prisoners were subject to both mail and telephone monitoring. Phone and mail monitoring log entries were good. A tiered system ensured monitoring was always up to date for

priority cases, while other cases were monitored at a slightly reduced frequency. Prison leaders had provided additional resources to support monitoring and all monitoring was timely.

- 5.23 During the inspection, 36 prisoners were subject to MAPPA level two (which requires the active involvement of one or more agency) and three (the highest risk level). POMS provided timely contributions and the standard of these assessments were very good.

### **Categorisation and transfers**

- 5.24 Re-categorisation reviews took place in a timely manner, however, the reviews predominantly focused on prisoners' behaviour in custody and did not document defensible decisions against potential risks posed due to previous offending behaviour. In some cases, prisoners had been given category D status without having had an assessment of their risks or needs.
- 5.25 Prison staff had progressed 106 prisoners to open conditions in the previous six months. There were still 126 category D prisoners at Oakwood during the inspection. There was a lack of places in the open prison estate nationally, and despite prison staff proactively trying to obtain places for these prisoners, we found those who had been on the waiting list since February 2020, which was too long.
- 5.26 Prisoner H said:
- 'I have been cat D for 20 months, but I can't get a transfer. It's all empty promises and feels like torture as I can't settle with them keeping on telling me I'll be going next week but it never happens. I can't settle and it's made even worse by my family not understanding why this is happening to me and I can't explain it to them.'*
- 5.27 The prison had re-categorised five men to category B in the previous six months – in the cases we reviewed, re-categorisation was appropriate.

### **Recommendation**

- 5.28 **Re-categorisation should be completed with a full understanding of the prisoner's offending behaviour risk and include a review of an up-to-date OASys assessment.**

### **Interventions**

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

- 5.29 The prison offered two accredited programmes, the thinking skills programme (TSP) and Resolve (a cognitive-behavioural intervention for violent offenders). They had stopped at the start of the pandemic, but

some offending behaviour programme work had restarted in September 2020, where regime restrictions had allowed. However, a COVID-19 outbreak in the prison prolonged prisoners' completion of these programmes. This resulted in only four prisoners completing accredited programmes in the previous 12 months.

- 5.30 Prison leaders had a credible recovery plan for the coming year that had the flexibility to increase or reduce the number of prisoners starting programmes depending on the pandemic. They had correctly prioritised courses based on needs. During the inspection, 255 prisoners were on the waiting list for these courses, however the recovery plan only allowed for 75 prisoners to obtain a place. Prison leaders were assessing who would be prioritised.
- 5.31 Oakwood was not commissioned to deliver accredited programmes for prisoners convicted of a sexual offence or develop a programme needs assessment (PNA) (which determinates which treatment path is most suitable for a prisoner). Prisons delivering suitable interventions would not always accept prisoners without a PNA, which prevented prisoners from progressing. The most recent needs assessment from the prison showed that 90% of prisoners convicted of a sexual offence with an OASys had not completed any intervention or were waiting for an assessment. Prison leaders at Oakwood had employed a psychologist to complete some PNAs, however there was still a significant gap in the provision for prisoners convicted of a sexual offence. (See key concern and recommendation 1.37.)
- 5.32 Release on temporary licence (ROTL) had been suspended since March 2020 due to the pandemic. However, during the week of our inspection a small number of prisoners were granted ROTL to work in the visitors' centre.
- 5.33 The Staffordshire and West Midlands Community Rehabilitation Company (CRC) provided prisoners with support to address their financial problems and open bank accounts before their release. In the previous six months, it had opened 131 bank accounts and supported prisoners to suspend over a quarter of a million pounds of debt. Jobcentre Plus staff had recently returned to the prison to help prisoners set up benefits before their release.
- 5.34 The CRC also helped prisoners who needed support with accommodation and records indicated that only six prisoners had been released with no accommodation in the previous six months.

## 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.

- 5.35 The need for resettlement support was considerable – about 150 prisoners were released from Oakwood each month.
- 5.36 The CRC had remained on site for the duration of the regime restrictions, and while not providing the same level of service as before COVID-19, they had continued to review the majority of prisoners' resettlement needs before release.
- 5.37 There were challenges in providing meaningful planning and support for foreign national prisoners, and gaps for those who were released on the authority of the parole board, as well as for those who arrived at Oakwood with less than 12 weeks to serve.
- 5.38 For the many prisoners who were serving longer sentences, resettlement plans were not always developed 12 weeks before a prisoner's release. This meant many had been developed too late for action to be taken forward, usually having only been initiated at about four to seven weeks pre-release. The plans were variable and, in some cases, did not fully identify or meet the full range of prisoners' resettlement needs. The lack of face-to-face contact with staff was a source of frustration for some prisoners and plans mainly continued to be developed by contacting the prisoner by telephone. This might indicate why, in our survey, only 37% of prisoners expecting to be released in the following three months, said that someone was helping them to prepare for their release.
- 5.39 The Resettlement Advice Line and Prisoner Helpdesk, a telephone helpline managed by prisoner peer workers (see Appendix III Further resources), had continued to operate throughout the pandemic. It was well used – over 5,000 calls had been taken in the previous six months.
- 5.40 The Oakwood Community Hub was based just outside the prison. It had adapted its service to comply with restrictions in the community throughout the pandemic. However, it continued to provide a range of practical and emotional support to those being released.

## Recommendation

- 5.41 **All prisoners should have their resettlement needs identified 12 weeks prior to their release.**

## 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 (1.32): Not all force was used proportionately, and staff missed opportunities to de-escalate situations. Senior managers did not sufficiently scrutinise paperwork or camera footage and meetings took place infrequently and were not effective.

**Key recommendation: There should be regular managerial oversight of the use of force, which should involve routine reviews of all instances. Patterns and trends should be identified and acted on, to ensure that force is always justified and proportionate. (Directed to: the director.)**

- 6.2 Key concern (1.33): Provision for foreign national prisoners was poor. Surgeries with immigration officials remained suspended, and unlike those held in immigration removal centres, detainees had no access to free legal advice surgeries. The Home Office had not informed the prison of four vulnerable detainees assessed to be at higher levels of risk in detention.

**Key recommendation: Prisoners should have access to regular surgeries with immigration officials and should be given at least one month's notice of a decision to detain them. The Home Office should inform the prison promptly of all prisoners assessed to be at risk in detention, so that appropriate arrangements for their care can be made. (Directed to: The Home Office and Ministry of Justice.)**

- 6.3 Key concern (1.34): Managers were unaware of the educational needs of too many prisoners who had arrived at the prison since the start of the pandemic as these men had not had an education induction and had not completed any initial assessments.

**Key recommendation: Leaders and managers must identify rapidly the starting points and needs of prisoners who have arrived at the prison since the start of the pandemic. They must make sure that all prisoners are fully informed about the education and training options available, and that prisoners undertake learning that will benefit them. (Directed to: the director.)**

- 6.4 Key concern (1.35): At the time of our inspection, 12% of prisoners did not have an initial assessment of their risks or needs, and a further 27% did not have an updated assessment, reviewed in the previous 12 months, to inform sentence planning and progression. Contact with

prison offender managers was too infrequent and did not drive sentence progression. Caseloads were too high, which affected prison and probation offender managers' ability to complete assessments and have meaningful contact with prisoners.

**Key recommendation: All prisoners should have an up-to-date assessment of their risks and needs, and prisoners should have regular meaningful contact with a prison offender manager that challenges their offending behaviour and drives sentence progression. (Directed to: the director.)**

- 6.5 Key concern (1.36): The interdepartmental risk management meeting was not sufficiently focused on prisoners' risks and any action set was not always followed up. There was an inadequate escalation process to make sure that prisoners' MAPPA levels were confirmed six months before their release, which meant that some high-risk prisoners could be released without a robust risk management plan.

**Key recommendation: Public protection procedures should ensure that there is a robust risk management plan in place well in advance of the prisoner's release. (Directed to: the director.)**

- 6.6 Key concern (1.37): HMP Oakwood was not commissioned to deliver accredited programmes or a programme needs assessment (PNA) for prisoners convicted of a sexual offence. Prisons delivering suitable interventions would not always accept prisoners without a PNA, which prevented them from progressing. The prison's most recent needs assessment showed that 90% of prisoners convicted of a sexual offence with an offender assessment system report, had not completed any intervention or was awaiting an assessment. There was a significant gap in provision for prisoners convicted of a sexual offence.

**Key recommendation: A strategy should be developed for delivering specific offence-focused work to sex offenders, including improved access to accredited programmes and the provision of alternative opportunities for those assessed as unsuitable. (Repeated recommendation 4.33.) (Directed to: the director.)**

## Recommendations

- 6.7 Recommendation (2.10): Language assistance should be provided to non-English-speaking prisoners to make sure they understand reception and induction processes. (Directed to: the director.)
- 6.8 Recommendation (2.29): The justification for segregating prisoners should be clearly documented and should include individual behaviour targets to allow prisoners to return to normal location at the earliest opportunity. (Directed to: the director.)

- 6.9 Recommendation (2.36): Security arrangements should be proportionate, and prisoners should not routinely be strip-searched. (Directed to: the director.)
- 6.10 Recommendation (3.12): Prisoners should not be held in multi-occupancy cells that are too small to allow for sufficient personal space, furniture or privacy. (Directed to: the director.)
- 6.11 Recommendation (3.20): Lunch should not be served before noon, and the evening meal not before 5pm. (Repeated recommendation 2.17.) (Directed to: the director.)
- 6.12 Recommendation (3.32): HMPPS data collected locally on the treatment of prisoners with protected characteristics should be analysed and investigated to identify disproportion and, if necessary, acted on. (Directed to: the director.)
- 6.13 Recommendation (3.45): Professional interpretation should be used where necessary to support accurate and confidential communication. (Directed to: the director.)
- 6.14 Recommendation (3.46): Detainees should not be held in Oakwood, unless they can be given access to free independent legal advice surgeries. (Directed to: The Home Office and Ministry of Justice.)
- 6.15 Recommendation (3.47): The prison should maintain appropriate arrangements for the evacuation of prisoners with disabilities. (Directed to: the director.)
- 6.16 Recommendation (3.81): The transfer of patients to hospital under the Mental Health Act should take place within Department of Health guidance timescales. (Directed to: To Ministry of Justice.)
- 6.17 Recommendation (3.94): Pharmacy services should be configured so that safe dispensing arrangements are in place and medicine management processes ensure medicines are prescribed and, wherever possible, administered in line with recommended dosage schedules. Arrangements should include direct pharmacy oversight of prescribing practices to mitigate risks and support patient care. (Directed to: the director.)
- 6.18 Recommendation (4.8): The prison should make sure that access to the limited gym provision is equitable to all. (Directed to: the director.)
- 6.19 Recommendation (4.23): Leaders and managers must ensure that information, advice and guidance are available for all prisoners and that prisoners receive support to identify and follow appropriate skills action plans to help them decide on their education, skills and work choices. (Directed to: the director.)
- 6.20 Recommendation (4.24): Leaders and managers must make sure that prisoners are supported to retain and reinforce their knowledge while they wait to return to face-to-face classes. They must ensure that

vocational training for prisoners is safely reintroduced as soon as possible. (Directed to: the director.)

- 6.21 Recommendation (5.9): National restrictions on social visits, such as the prohibition on physical contact and on the provision of food, should be brought into line with those in the community. (Directed to: HM Prison and Probation Service.)
- 6.22 Recommendation (5.18): A comprehensive reducing reoffending strategy should be developed, supported by a detailed action plan that is monitored and updated regularly. (Directed to: the director.)
- 6.23 Recommendation (5.28): Re-categorisation should be completed with a full understanding of the prisoner's offending behaviour risk and include a review of an up-to-date OASys assessment. (Directed to: the director.)
- 6.24 Recommendation (5.41): All prisoners should have their resettlement needs identified 12 weeks prior to their release. (Directed to: the director.)

## 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 2018, admissions and first night processes were good. Prisoners were supported and there was an appropriate focus on risk. Levels of violence had increased and were similar to those at other category C prisons. Few prisoners felt unsafe, but levels of victimisation by other prisoners were high. The prison's response to violence and antisocial behaviour was robust and the use of peer workers was creative. The level of use of force was high and there was too little evidence of de-escalation. The treatment and conditions of segregated prisoners had improved and were good. Despite a proactive and robust response to drug supply and demand, drugs (particularly new psychoactive drugs) were too easily available. The number of incidents of self-harm was high. Prisoners had access to support, but the quality of case management was often poor. Outcomes for prisoners were reasonably good against this healthy prison test.

#### Key recommendations

Staff should be equipped with the skills and confidence to de-escalate incidents, and incidents of use of force should be monitored and quality assured to ensure that de-escalation is used and that force is used only as a last resort. (S52)

##### Not achieved

The quality of care for prisoners at risk of suicide and self-harm, evidenced in written assessment, care in custody and teamwork (ACCT) processes, should be improved and should focus on the underlying causes of distress. (S53)

##### Achieved

#### Recommendations

A violence reduction strategy should be developed which sets out the reasons for violence, the progress made and the work still to be done. (1.16)

##### Achieved

The prison should investigate prisoners' negative perceptions of the incentives and earned privileges scheme and ensure that it provides equitable opportunities to progress and regress through the levels. (1.17)

**Achieved**

Prisoners requiring multiple staff for unlocking should be subject to a formal risk assessment and regular review. (1.29)

**Achieved**

Time in the open air for segregated prisoners should be individually risk assessed, to allow them to exercise together when this is appropriate. (1.30)

**Achieved**

Suitability assessments for peer workers should be comprehensive and rigorous, and include an offending behaviour assessment. (1.38)

**Achieved**

The prison should have an up-to-date drug supply reduction strategy to direct and support the supply reduction action plan. (1.39)

**Achieved**

Closed visits should only be used when there is evidence that a prisoner has abused visits arrangements. (1.40)

**Achieved**

The decrease in the number of referrals to Listeners should be investigated, to determine whether prisoners in need of a Listener are being denied access or are not aware of the service, and any remedial action identified should be taken. (1.49)

**Achieved**

Residential staff should be aware of adult safeguarding procedures and competent in identifying and referring prisoners who should be considered for an intervention. (1.53)

**Achieved**

## Respect

### Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, relationships between staff and prisoners were mostly caring and respectful, although some prisoners were frustrated by staff inexperience. Living conditions were exceptionally good and promoted a positive community atmosphere. Access to kit and equipment was good. Consultation arrangements were widespread and effective. Applications and complaints were well managed and supported by a variety of prisoner-led advice services. Diversity and faith arrangements were comprehensive and effective, and the needs of prisoners with protected characteristics were mostly met. Health and social care provision was mostly good. The newly introduced drug recovery unit provided excellent support but overall substance misuse provision required improvement. Outcomes for prisoners were good against this healthy prison test.

### Recommendations

Cell call bell response times should be monitored routinely, to ensure timely responses. (2.12)

**Achieved**

Lunch should not be served before noon, and the evening meal not before 5pm. (2.17)

**Not achieved** (recommendation repeated, 3.20)

The prison should explore the reasons behind the poor survey results from black and minority ethnic prisoners concerning respectful treatment by staff. (2.35)

**Not achieved**

The reasons why, in our survey, prisoners with disabilities felt less safe than able-bodied prisoners should be explored. (2.36)

**Not achieved**

All staff should be able to identify prisoners with a personal emergency evacuation plan and their particular needs. (2.37)

**Achieved**

Prisoners should have timely access to required external hospital appointments. (2.66)

**Achieved**

A memorandum of understanding, describing how social care will be delivered for prisoners, should be established formally between the prison, local authority and care provider. (2.71)

**Achieved**

Requests for mental health practitioners to attend assessment, care in custody and teamwork (ACCT) reviews should be prioritised. (2.78)

**Achieved**

Patients requiring a transfer to external mental health facilities should be transferred within the current transfer guidelines of 14 days. (2.79)

**Not achieved**

Prisoners with drug and alcohol problems should have ready access to a greater range of psychosocial interventions and peer support, independent of location. (2.86)

**Achieved**

Closer collaborative working arrangements between the psychosocial and clinical treatment teams should be established, to ensure optimum outcomes for prisoners. (2.87)

**Achieved**

Pharmacy staffing should reflect patient need and include a dedicated pharmacist to provide enhanced governance and direct advice to patients. (2.94)

**Not achieved**

Prisoners should consistently receive their prescribed medication on time, without gaps in provision. (2.95)

**Achieved**

Prisoners should receive timely access to routine dental assessment and care. (2.99)

**Not achieved**

## **Purposeful activity**

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

At the last inspection, in 2018, the amount of time unlocked was good for most prisoners. Library and PE provision was good. The prison had a strong focus on the importance of learning in the rehabilitation of prisoners. The leadership and management of education and skills was outstanding. There were sufficient high-quality activity places and attendance was good. The quality of teaching, learning and assessment was good, and enhanced by well-qualified prisoner classroom assistants. The exceptionally wide range of peer-led initiatives equipped prisoners with excellent personal and social skills that helped them to contribute to prison life and to prepare for their own resettlement. Prisoners achieved very well. Outcomes for prisoners were good against this healthy prison test.

## Recommendations

Prisoners' attendance at appointments during the working day should be carefully monitored, to ensure that prisoners return to activities once their appointment is finished. (3.23)

**Not inspected**

The technical difficulties with the virtual campus should be resolved, so that it can be used to help prisoners to find work after their release. (3.24)

**Not inspected**

Additional training and development support for teachers of English and mathematics should be provided, to ensure consistently effective provision in these subjects. (3.33)

**Not inspected**

Prisoners should be able to benefit from vocational qualifications and higher-level skills development opportunities during workshops activities. (3.34)

**Not inspected**

Prisoners' achievements in English and mathematics at levels 1 and 2 should be improved. (3.41)

**Not inspected**

## 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.**

At the last inspection, in 2018, offender supervisor contact and management of prisoners were generally good and responsive. Basic public protection measures were sound but risk management planning for some higher-risk offenders due for release was poor. The range of offending behaviour programmes provided for mainstream prisoners was appropriate. Some sex offenders were not able to complete relevant offending behaviour interventions to reduce their risk or progress and were released without their offending behaviour needs being addressed. The demand for resettlement planning was high and prisoners were provided with good support. Children and families support was outstanding. Outcomes for prisoners were reasonably good against this healthy prison test.

## Key recommendation

The National Probation Service should work with the prison to ensure that all prisoners presenting a high risk of serious harm to others have a comprehensive and defensible risk management plan that is delivered well enough ahead of release. (S54)

**Not achieved**

## **Recommendations**

The reducing reoffending strategy should set out the important role of offender management and be informed by comprehensive needs analyses which explore the specific needs of the wide range of prisoners held at the establishment.

(4.17)

**Not achieved**

Prisoners should not be transferred to Oakwood without an offender assessment system (OASys) assessment and sentence plan. (4.18)

**No longer relevant**

A strategy should be developed for delivering specific offence-focused work to sex offenders, including improved access to accredited programmes and the provision of alternative opportunities for those assessed as unsuitable. (4.33)

**Not achieved** (recommendation repeated, 1.37)

## 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 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.

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 II: 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:

Charlie Taylor	Chief inspector
Sara Pennington	Team leader
Natalie Heeks	Inspector
Deri Hughes-Roberts	Inspector
Jade Richards	Inspector
Paul Rowlands	Inspector
Nadia Syed	Inspector
Donna Ward	Inspector
Rahul Jalil	Researcher
Alec Martin	Researcher
Shannon Sahn	Researcher
Jed Waghorn	Researcher
Steve Eley	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Chris Barnes	Pharmacist
Deborah Hylands	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Rebecca Perry	Ofsted 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/>

### **Adults at risk in immigration detention**

This Home Office policy, introduced in 2016, is intended to contribute to a reduction in the number of vulnerable people in detention and in the length of their detention before removal.

### **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.

### **NPS**

NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

**Personal protective equipment (PPE)**

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

**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 14 days.

**Shielding**

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

**Social care package**

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

**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.

### **Prison peer-led initiatives**

The prison has produced a series of posters outlining its peer-led support services for groups of prisoners, such as veterans and those with substance use problems, those facing social isolation and prisoners with mental health concerns. The prison's posters are published alongside the report on our website.

### **Case studies**

The prison has produced three case studies outlining the work of the BIG team. These are published alongside the report on our website.

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