Report on an unannounced inspection of

HMP/YOI Swinfen Hall

by HM Chief Inspector of Prisons

28 June – 9 July 2021

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Introduction

Swinfen Hall is a category C prison for young adults and adults aged 18 to 28, mostly serving sentences of over four years. At the time of our inspection, it contained 531 prisoners of whom nearly half were from black and minority ethnic backgrounds. Within the prison were two specialist wings for those with emerging or diagnosed personality disorders.

This prison continued to wrestle with the challenges that we outlined in our 2016 and 2019 inspections, but had made some noticeable progress despite dealing with the effects of the pandemic. Leaders had set up good systems to analyse data and create plans for the more troubled individuals and significantly more prisoners told us they felt safe than at the previous inspection. However, despite the COVID-19 restrictions on mixing and the limited amount of time prisoners spent out of their cells, levels of violence, often serious, between prisoners were still too high and staff assaults were on the rise. It was very concerning to see increases in the use of PAVA incapacitant spray as the regime began to open up and leaders needed to make certain that this did not become a routine way of managing challenging behaviour.

An excellent custody manager on the induction wing had made this a safe and positive place for new arrivals who were helped by more established peers to settle into the prison. On the specialist units, we saw prisoners with complex needs making good progress in a supportive environment. Elsewhere, some less experienced staff did not have high enough expectations of prisoners' behaviour and lacked the skills and confidence to create a stable and safe environment. Though inspectors saw some positive interactions between officers and prisoners, they also witnessed staff members who were ineffectual, dismissive or rude.

In a prison like Swinfen Hall, the incentives scheme should be a key tool in improving behaviour and helping leaders and staff to raise standards. It was, therefore, disappointing to hear how ineffective prisoners felt it was in motivating them, with those on an enhanced level often not getting the rewards that they had earned.

Though the prison had worked to increase the amount of time prisoners spent out of their cells, those without jobs were routinely locked up for 22 hours a day, a bleak prospect for the prison's young and energetic population. There were also long waiting lists for rehabilitation programmes that should have been helping prisoners to progress through their sentences and restarting these fully must be an urgent priority for the prison. A lack of oversight of partner agencies meant there was insufficient coordination of services to support prisoners who were due for release.

For the last year, most education had taken the form of in-cell packs and though these had improved they were no substitute for face-to-face education, particularly for those with learning difficulties. Classrooms had begun to open up, but despite desks being set apart to prevent infection, absurdly, only

prisoners from the same bubble were allowed to be in education together. This meant very few prisoners were getting regular, face-to-face education.

Leaders had worked hard to improve the decency and conditions of Swinfen Hall and inspectors who had been on previous inspections noticed an improvement in the atmosphere of the prison, which felt more positive than it had in the past. The standard of accommodation was much improved since our last inspection: wings had been refurbished, showers had been upgraded, there were new clothes washing facilities and the prison was clean and well-maintained.

There remains considerable and fundamental work still to do to create an environment in which this group of young men are really incentivised and motivated to behave in an atmosphere that is safe and supportive, and provides them with meaningful and productive work, education, training and rehabilitation.

Charlie Taylor
HM Chief Inspector of Prisons
July 2021

About HMP/YOI Swinfen Hall

Task of the prison/establishment
Young adult male training establishment and adult male category C prison

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 531
Baseline certified normal capacity: 604
In-use certified normal capacity: 624
Operational capacity: 624

Population of the prison
- 376 new prisoners received over last 12 months (about 31 a month)
- 57 foreign national prisoners
- 48% of prisoners from black and minority ethnic backgrounds
- 144 prisoners released into the community over the last 12 months
- 34 prisoners receiving support for substance use
- 40 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Midlands Partnership NHS Foundation Trust
Substance use treatment provider: Midlands Partnership NHS Foundation Trust
Prison education framework provider: Novus
Community rehabilitation company (CRC): West Midlands area
Escort contractor: GeoAmey

Prison group
West Midlands

Brief history
HMP Swinfen Hall opened in February 1963. It currently receives young adult and adult prisoners aged 18 to 28 serving from 16 months up to and including life.

Short description of residential units
Prisoners are housed in nine wings:
A - 64 places
B - 60 places
C - 60 places – induction/first night (including reverse cohort unit)
D - 68 places (personality disorder treatment service enabling environment)
E - 60 places PIPE (psychologically informed planned environment)
F - 90 places
G - 90 places
I - 72 places
J - 60 places
CSU - 15 cells

Name of governor and date in post
Ian West, October 2016

Leadership changes since the last inspection
None

Prison Group Director
Teresa Clarke CBE

Independent Monitoring Board chair
Adrian Allen

Date of last inspection
August 2018

Section 1 Summary of key findings

1.1 We last inspected Swinfen Hall in 2018 and made 57 recommendations, four of which were about areas of key concern. The prison fully accepted 49 of the recommendations and partially (or subject to resources) accepted five. It rejected three of the recommendations.

1.2 Section 7 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.3 Our last inspection of Swinfen Hall took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders continue to drive improvement.

1.4 At our last full inspection, we made one recommendation about a key concern in the area of safety. At this inspection we found that this recommendation had not been achieved.

1.5 We made two recommendations about key concerns in the area of respect. At this inspection we found that neither of these recommendations had been achieved.

1.6 We made one recommendation about a key concern in the area of purposeful activity. At this inspection we found that this recommendation had not been achieved. Ofsted carried out a progress monitoring visit alongside our inspection to assess the progress that leaders and managers had made towards reinstating a full education, skills and work curriculum. They judged it was too early to assess whether recommendations made at the last inspection had been achieved.

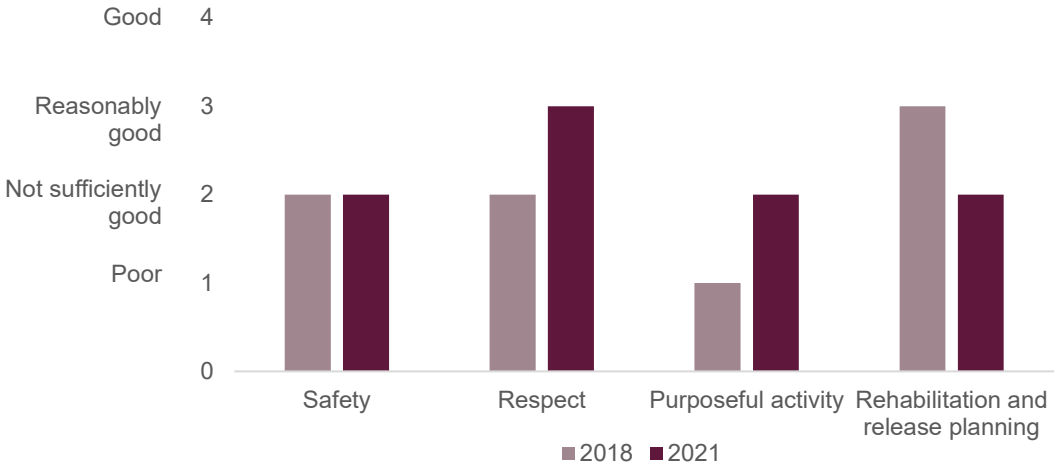
Outcomes for prisoners

1.7 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). At this inspection of HMP/YOI Swinfen Hall, we found that outcomes for prisoners had stayed the same in one healthy prison area, improved in two and declined in one.

1.8 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and

Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP/YOI Swinfen Hall healthy prison outcomes 2018 and 2021



Safety

At the last inspection of Swinfen Hall in 2018, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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

1.9 All appropriate COVID-19 measures were in place in reception and staff on the unit were respectful and courteous. Prisoners were able to order essential items on arrival which were delivered swiftly. Some unnecessary delays in procedures resulted in prisoners spending too long in reception.

1.10 The induction unit provided a positive environment for newly arrived prisoners. First night assessments were comprehensive, and prisoners said they felt safe. A suitable face-to-face induction was delivered with good support from induction orderlies. However, the regime for most new arrivals was poor.

1.11 During the previous 12 months, the number of violent incidents among prisoners, some of them serious, remained high and violence towards staff was increasing. Data were analysed effectively to inform a structured action plan designed to improve safety. A range of collaborative safety meetings made good use of data to monitor progress and identify and address actions. Challenge, support and intervention plans were well embedded and examples that we reviewed were among the best we have seen. There were limited incentives to motivate good behaviour, but the incentives scheme did little to deter low-level poor behaviour.

1.12 Staff-prisoner relationships in the segregation unit had improved significantly since our last inspection and living conditions in the unit

were generally good. The regime was still too limited, but there were some good examples of reintegration planning.

1.13 The use of force had increased since our last inspection and was high. Governance arrangements were in place and the documentation was of a reasonable quality. However, in some of the cases that we examined, force was not always justified, and we were concerned about the frequent and increasing use of PAVA incapacitant spray to deal with challenging behaviour.

1.14 Security was well managed with a good flow of intelligence analysed swiftly by a newly developed regional intelligence team. Security priorities were broadly aligned to the prevailing threats of violence and drugs. The prison had worked hard to reduce the availability of illicit substances.

1.15 Levels of self-harm had reduced but were still high in comparison to similar prisons. Self-harm rates among the young adult population remained higher than their older peers. A comprehensive range of data was available but was not used well enough to understand the full picture. The safer prisons team provided good support for prisoners being supported through the ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) process. There were only three trained Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) which limited access to this important scheme.

Respect

At the last inspection of Swinfen Hall in 2018, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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

1.16 In our survey, only 64% of prisoners said that staff treated them with respect, similar to our previous inspection. Prisoners from a black and minority ethnic background responded more negatively than their white peers. Progress in developing positive staff-prisoner relationships had stalled over the last year and the delivery of quality key work was too limited. We observed supportive and caring interactions across wings but there were also examples of staff who were distant or dismissive of prisoners. Relationships remained a strength on the two specialist units and the induction unit where prisoners received additional support.

1.17 Living conditions had improved significantly since our previous inspection. Most prisoners now had their own cells which were clean and well equipped. Prisoners had good access to showers, cleaning materials and bedding.

1.18 A reasonable choice of food was available, but the quality was variable. Prisoners ate every meal in their cell and there were limited opportunities for them to cook their own food.

1.19 The number of complaints from prisoners had reduced significantly and quality assurance was good. There were weaknesses in the application system. Some consultation with prisoners had continued throughout the restricted regime.

1.20 There were significant weaknesses in the delivery of an equality strategy. Work to address this was undermined by poor consultation and poor consideration of equality monitoring data. Action planning did not focus adequately on key challenges such as disproportionate treatment of black and minority ethnic prisoners and young prisoners. Only 14 discrimination incident report forms had been submitted in the last year, suggesting little awareness of or confidence in the process. Some responses were poor, and few were quality assured. In our survey black and minority ethnic prisoners reported worse treatment and conditions, particularly in relation to staff respect. The prison was not monitoring the treatment of prisoners with disabilities.

1.21 The chaplaincy had continued to provide good support to prisoners throughout the pandemic. The team had been quick to resume corporate worship for the more numerous faith groups, although Muslim prisoners could only attend Friday prayers once every six weeks.

1.22 Health services were good overall with effective partnership working between the prison, health providers, Public Health England and health commissioners, particularly in the management of COVID-19. There had been no positive cases in the prisoner population since March 2021. Full COVID-19 vaccinations had been delivered to vulnerable groups with underlying health conditions but there was a much lower uptake by the remaining cohort, despite innovative ways of trying to increase this. Routine clinics had restarted with reasonable waiting times, with the exception of the GP whose waiting lists for routine appointments averaged three weeks. Medicines were generally well managed. The skilled, integrated multidisciplinary mental health and psychosocial substance misuse team delivered a responsive service. The three services under the offender personality disorder pathway were providing a good level of support. The enhanced support service provided a good level of support through psychologically informed interventions.

Purposeful activity

At the last inspection of Swinfen Hall in 2018, we found that outcomes for prisoners were poor against this healthy prison test.

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

1.23 Ofsted carried out a progress monitoring visit of the prison a month before our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 4.

1.24 Time out of cell had improved considerably in May 2021 when regime restrictions were relaxed allowing more opportunities for prisoners to engage in work and education. However, this still left one-third of prisoners locked up for at least 22 hours a day, which placed an inevitable toll on their well-being. In our spot checks, we found 39% of prisoners locked in their cells. Inspectors also found classroom and workshop spaces that were not filled because the cohorting strategy restricted the mixing of prisoners from different bubbles, even when the rooms had been risk assessed for social distancing. As a result, classrooms held only three or four prisoners or lay empty while prisoners were locked up on wings.

1.25 PE staff had been quick to introduce outside gym sessions when the pandemic began, and also to re-open the sports hall when restrictions permitted. However, most prisoners could only attend once or twice a fortnight. The library remained closed. Some good efforts were made to mitigate the impact of this, but data suggested a huge drop in book issues from the previous year.

1.26 During a progress visit to Swinfen Hall in June 2021, Ofsted judged that reasonable progress had been made in ensuring that staff taught a full curriculum and provided support to meet prisoners' needs, including the provision of remote learning. (See separate Ofsted visit report.)

Rehabilitation and release planning

At the last inspection of Swinfen Hall 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.

1.27 Social visits had only resumed in May 2021 and take up of secure video calls (see Glossary of terms) was low. Prisoners did not have in-cell telephones to make calls when families were at home. Family days and relationship courses remained suspended and, until May 2021, little family engagement casework had been done.

1.28 Nearly all prisoners were serving long sentences and were high risk. The reducing reoffending strategy was ambitious but had no built-in milestones to measure progress. Attendance at the meeting to guide delivery of the strategy had continued during the pandemic but attendance by core participants was too variable for it to be fully effective. Persistent staff shortages in the offender management unit were undermining core work and caseloads for prison offender managers (POMs) were unsustainable. Approximately 25% of the population did not have an OASys assessment of need. Those that had been assessed had appropriate targets, but most prisoners did not have enough contact with their POMs to drive positive outcomes.

1.29 Up-to-date risk management plans were in place and were of a sufficiently good standard. The interdepartmental risk management meeting met monthly and all MAPPA levels (multi-agency public protection arrangements) in our case sample were confirmed before release. The application of public protection procedures to protect children and other potential victims was generally good. MAPPA F forms were well completed.

1.30 A core function of Swinfen Hall was to deliver accredited offending behaviour programmes to meet the needs of their high-risk population. Delivery had initially been paused at the start of the pandemic and, although some one-to-one work had restarted, group work was yet to start. Waiting lists had increased during the pandemic, and some prisoners were released from custody without completing interventions to address their offending behaviour.

1.31 The prison continued to release approximately 10 prisoners each month. A third were released into approved premises but a small number had no sustainable accommodation on the day of their release. In our case sample, most of the prisoners facing release in the next three months did not have an assessment of their resettlement needs. Some were close to release with unresolved housing needs and many prisoners we spoke to required additional support with financial and other matters. There was a lack of clarity about the resettlement services on offer which was compounded by the absence of some partner agencies during the restrictions, including the community rehabilitation company.

Key concerns and recommendations

1.32 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.

1.33 During this inspection we identified some areas of key concern and have made a number of recommendations for the prison to address those concerns.

1.34 Key concern: Recorded levels of violence remained high despite prisoners being locked up for long periods due to COVID-19 restrictions. Insufficient focus had been given to how the young population could be motivated to behave well. The strategic safety meeting designed to drive this work was poorly attended by some departments, which undermined a joint approach to the reduction of violence.

Key recommendation: All key departments should contribute to the development of an effective strategy to reduce violence which includes an age-appropriate rewards scheme to motivate good behaviour.
(To the governor)

1.35 Key concern: Use of force was high and not always justified and the use of PAVA incapacitant spray was increasing. Governance meetings were often poorly attended and analysis of use of force data was poor.

Key recommendation: Comprehensive data on the use of force should be analysed regularly by a multidisciplinary team to identify trends and training opportunities so that appropriate measures are put in place to reduce the use of force.
(To the governor)

1.36 Key concern: Self-harm rates remained high in comparison to similar prisons, particularly among the young adult population.

Key recommendation: Data analysis and consultation with prisoners should be used to understand the root causes of self-harm. Results should inform an effective strategy and action plan to reduce the high levels of self-harm.
(To the governor)

1.37 Key concern: Progress in developing positive staff-prisoner relationships had stalled since the start of the pandemic and quality key work for most prisoners was now too limited.

Key recommendation: Opportunities for regular and meaningful contact between staff and prisoners should be prioritised to improve relationships between staff and prisoners.

1.38 Key concern: There was no comprehensive monitoring of the treatment of prisoners in protected groups. Records indicated long-standing over-representation of black and minority ethnic and younger prisoners in segregation, disciplinary procedures and incidents of disruptive behaviour. There was no strategy to address these concerns.

Key recommendation: Data, consultation and effective monitoring should address negative perceptions and disproportionate outcomes for prisoners in all protected groups.
(To the governor)

1.39 Key concern: The cohorting strategy prevented classroom and workshop spaces from being filled even when the rooms had been risk assessed for social distancing. There were still no opportunities for about one-third of prisoners to engage in out-of-cell activities and they remained locked up for at least 22 hours a day. Poor time out of cell took a toll on prisoner well-being and access to time out of cell was not monitored.

Key recommendation: COVID-19 safety measures should be reviewed nationally and locally to maximise opportunities for prisoners to spend time out of their cell. Time out of cell should be monitored to ensure equitable access for all prisoners.
(To HMPPS and the governor)

1.40 Key concern: Persistent staff shortages in the offender management unit had resulted in excessively large caseloads for prison offender managers. This restricted their ability to make regular and effective contact with all the prisoners under their supervision.

Key recommendation: Prison offender managers should have adequate time to maintain regular and effective contact with the prisoners on their caseload to support sentence progression.
(To the governor)

1.41 Key concern: Offending behaviour programmes for small groups of prisoners, a core function of the prison, had been too slow to restart because of COVID-19 measures and too few facilitators. Too many prisoners were on waiting lists or yet to be assessed and the continued release of such prisoners into the community presented risks.

Key recommendation: A full programme of key accredited offending behaviour programmes should be delivered, prioritising high-risk prisoners so that their risk is reduced before release.
(To the governor)

1.42 Key concern: The resettlement outcomes for more than 100 prisoners released each year were of concern. There was no coordinated oversight of the core resettlement services delivered by partner agencies, and no quality assurance procedures. This had created uncertainty among staff and prisoners about which services were available.

Key recommendation: Services delivered by resettlement partners should be effectively coordinated and quality assured so that the provision meets the need, and prisoners and staff have a clear understanding of the resettlement services available.
(To the governor)

Notable positive practice

1.43 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.

1.44 Inspectors found two examples of notable positive practice during this inspection.

1.45 The enhanced support service provided very good psychological and emotional support to prisoners with challenging behaviours. (See paragraph 3.86.)

1.46 Staff and prisoners worked together to vastly improve living conditions. Prisoners were proud of their contribution and their efforts were rewarded through wing competitions and cooked breakfast from the bistro. Managers had introduced robust quality assurance to improve the standards of cleanliness and ensured that cells were appropriately equipped and regularly painted. (See paragraph 3.6.)

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 Vehicles used to transport prisoners to Swinfen Hall were clean and appropriately equipped with first aid kits. It was positive that new arrivals were not routinely handcuffed from escort vehicles. There were unnecessary delays in processing prisoners on arrival. We observed the arrival of a vehicle with four prisoners who remained on the van for more than an hour. The reception process was then further delayed because there were not enough staff. However, reception staff were respectful and courteous with newly arrived prisoners and, in our survey, 80% of respondents said they were treated well in reception.

2.2 Appropriate COVID-19 measures had been implemented in reception. Hand sanitiser and face masks were available, and temperatures were taken. Holding rooms, which were well presented, allowed for social distancing. Two reception orderlies supported reception procedures. Prisoners were able to order essential items on arrival which were delivered swiftly to them in reception.

2.3 Despite the introduction and use of a body scanner, all prisoners continued to be strip-searched, without individual risk assessment to determine if it was always necessary.

2.4 Prisoners were moved from reception to a designated induction unit for approximately 10 days of self-isolation. The unit provided a positive environment for prisoners. First night cells were clean, welcoming and well prepared. An impressive unit manager set high standards for her team and helped to put prisoners at ease. Individual support was provided to those who needed it, including setting small targets to help maintain or improve behaviour.

2.5 In our survey, 75% of prisoners said they felt safe on their first night compared with 57% at the previous inspection. First night assessments were comprehensive and covered key areas of safety. Additional observations were made of prisoners for the first 24 hours. Prisoners were issued with an introductory guide and prisoners in charge of information desks (PID workers) provided excellent additional support.

2.6 A suitable induction was delivered face to face in a welcoming induction room the day after arrival. Presentations were made by some

key departments, with good support from induction orderlies. Representatives of other key departments met new arrivals during their first week.

2.7 Arrangements for prisoners who did not speak English were inadequate. The introductory guides were not available in other languages and we were told that fellow prisoners had previously been used as interpreters. This was not appropriate, particularly when discussing sensitive information. Professional telephone interpreting services were not being used routinely (see paragraph 3.37).

2.8 The regime for new arrivals was poor and most prisoners only had one and a half hours out of their cell each day. Some prisoners received less than this if there were several different cohorts to unlock at different times.

Recommendation

2.9 **Waiting times in reception should be reduced to facilitate a swift move to the induction unit.**

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

2.10 At our last full inspection, two-thirds of prisoners in our survey said that they had felt unsafe at Swinfen Hall compared to 40% at this inspection. This was a significant improvement but was still too high.

2.11 The level of violence remained too high and many incidents were serious. During the previous 12 months, there had been 255 incidents of recorded violence and 65 reported assaults on staff, an increase of a third compared to our previous inspection. Recorded incidents of violence between prisoners, including fights, had reduced: 206 in the previous 12 months compared to 242 in 2018. Prison data indicated that about a fifth of prisoner violence was of a serious nature. This was reflected in video footage that we reviewed of several incidents which involved multiple perpetrators engaging in serious violence in full view of staff.

2.12 The strategic management of violence had improved. A dedicated violence reduction officer, supported by a hub manager, were integral to the management of violent incidents. All incidents were investigated and there were robust systems for identifying and analysing data to improve safety. A local heat map was used to identify the origins of violence and prevailing hotspots and a recent local safety survey was being used effectively. The safety hub manager had also created a

gang database which other departments were encouraged to use to minimise the potential for violence.

2.13 A range of safety meetings took place, including a monthly strategic meeting and weekly operational meetings. Good use was made of the data to identify actions and these were monitored regularly. However, minutes of meetings indicated that attendance by other departments was inconsistent, which undermined a joint approach to the reduction of violence.

2.14 Perpetrators of the most serious violence were managed using challenge, support and intervention plans (CSIPs, see Glossary of terms). At the time of our inspection, 15 CSIPs were open, all of which were closely tracked by the violence reduction officer. The sample that we reviewed were detailed and among the best we have seen. Appropriate interventions were put in place for prisoners who engaged in repeated incidents of violence (see paragraph 2.29). Support for victims was appropriately based on individual need. Perpetrator and victim cases were discussed at weekly safety intervention meetings.

2.15 Learning from COVID-19 regime practices, the safer custody team had improved the support for prisoners who wished to self-isolate due to concerns for their personal safety. A two-tier strategy had been introduced so that some who were self-isolating could associate in greater numbers. Despite this, the regime for prisoners who self-isolated remained poor compared to their peers.

2.16 In our survey, only 26% of prisoners said they had been treated fairly by the incentives and earned privileges (IEP) scheme and just 39% said that it encouraged positive behaviour.

2.17 The IEP scheme continued to focus predominantly on punishment with limited incentives to motivate good behaviour. There was no longer a dedicated enhanced wing, although enhanced prisoners could request location on the higher landings of most wings, which provided more spacious living conditions. Some association rooms had been equipped with basic self-catering facilities such as a microwave and sandwich maker. However, the rooms were not routinely cleaned, and they were not always unlocked by staff when enhanced prisoners were actually on association. Prisoners told us that there was little difference between the incentive regime levels and the scheme did little to motivate them (see key concern and recommendation 1.34).

Communal area with microwave and toaster

2.18 National HMPPS guidance on the application of the IEP scheme was modified to take account of COVID-19 restrictions. Prisoners could only be placed on the basic level of the scheme by exception, and prisoners on basic could not lose their televisions or time out of cell given that they were already subject to such restricted regimes.

2.19 Prison regimes had been impoverished during COVID-19 restrictions and a relaxation of the incentives framework measures was understandable. However, this did limit the scope for using incentives to motivate good behaviour and manage poor behaviour.

Adjudications

2.20 There had been an average of 117 adjudications a month during the past year, most of which were for incidents of violence. Very few cases were outstanding. Records of hearings that we examined demonstrated that they were conducted fairly, and prisoners were able to seek appropriate advice.

2.21 Governance arrangements for adjudications and segregation included a quarterly segregation, management and review group meeting. However, the meeting did not provide adequate oversight. A range of data were available, but they were not analysed nor did they lead to improvement (see paragraph 2.30). For example, the data identified a high number of adjudications involving prisoners with protected characteristics, but this was not discussed in any detail or referred to

the equality forum for more detailed consideration (see paragraph 3.30).

Use of force

2.22 The use of force had increased since our last inspection and was high. During the previous 12 months, there had been 431 incidents of force, more than in similar prisons. Of these 264 were unplanned incidents compared to 225 at the previous inspection.

2.23 The use of PAVA incapacitant spray was also increasing. Between May 2020 and May 2021, 17 incidents had involved PAVA, almost half of which had occurred in the last two months. The proportion of prisoners affected by the use of PAVA was relatively small, but this concerning increase in its use was higher than we have found in similar establishments.

2.24 In many of the cases that we examined, staff had faced very challenging and violent situations where force had been justified. Force was often instigated to preserve the life of other prisoners including attacks on individual prisoners by multiple assailants (see paragraph 2.11). CCTV and body-worn video camera footage showed staff dealing with volatile individuals. It was also evident that some staff lacked the confidence to manage incidents, resorting to force before exhausting alternative solutions including de-escalation.

2.25 Serious incidents of force were reviewed on the same day and all incidents were reviewed at a weekly meeting to identify areas for improvement. An additional monthly meeting chaired by the deputy governor considered a range of data to improve the strategy for managing force. However, meetings were often poorly attended by as few as two people which undermined their effectiveness. There was limited use of data to determine if there were disproportionate outcomes for prisoners with protected characteristics (see key concern and recommendation 1.35 and paragraph 3.30).

Segregation

2.26 During the previous 12 months, 232 prisoners had been segregated, most of them to maintain good order. One prisoner had been segregated for their own protection and a further 19 had been held pending adjudication. At the time of our inspection, six prisoners were segregated. Most periods in segregation were relatively short, but a few prisoners had been held for excessive periods of more than 42 days before a transfer was secured, with the longest stay being 77 days. Segregation reviews had continued throughout COVID-19 restrictions.

2.27 In our survey, 81% of prisoners said that they were treated well by segregation staff compared to 39% at the previous inspection. During the inspection our observations and comments from prisoners also indicated a vast improvement in staff and prisoner relationships. Living conditions were good and all cells were clean, free of graffiti and freshly

painted. The exercise yard remained stark with nothing to occupy prisoners.

2.28 The regime in the unit was poor. Time out of cell was limited to 30 minutes' exercise outside and a daily shower and telephone call. There was no power in the cells and prisoners were not allowed to request a radio until they had been on the unit for at least 72 hours. Staff often prioritised regime activity in the morning and prisoners spent the remainder of the day in their cell with little to engage them. A small trolley library service was provided (see paragraph 4.9).

2.29 The safer custody team engaged well with a small number of prisoners who had been involved in repeated acts of violence and there were good examples of reintegration planning for these prisoners. The violence reduction officer encouraged some segregated prisoners to use self-reflection workbooks and helped them to devise individual plans while they were segregated. This was a positive initiative.

2.30 Data presented to the segregation management and review group on the use of segregation were largely limited to the length of stay with little recorded analysis or actions to improve outcomes (see paragraph 2.21).

Recommendation

2.31 **Governance of disciplinary procedures, including adjudications and segregation, should be strengthened to make better use of data and devise actions to address poor behaviour.**

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.

2.32 Security arrangements were broadly proportionate and did not restrict prisoners' access to the regime. The safer custody team had developed a detailed database to manage the significant number of prisoners who were affiliated to gangs in the community. The safer custody and security teams met regularly to share information.

2.33 A regional hub had been established in early 2020, providing specialist support to manage security intelligence across most West Midlands prisons. Reports were analysed promptly, and managers were kept informed of immediate concerns and risks. The Midlands area search team were used to support security initiatives and carry out searches in the prison.

2.34 About 500 intelligence reports a month were collated at the prison and analysed by the regional hub to produce a range of reports. A monthly

local tactical assessment report was also used to set local security objectives which were broadly aligned to the prevailing threats of violence and illicit use of drugs. Monthly security meetings were reasonably well attended, but minutes did not always reflect key discussion points.

2.35 Corruption prevention and professional standards had been identified as priorities for senior managers. They also focused on reinforcing basic security procedures for the significant number of inexperienced staff. Several prisoners were held who had been convicted under the Terrorism Act. They were managed appropriately with support from external specialist staff.

2.36 Significant efforts had been made to reduce the availability of illicit substances. The recent introduction of a body scanner was a welcome initiative (see paragraph 2.3) and all incoming mail was checked for substances. A written report on delivery of the drug strategy was presented at monthly security meetings, but there was no evidence of detailed discussion. Random drug testing had not taken place during COVID-19 restrictions, but suspicion drug testing had been prioritised to good effect. Since November 2020, 41 suspicion tests had been carried out with a positive rate of 25%, all of which were for use of psychoactive substances (see Glossary of terms).

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 There had been no self-inflicted deaths since the previous inspection. The level of self-harm over the previous 12 months had reduced from 647 incidents at the previous inspection to 417 at this inspection. Self-harm during prisoners' early days had reduced greatly and there had only been one incident in the previous 12 months.

2.38 Despite the reduction, the self-harm rate for Swinfen Hall was 761 per 1,000 prisoners, which was still high in comparison to similar prisons. Rates among the young adult population remained higher than their older peers. We were concerned that the lack of purposeful activity and excessive time prisoners were locked in their cells were having a detrimental effect on their emotional well-being (see paragraph 4.3).

2.39 A comprehensive suicide and self-harm policy described the responsibilities of individual departments and provided clear guidance to staff. Suggested actions to enhance support for prisoners at risk of self-harm were provided in written format and flow charts.

2.40 A comprehensive range of data was available but was not used sufficiently well to understand the full picture and inform an action plan, for example, understanding the reasons for the increasing levels of self-harm, particularly among the younger adult group (see key concern and recommendation 1.36).

2.41 During the previous 12 months, 298 ACCT documents (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) had been opened compared with 343 at our previous inspection. ACCT documentation was completed to a reasonable standard and a quality assurance process ensured that all ACCT documents were reviewed each week. This had led to some improvements, for example case review records were completed well and there was better case management overall. However, improvement was still needed in day-to-day care, such as less predictable observation checks and better quality observation entries, both of which had been identified for some time as areas for improvement.

2.42 In our survey, only 56% of prisoners who had been supported through the ACCT process said they had felt cared for by staff. Our discussions with prisoners and observations during the inspection were more positive, and we observed good support from the safer custody team for prisoners on ACCTs.

2.43 A number of regular weekly and monthly safety meetings ensured that individual cases were picked up and discussed. The monthly strategic meeting examined self-harm data, identified trends and patterns, and provided explanations for the increase in self-harm figures.

2.44 The minutes of the weekly safety meetings provided an overview of each prisoner but did not describe clearly the discussions and actions that had been agreed.

2.45 The Listener scheme (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) had been neglected due to regime restrictions and the requirement for local Samaritans to shield. There were only three trained Listeners at the time of our inspection, giving limited access to this important support. A further eight prisoners had been identified for training but progress was slow.

Protection of adults at risk (see Glossary of terms)

2.46 The safeguarding policy combined guidance on caring for prisoners with social care needs and vulnerable prisoners. Guidance to staff was clear on what action to take and which departments to notify if a concern was raised. The safer prison hub manager maintained a log of all concerns raised and actions taken.

2.47 Prisoners who had additional needs, such as a disability, were identified by Inclusion, part of the Midlands Partnership NHS Foundation Trust, and referred to the multi-agency safeguarding hub

for discussion. It was not clear if prisoners with disabilities were accurately identified or monitored (see paragraph 3.38).

2.48 Vulnerable prisoners were no longer housed on a dedicated unit but were instead accommodated among the general population. Inspectors did not find any evidence that this had put prisoners at risk, but safeguards would be needed as the regime was relaxed and more prisoners were out of cell together.

2.49 The head of safety acted as the safeguarding lead for the prison but there was no representation from the prison on the local safeguarding adults board.

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, 64% of prisoners said that staff treated them with respect. We observed supportive and caring interactions across the wings, and staff who knew the individual circumstances of prisoners and the best way to support them. However, we also saw instances of staff who were distant or dismissive of prisoners, and some prisoners told us that staff deliberately antagonised them.

3.2 The perceptions of prisoners from a black and minority ethnic background remained significantly more negative across a range of areas than those of white prisoners. In our survey, only 56% said that staff treated them with respect, 55% said there was a member of staff they could turn to if they had a problem compared with 78% of white prisoners, and only 22% said that a member of staff had talked to them about how they were getting on in the last week compared with 48% of white prisoners.

3.3 Our independent review of progress in 2019 found that the key worker scheme (see Glossary of terms) had been implemented without delay and reasonable progress had been made in developing positive staff-prisoner relationships. This progress had stalled during COVID-19 restrictions and the quality of key work was limited. All prisoners were allocated a key worker, but most sessions took place at the door or in a prisoner's cell. Quality assurance had recently restarted but at the time of the inspection there had been no improvement in key work (see key concern and recommendation 1.37).

3.4 Relationships on the induction unit and the two specialist units remained a strength. Most key work sessions were held in dedicated rooms on the wing or in communal areas outside. Entries on Nomis (prison electronic records) demonstrated good quality, regular contact. Prisoners' perceptions of relationships were also better. In our survey of prisoners on the specialist units, 100% said they had a keyworker, 86% of whom said they were very or quite helpful, compared with 59% of the general population (see paragraph 5.13).

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 Our survey indicated that prisoners' perceptions of their living conditions had improved significantly in a range of areas since our previous inspection. Seventy-nine percent of prisoners said they had enough clean, suitable clothes for the week and 91% could shower every day, compared with 65% and 26% respectively at the previous inspection. Our observations reflected this, and most prisoners now lived in a clean and decent environment with good access to showers, cleaning materials, clean clothes and bedding.

3.6 The older wings, A, B and C, had been refurbished, although there had since been problems with the showers on C wing. These were being replaced at the time of our inspection and prisoners were using showers in the gym. Most showers that we inspected were reasonably clean. Cells on the older wings were smaller than the newer wings D to J. Clean, rehabilitative, enabling and decent (CRED) projects were improving living conditions for prisoners on the newer wings. Regular painting of landings and cell doors ensured that communal areas looked respectable. Custodial managers conducted checks on the decency of cell conditions, a sample of which were tested by senior managers. A cleanest wing competition each month awarded the workers on that wing with a cooked breakfast from the bistro café. This helped to motivate prisoners to maintain good standards in cells and communal areas.

3.7 Most prisoners now had their own cell. Cells that we inspected were equipped with toilets with lids, toilet brushes and storage boxes under the beds so that prisoners could keep their cells tidy and clean. Prisoners were proud to show us their cells and spoke positively about the clean environment. New washing machines had been installed on the wings and prisoners had good access to laundry services. Additional COVID-19 cleaners had been employed on the wings to maintain good standards and landings and stairs were clean. Outside areas including exercise yards and gardens remained adequate. Most wings had association rooms, some of which contained microwaves and sandwich toasters for prisoners. The cleanliness of these rooms and the equipment varied across the prison.

3.8 Some prisoners experienced delays in getting access to their stored property and, in our survey, only 20% of prisoners said they could get prompt access to stored property if they needed it. Property being sent by previous establishments was often delayed.

3.9 Emergency cell bells were not always answered within five minutes, according to prison records. Custodial managers completed quality assurance checks on cell bell response times and followed up with wing staff if bells were not answered for long periods. In our survey of prisoners on the two specialist units, 47% said that cell bells were answered within five minutes compared to 16% of the main population.

Recommendation

3.10 **Prisoners should be able to access stored property promptly on request.**

Residential services

3.11 Dedicated barber rooms had been set up on most wings for prisoners to provide haircuts and styling to their peers. At the time of our inspection, the restricted regime was limiting access to this service, but prisoners were positive about the facility and it was starting to work well. There were plans to deliver education courses and qualifications for prisoners who were working as barbers.

Barber shop on the wing

3.12 An upgraded version of the Way-out TV channel had recently been introduced, which provided regular updates on prison life, information about COVID-19 vaccinations and world news. There were plans to use the channel more widely to improve communication and learning opportunities.

3.13 A reasonable choice of food was available on a four-week menu cycle that catered for religious and cultural diets. Breakfast packs continued to be issued to prisoners the day before they were eaten, and a hot lunch was served at about 11.45am. Wing serveries were reasonably clean. Prisoners working in the kitchens could complete food hygiene courses and achieve a level 2 national vocational qualification.

3.14 A survey on food was conducted every six months, but the response rate was often low and food comment books on wings were rarely used. The quality of food was variable and, in our survey, only 29% of prisoners said that the food was good. Prisoners could no longer eat together and ate every meal alone in their cell. There were limited opportunities for prisoners to learn how to cook or to cook independently.

3.15 Prisoners could buy goods from the canteen which offered a good range of items. However, in our survey, only 46% of black and minority ethnic prisoners said that the canteen sold the things they needed, compared with 68% of white prisoners. Prisoners could order from catalogues although some experienced delays in receiving their parcels after they had been delivered to the prison.

Recommendations

3.16 **Prisoners should have the opportunity to cook for themselves.** (Repeated recommendation 2.22)

3.17 **Prisoners should have the opportunity to eat out of their cell.** (Repeated recommendation 2.22)

3.18 **The canteen should offer a suitable range of items for prisoners from black and minority ethnic backgrounds.**

Prisoner consultation, applications and redress

3.19 There had been a significant reduction in the number of complaints submitted by prisoners. During the previous 12 months, there had been 687 complaints compared to 1,500 before our previous inspection. In our survey, 62% of prisoners said that it was easy to make a complaint, 23% of whom felt that it was dealt with fairly and 19% that it had been dealt with within seven days. Most responses that we looked at were timely and the monitoring of complaints indicated that, in the previous six months, about 82% were responded to within seven days.

3.20 Quality assurance of complaints now identified inadequate responses effectively and ensured that replies focused on the issues raised. More complaints were now discussed face to face with prisoners and followed up with a written response, which was positive.

3.21 In our survey, 69% of prisoners said it was easy to make an application, 48% of these said it had been dealt with fairly and 19% that it had been dealt with within seven days. There were some weaknesses in the application system. Prison information desk workers issued application forms to prisoners but the procedure for tracking

applications was not in place on every wing, and response times and replies were not always monitored.

3.22 Consultation with prisoners, including those from black and minority ethnic backgrounds, had been limited throughout the restricted regime. The prison council had resumed face-to-face meetings the month before our inspection and there was reasonable attendance by different departments such as activities and health care. Issues including access to programmes and canteen orders were discussed. In our survey, only 27% of prisoners said that consultation led to changes. The governor's monthly breakfast meeting with prisoners had ceased during the pandemic.

3.23 Access to legal advice was limited and, in our survey, only 29% of prisoners said it was easy to communicate with their legal representative. Access to the library was limited (see paragraph 4.8) and legal textbooks were out of date.

Recommendations

3.24 **Prisoners from all wings and ethnic backgrounds should be consulted regularly about prison life and should be able to raise issues for discussion with leaders.**

3.25 **Prisoners should be able to exercise their legal rights without delay.**

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

3.26 There were significant weaknesses in the equality strategy and action plan. The COVID-19 restrictions had contributed to this, but not enough resources had been allocated to this work. There was no dedicated equality officer and no prisoner peer representatives.

3.27 A well-attended equality meeting had taken place throughout the pandemic, but this was undermined by poor consultation and cursory consideration of equality monitoring data. Action planning did not focus adequately on key challenges such as the disproportionate treatment of black and minority ethnic and younger prisoners.

3.28 There had been seven consultation meetings with prisoners in protected groups in the previous year. The number of prisoners who

could attend each meeting was limited and on average meetings were attended by less than three prisoners.

3.29 There was no consideration of monitoring data for most protected groups. Access to the very limited opportunities to work during the pandemic had not been systematically monitored and it was not clear if prisoners in some protected groups had spent more time than others locked in their cells.

3.30 Some data were collected for black and minority ethnic and younger prisoners, but were not always clearly presented. However, data did show long-standing over-representation of black and minority ethnic and younger prisoners in segregation, disciplinary procedures and incidents of disruptive behaviour. Minutes of equality meetings did not indicate any depth of analysis of these data or any action to address disproportionate treatment. No accessible data were kept on the high use of force, which was a significant failing (see key concern and recommendation 1.38).

3.31 Only 14 discrimination incident report forms (DIRFs) had been submitted in the previous year, which suggested little awareness of or confidence in the process. Responses to some complaints took too long, some responses were poor and few were quality assured. There were plans to re-constitute an external DIRF scrutiny panel by October 2021.

3.32 Good awareness training in equality had been delivered to staff before the pandemic, including on learning disability. However, staff turnover was such that many existing staff had not received the training. There had been effective engagement with community agencies before the pandemic to support equality work, with the intention that it would resume when COVID-19 restrictions were relaxed.

3.33 Despite weaknesses in the management of equality work, prisoners in most protected groups reported similar treatment and conditions in most of our survey questions. Black and minority ethnic prisoners were an exception to this.

Protected characteristics

3.34 At the time of our inspection, almost half the prisoners were of black and minority ethnic background while 90% of staff were white. This was a long-standing issue, which HMPPS had been too slow to address. They were now working with the prison to pilot new ways of attracting black and minority ethnic staff.

3.35 In our survey, black and minority ethnic prisoners indicated significantly worse treatment and conditions than other prisoners, particularly concerning staff respect. Only 55% said there were staff in the prison they could turn to if they had a problem, and 22% that a member of staff had talked to them in the last week about how they were getting on. There was little consultation with prisoners in this group and no

strategy or action plan to address anomalies in monitoring data (see key concern and recommendation 1.38).

3.36 There was not enough support for foreign national prisoners who comprised about 11% of the population. Immigration officers had recently resumed face-to-face work with prisoners, but access to free independent immigration advice was poor. No forums had been held with this group in more than a year.

3.37 There was evidence of some use of professional telephone interpreting, although not all wing staff were aware of this service and there was no evidence of how often interpreting was used. Important information was not translated, for example induction material for new prisoners.

3.38 There was poor identification of prisoners with disabilities and there was no record for a quarter of the population as to whether they had a disability. The treatment of prisoners with disabilities was not monitored, and there had been little effective consultation with them. This left managers poorly placed to understand how pandemic restrictions were affecting this group.

3.39 Nine prisoners, most with low-level need, had a personal emergency evacuation plan. These prisoners were clearly identified on wing office notice boards, but some staff were unable to locate evacuation plans promptly. The health care department provided good support to prisoners with less visible disabilities, such as autism and ADHD, although information on these prisoners was not systematically given to wing staff (see paragraph 3.87). Prisoners with disabilities reported similar treatment and conditions to other prisoners in our survey.

3.40 Almost half the population was aged under 21. Prior to the start of the COVID-19 pandemic, the prison had made good progress in developing a young adult strategy. At the core of the this was a recognition that purposeful activity motivated and inspired the young population. Unfortunately, the restricted regime deprived many of them of the opportunities set out in the document, including access to programmes, work and education. The strategy had not been adapted to reflect the changes in the prison regime and there were no clear plans to re-launch the original strategy once restrictions were eased.

3.41 In our survey, prisoners under the age of 25 responded similarly to those who were over 25. However, prison data indicated that younger prisoners were still overrepresented in segregation, disciplinary procedures and incidents of disruptive behaviour (see paragraph 3.30). There had been little consultation with prisoners in this group, although a small number assessed to be of low maturity were receiving additional key worker support under the Choices and Changes Programme (see paragraph 5.36).

3.42 There had been little provision for LGBT prisoners during the pandemic. In our survey, 6% of prisoners said they were homosexual,

bisexual or of another sexual orientation. Despite this, the prison did not hold records of any LGBT prisoners.

3.43 Reasonable support was given to transgender prisoners, particularly by health care staff and staff in the induction unit. There was evidence of poor outcomes in other locations where there were reports of transphobic and homophobic abuse. The prison had developed a compact, signed by a transgender prisoner, which should have clarified how she would be supported to live her life as a woman in the prison. Instead, rather than assuring her that intolerance or abuse from other prisoners would be challenged, the compact stated that she was responsible for the risk of transphobic comments or physical threats if she chose to wear female clothes outside her cell. This was not inclusive and did not promote diversity.

Recommendation

3.44 **Accurate records of prisoners with disabilities should be maintained and systematically shared with wing staff. Care plans should be developed where appropriate to help wing staff to support prisoners.**

Faith and religion

3.45 The chaplaincy had continued to provide good face-to-face support to prisoners of all faiths throughout the pandemic. Communal worship and religious instruction classes had been suspended for much of the period. Despite these restrictions, in our survey 72% of prisoners said their religious beliefs were respected. At the time of the inspection, 30% of the population were Muslim. Ramadan had taken place during the most severe regime restrictions, but 81% of Muslim prisoners said in our survey that their religious beliefs were respected.

3.46 The chaplaincy was quick to resume communal worship for the more numerous faith groups, although Muslim prisoners could only attend Friday prayers once every six weeks and Christian prisoners could only attend Sunday service every two weeks.

3.47 Facilities for corporate worship had been improved since the last inspection and those in the chapel and mosque were particularly good.

3.48 The chaplaincy had continued to provide good pastoral support during the pandemic. Good use was made of tablets for prisoners to watch funerals or contact terminally ill relatives. Two volunteer bereavement counsellors had been shielding (see Glossary of terms) during the pandemic and had not yet resumed work.

3.49 The chaplaincy facilitated other effective services, such as the Being Dads parenting course. Stepping Stones, a support group for vulnerable and self-isolating prisoners, remained suspended.

Health, well-being and social care

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

3.50 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

3.51 Practice Plus Group (PPG) Health and Rehabilitation Services were the main providers of primary health services at Swinfen Hall. They subcontracted to Midlands Partnership NHS Foundation Trust (MPFT) who delivered mental health and psychosocial substance misuse services.

3.52 There was effective partnership working between the prison, health providers, Public Health England and health commissioners and this was particularly evident in the management of COVID-19. There had been no positive cases since March 2021. Managers monitored treatment outcomes and conducted quality improvement meetings to continue to drive improvements and develop services.

3.53 A clear incident reporting system with a systematic approach to learning lessons informed clinical practice. Records showed that staff had engaged in individual and clinical group supervisory sessions. Staff said that they discussed lessons learned and reflective practice during supervision, team meetings and handovers.

3.54 The clinic areas in the health care department were clean and met infection prevention and control (IPC) standards. Clinic rooms on the wings were clean and tidy, an improvement since the last inspection. The flooring in the reception clinic room was carpeted and could not be used for clinical purposes. This was being addressed. Regular IPC audits indicated high standards overall.

3.55 Health care staff were trained in immediate life support, and emergency response equipment was checked and appropriately maintained. Nursing and custody staff had access to emergency automated external defibrillators (AEDs), although not all the custody staff knew the locations of the AEDs.

3.56 Health services were well led by a strong management team supported by a good skill mix of staff. Staff had completed mandatory training appropriate to their roles and responsibilities. All staff said they felt supported and had the opportunity to develop. There had been little use of bank and agency staff and permanent staff had continued to cover shifts during the pandemic.

3.57 There was a clear confidential complaint process and patients who had complained about their care received a prompt acknowledgment and a focused response in plain language.

Promoting health and well-being

3.58 There was no overarching local health promotion strategy, but health promotion material was visible across the prison, for example displays in the shower cubicles to promote awareness of testicular cancer and health promotion boards on the wings.

3.59 All new arrivals were tested for hepatitis C and other blood-borne viruses unless patients wished to opt out. The uptake had improved as a result.

3.60 An outbreak control plan supported the management of the pandemic in the prison. Full COVID-19 vaccinations had been delivered to vulnerable groups with underlying health conditions. Despite campaigns promoting vaccinations, approximately a third of the remaining prisoners had declined.

3.61 Mental health services conducted regular health promotion initiatives and self-help guidance and had recently distributed workbooks for mental health awareness week.

3.62 Sexual health and age-appropriate vaccinations and prevention screening programmes were delivered by the primary care team and condoms were provided on release.

3.63 A new social prescribing pilot was a promising initiative to facilitate personal responsibility for health improvements. However, the lack of physical exercise for this young population was not conducive to good health and wellbeing. Only 3% in our survey said they could access the gym twice a week or more and only 36% said they could maintain a healthy lifestyle (see paragraph 4.3).

Recommendation

3.64 **There should be an overarching health promotion strategy to support prisoners to improve their health and well-being.**

Primary care and inpatient services

3.65 All new arrivals received an initial health screen and risk assessment by a nurse, including testing and information on COVID-19. Referrals were made to mental health and substance misuse services when needed. All patients were seen for a secondary screen on the following day for a comprehensive assessment, including immunisation and blood-borne virus testing.

3.66 A temporary night nurse position had been established over the previous year to help manage patients with COVID-19. This had ended recently and the service had reverted to its original hours. Primary care nurses were available from 7.30am to 7.30pm, Monday to Thursday,

with slightly reduced hours on Friday and the weekends. Patients could also access an out-of-hours GP service. Routine clinics had restarted and waiting times were reasonable except for the GP, which was about three weeks. Urgent appointments were made for the same or following day. Prisoners could submit an application or ask health care to arrange an appointment for them. Applications and requests were triaged by an appropriate clinician.

3.67 A range of health care services included optometry, sexual health and physiotherapy. Patients with long-term conditions were booked for an annual review by the clinical lead. Patients with complex and long-term conditions had clear, person-centred care plans. Health care staff attended a multidisciplinary meeting where complex cases were discussed and treatment options shared.

3.68 Arrangements to transfer prisoners to hospital appointments were effective. Four daily hospital escorts were provided although, during the pandemic, hospitals had cancelled many non-urgent appointments and suspended some treatments, causing an increase in hospital waiting times. PPG staff regularly followed up with the hospital to ensure that prisoners continued to be seen and escalated the case if a prisoner's condition worsened. There were plans to address the waiting list in line with national guidance.

3.69 Improvements had been made to reduce the level of non-attendance at health care appointments. Designated health care officers collected prisoners to attend appointments at the health care centre although, during the COVID-19 restrictions, prisoners were cohorted and did not always attend their appointments on time. This had caused an increase in waiting times across primary care services.

3.70 Patients due to be released were provided with a summary of care and a range of information on contacting additional health care services in the community. They were given an appropriate supply of medicines if required.

Social care

3.71 The 2015 regional memorandum of understanding for social care between HMPPS and Staffordshire County Council was out of date, although a local social care and safeguarding policy contained clear referral processes. The social care pathway was not advertised on the wings.

3.72 At the time of the inspection no prisoners were receiving a social care package (see Glossary of terms). No prisoners had been identified to receive peer support with daily activities and none had been trained to deliver social care peer support. Two prisoners with disabilities whom we spoke to had not received a social care assessment by the local authority. The health team had implemented contingency measures for one of the prisoners including an assessment for physical aids which had been received promptly.

Recommendation

3.73 **Social care referrals should be undertaken promptly on arrival for prisoners with disabilities or potential social care needs.**

Mental health care

3.74 Inclusion, part of MPFT, delivered an integrated mental health and psychological substance misuse service. The service operated on weekdays between 8am and 5pm, and duty cover for weekends and bank holidays had been established since the last inspection.

3.75 The skilled multidisciplinary team offered a responsive service. The team comprised an experienced team manager, mental health nurses, a consultant psychiatrist, recovery workers for substance and alcohol misuse who also offered low-level mental health interventions, a social worker and an occupational therapist. The team had experienced some staff vacancies during the pandemic but a clinical psychologist had recently taken up post and they were now almost fully staffed.

3.76 There was a good range of treatment for patients with mild to moderate mental health needs and those with more complex presentations, including neurodivergent needs. Regular one-to-one support, dialectical behaviour therapy and guided self-help were available.

3.77 Group work, including managing emotions and a life skills group, had ceased during the pandemic, but the work covered in these groups was transferred into individual sessions.

3.78 About 40 to 50 new referrals a month were received from reception, prison officers and offender management unit staff. They were assessed by duty workers and allocated according to need at daily meetings. Urgent referrals were assessed within 48 hours and often on the same day. Routine referrals were seen well within the five-day target.

3.79 At the time of the inspection, the team were supporting 120 patients including 72 on the primary mental health caseload and 14 on the secondary caseload. Complex mental health issues were supported through the care programme approach (mental health services for individuals diagnosed with a mental illness).

3.80 Cases were evaluated regularly, with risk ratings determining the treatment required. Continuing care and treatment were reviewed at a weekly multidisciplinary team meeting with the consultant psychiatrist.

3.81 Prescribing reviews and health monitoring were carried out for patients prescribed mood stabilisers and antipsychotic medication. Record keeping was good and progress notes and care plans were regularly reviewed and audited.

3.82 The mental health team attended all initial ACCT reviews (assessment, care in custody and teamwork case management of prisoners at risk of

suicide or self-harm). PPG staff attended subsequent reviews if the patient was no longer on the mental health team caseload.

3.83 A small number of patients had been transferred to secure hospitals under the Mental Health Act over the previous year. Transfers continued to take too long and one patient had been awaiting a specialist bed since November 2020.

3.84 Mental health awareness training had been delivered at a full staff briefing in November 2019 and further sessions were planned. Autism awareness training had been delivered to 59 staff and 35 officers working on the specialist units had received additional training.

3.85 Planning for release or transfer was well managed and there was effective liaison between community and prison mental health or drug and alcohol teams.

3.86 Northamptonshire Healthcare Foundation Trust (NHFT) made a good clinical specialist contribution to the three services under the national offender personality disorder pathway. Group work and therapy sessions had only recently restarted on the PIPE (see Glossary of terms) and D wing, the assessment and therapy unit (see paragraph 5.37). The enhanced support service had delivered psychologically informed interventions over the previous year to reduce risk levels and enable individual prisoners with challenging behaviour to engage more positively. The small team were working intensively with 21 prisoners from across the prison for up to 15 weeks and were providing after care for seven prisoners. The flexibility of the model and the care provided were impressive.

3.87 NHFT staff still did not have access to an electronic clinical record which limited the sharing of information about patients and affected the continuity of care.

Recommendations

3.88 **Transfers of patients under the Mental Health Act should take place within the current Department of Health transfer time guidelines.** (Repeated recommendation 2.76)

3.89 **Northamptonshire NHS Trust should have access to and use electronic clinical record systems to enable effective continuity of care.** (Repeated recommendation 2.77)

Substance use treatment

3.90 A member of the Inclusion team attended the monthly security and drug strategy meeting which promoted effective joint working. Intelligence about suspected use of illicit substances was shared with the team who followed this up and offered harm minimisation information and support. Prisoners referred through the adjudications or suspicion drug testing process were given harm reduction information and encouraged to engage with the service.

3.91 The recovery workers from Inclusion delivered a good range of psychosocial support to 34 prisoners on their caseload. This included one-to-one work using a collaborative assessment process to plan and review care. The service offered a range of self-help literature, workbooks and information about substances and their impact.

3.92 Three peer recovery champions had been trained to inform prisoners about services and support groups when they restarted.

3.93 PPG had competent clinicians to deliver opiate substitution therapy and symptomatic relief, but the need for clinical substance misuse treatment was infrequent. No prisoners had required opiate substitution medicines since our last inspection.

Medicines optimisation and pharmacy services

3.94 The new pharmacy service from PPG had started on 1 July 2021. The previous contractor had routinely monitored the use of higher-risk medicines and comprehensive reports were shared regionally and more recently at local medicines management meetings. PPG had numerous standard operation procedures (SOPs) available to staff to support the management of medicines on site.

3.95 No pharmacist from the previous contractor or PPG had been on site for more than six months and stocks of controlled drugs to be destroyed were accumulating in cupboards outside the agreed SOP with no scheduled resolution. A remote pharmacist was available for consultation but this service had not been used.

3.96 Ninety-three per cent of prisoners had an up-to-date in-possession risk assessment and most prisoners on prescribed medicines received them in possession. Only 37 prisoners were receiving supervised medications, 10 of whom were receiving controlled drugs.

3.97 Medicines reconciliation was undertaken on reception for all prisoners transferring in and no prisoners were received from the community. Most prisoners had single cell accommodation, but they did not have lockable drawers for the safe storage of medicines. Routine spot checks of medications had ceased during the previous 12 months but there were plans to restart checks as restrictions lifted.

3.98 Supervised medicines were administered twice a day from five administration areas. Administration was undertaken within national professional standards in a supervised and confidential manner. However, medicines were still being carried to the segregation unit in a locked box to be delivered at the cell door which increased the risk to clinicians.

3.99 Out-of-hours and emergency medicines were available and a range of in-date patient group directions enabled health staff to supply some medicines without the need for a doctor.

3.100 The storage and management of medicines were effective with strong oversight by a full-time technician. However, some medicines were

stored in rooms with inadequate air conditioning where temperatures of more than 27°C were recorded. No action was taken which created a risk to the efficacy of some medicines.

Recommendations

3.101 **Controlled drugs should not be allowed to accumulate in cupboards and should be destroyed within General Pharmaceutical Council guidance.**

3.102 **Medicines should be stored at the appropriate temperature.**

Dental services and oral health

3.103 Time for Teeth delivered a full range of dental treatments, including dental therapy to promote oral health. Five dental clinics and two therapy clinics were provided each month. Urgent referrals were seen at the next available clinic, which was about one week ahead. The primary health care team triaged patients and offered pain relief for prisoners while they awaited their appointment. Waiting times for routine appointments had increased to nine months during the pandemic which was compounded by the suspension of treatments requiring aerosol generating procedures in August 2020. These procedures had restarted, and the dental team were working through their risk assessed waiting lists.

3.104 The floor in the dental room did not meet IPC standards with some scuffing on the kickboards. Staff carried out decontamination and equipment checks, and regular IPC audits were conducted to ensure that safety measures were met. Governance arrangements were robust including clinical audits and staff supervision and complaints were responded to promptly.

Recommendation

3.105 **The lengthy waiting times for dental services should be reduced as quickly as possible.**

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 Time out of cell had improved considerably in May 2021 when regime restrictions were relaxed, giving prisoners more opportunities to engage in work and education. Twenty-three per cent of prisoners were in full-time employment and could spend about 7.5 hours out of their cell. Part-time workers had up to five hours' time out of cell. About one-third of prisoners did not have these opportunities and, more than 15 months after the pandemic began, they were still locked up for at least 22 hours a day.

4.2 All prisoners were locked up for at least 22 hours a day at weekends when they had just 30 minutes' of daily outdoor exercise. In our spot checks, we found 39% of prisoners locked in their cells.

4.3 This very limited time out of cell took an inevitable toll on prisoner well-being and, in our survey, only 36% of prisoners said they were able to lead a healthy lifestyle always or most of the time (see paragraph 3.63).

4.4 Activity spaces were not used to capacity because the cohorting strategy restricted mixing of prisoners from different bubbles, even when the rooms had been risk assessed for social distancing. Classrooms and training workshops held only three or four prisoners or remained empty while prisoners were locked up (see key concern and recommendation 1.39).

4.5 Efforts had been made to provide limited in-cell activities, but prisoners complained of being bored and under-occupied, and were keen to return to education, training and work.

4.6 PE staff had been quick to introduce outside gym sessions when the pandemic started and to re-open the sports hall when restrictions allowed. The policy of putting prisoners into bubbles restricted the number of prisoners attending each session and they were only able to attend one or two sessions a fortnight. Reasonable procedures and monitoring ensured that access to gym sessions was equitable. Good in-cell exercise guides had been provided at the outset of the pandemic.

4.7 Much of the broad range of activities offered before the pandemic, including team sports and Park Run, remained suspended. Few

dedicated fitness sessions were available, for example for prisoners with health or substance misuse issues. However, some accredited course work had resumed with plans to develop the provision.

4.8 The pandemic had had a significant impact on the promotion of literacy and the library had been closed since the start. Good efforts were made to mitigate this by making material available on wings, including activity packs and a large stock of old books. A further stock of about 200 books were donated by a publishing house.

4.9 An outreach service had been introduced in September 2020, which enabled prisoners to order books from the library. Despite promotion of the service, only 100 books had been ordered by the end of March 2021, a very sizeable reduction in the number of book loans in the same period to March 2020. The reasons for this were unclear and the low take-up of outreach services had not been investigated.

4.10 Some good initiatives, such as the under 21-year old book club, remained suspended. However, library staff had maintained some initiatives to promote literacy, such as Reading Ahead (a book reading challenge), and Storybook Dads (where prisoners record a story for their children, see paragraph 5.8).

4.11 Regime restrictions had affected the reading mentorship scheme adversely and, at the time of the inspection, just one mentor was providing reading support for four prisoners.

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. Ofsted visited Swinfen Hall one month before the HMI Prisons inspection. The findings and recommendations arising from their visit are set out below.

4.12 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.

4.13 From March 2020, prison leaders had suspended all face-to-face learning and training due to the COVID-19 restrictions and the restrictions imposed by HMPPS. Instead, prisoners completed in-cell learning packs. Leaders recognised the challenges of learning this way and worked hard to improve the quality of the packs, for example by tailoring them to prisoners' additional learning needs.

4.14 Leaders identified that prisoners' initial participation in in-cell learning was low. When restrictions eased, prisoners who found independent learning difficult were prioritised to attend face-to-face learning and receive learning support. However, at the time of our visit the requirement that prisoners remained in group 'bubbles' (compartmentalisation) limited the number of prisoners who could attend face-to-face education, skills and work activities.

4.15 Throughout the pandemic, essential workshops had remained open, such as tailoring, grounds maintenance, waste management and industrial cleaning. Prisoners had continued to work towards accredited qualifications in in-cell learning and prison industries, for example prisoners achieved level 1 food hygiene qualifications to work in the serveries.

4.16 A clear and well-thought-out strategy had been developed to return to a full education, skills and work curriculum. Leaders had set specific milestones, with appropriate risk assessments, that were designed to re-open gradually more classrooms and vocational and work activities. They had planned how to use these activities wisely.

4.17 Leaders ensured that all prisoners who had fallen behind with their in-cell learning had caught up and those who could not sit formal examinations had now been able to do so. However, the curriculum did not meet the needs of all prisoners. It did not offer more substantial learning programmes for those on longer sentences or take into account fully what prisoners had achieved previously in other establishments.

4.18 Throughout the national restrictions, prisoners had had limited access to careers information, advice and guidance. This service had now been restored and suitably qualified advisers were supporting prisoners. Managers ensured that advisers met new prisoners at the contracted intervals, but prisoners who had been at the prison for a while did not yet have access to the same levels of information, advice and guidance.

4.19 New staff had been recruited and leaders had ensured that assessments of all new prisoners' starting points had been conducted. The significant backlog in assessments arising from staff vacancies had been overcome. All prisoners had now completed an initial assessment of their English and mathematics skills.

4.20 Managers ensured that tutors were well prepared to support the needs of prisoners attending education. Since returning to formal classroom settings, prisoners had accelerated their progress, particularly in English and personal and social development courses. Their work was of a high standard and tutors marked the work accurately. They gave prisoners useful feedback on how to improve their work.

4.21 Instructors in workshops delivered effective coaching and training. During national restrictions, prisoners had used in-cell learning packs to help them understand their job roles and the behaviour and

expectations required of them. Prisoners in workshops demonstrated safe working practices, particularly in the fencing workshop where they used power tools, including nail guns.

4.22 Workshop instructors made specific links between English and mathematics skills and the high-quality commercial work that prisoners completed. In the tailoring workshop, for example, prisoners spent half-an-hour a day working on English and mathematics workbooks. They could explain clearly how they applied their mathematical skills to controlling stock and monitoring production targets. Instructors made good use of personal learning plans to agree behavioural and personal development targets. These were reviewed frequently to celebrate prisoners' progress.

4.23 Throughout the pandemic, prisoners had had prompt access to the learning resources and materials that they needed to complete their in-cell learning such as dictionaries and calculators. However, they could not use information and communication technology (ICT) such as computers, including the virtual campus (prisoner access to community education, training and employment opportunities via the internet), and this was still the case at the time of our visit. This hindered the development of their ICT skills and prevented prisoners on distance learning programmes from progressing more quickly.

4.24 Tutors had not been able to attend residential units, and prisoners completing in-cell training had not received enough learning support. There were no in-cell telephones or other useful technology, to support communications between prisoners and tutors. Tutors provided some 'through the door' coaching, when permitted. Prisoners on distance learning courses did not have face-to-face or telephone access to their tutors. All communication was through the postal system which reduced the timeliness of the support that prisoners needed during their studies.

4.25 Staff referred to specialists, prisoners who they assessed required additional learning support, prisoners with pre-existing education, health and care plans, or those whose performance at work was causing concern. Prisoners who had been identified as having a specific need received an appropriate support plan to help them progress and/or improve their performance.

Recommendations

4.26 **Prison leaders should ensure that the education and skills curriculum meets the needs and interests of prisoners serving long sentences, and those who have already completed many learning and skills programmes in previous establishments.**

4.27 **Prison leaders should provide appropriate careers information, advice and guidance to prisoners serving longer sentences to help them prepare for their subsequent resettlement.**

4.28 **Prisoners should have access to digital resources that will support them to progress more quickly in their learning and training, including the virtual campus.**

4.29 **As the number of prisoners attending education increases, managers should recruit sufficient support staff to meet the learning needs of all prisoners.**

Section 5 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

5.1 Social visits had been suspended during much of the pandemic. The breakdown in contact with family had been compounded by the failure of HMPPS to prioritise the installation of in-cell telephones at Swinfen Hall where the population was young and vulnerable. Many prisoners had less than two hours' time out of cell a day, which gave them limited opportunity to contact family and friends on wing phones. Prisoners complained that family members were not always available at the times they could make calls and they missed the chance to speak to them. The lack of in-cell telephones affected many other services, including teachers who delivered one-to-one coaching to prisoners through locked cell doors (see paragraph 4.24).

5.2 Some mitigation was provided by secure video calls (see Glossary of terms) video conferencing sessions, which had been introduced in June 2020. However, prisoners could only have one session a month, and take-up was low.

5.3 Social visits had resumed in May 2021, when most prisoners would not have seen their families for more than six months. Visits were subject to strict HMPPS national restrictions: prisoners were only entitled to one visit a month, visiting times had been reduced to one hour and food could not be served. The ban on physical contact had recently been relaxed and prisoners could now hug their children under the age of 11. Despite the restrictions, take-up of visits was good, and staff managed the restrictions sensitively.

5.4 Visitors told us that waiting times on the telephone booking service were excessive, although visits could be booked for the near future. The visit that we observed started on time, and visitors said that staff treated them with respect.

5.5 The number of longer family visits had increased since the last inspection to 12 a year, but these had been suspended at the start of the pandemic.

5.6 Barnardo's family engagement worker had worked hard to maintain contact with prisoners' families and had conducted about 200 welfare calls since November 2020. The lack of in-cell phones had prevented much family engagement casework before May 2021 when the Barnardo's worker had resumed face-to-face contact with prisoners.

5.7 In December 2020 Barnardo's had introduced a monthly visitors' support group for family members using video-conferencing technology. A quarterly visitors' video call with senior managers had also been introduced, to answer questions about different departments' work with prisoners.

5.8 Parenting courses run by Barnardo's and the Mothers' Union remained suspended. However, good work had been done to re-introduce Storybook Dads, which was well used (see paragraph 4.10).

Recommendation

5.9 **In-cell telephones should be installed as a matter of urgency across the prison.**

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 An up-to-date reducing reoffending strategy described relevant resettlement pathways and focused on offender management work. Work to reduce reoffending was undermined by the lack of a comprehensive needs analysis. Managers had devised an ambitious long-term development plan and had built in milestones to measure progress.

5.11 Meetings to oversee delivery of the strategy had continued during the pandemic but attendance by some key participants, including programmes and psychology, was inconsistent.

5.12 OMiC (see Glossary of terms) had been introduced before the pandemic. Managers were aware that it was not yet clearly understood across the prison or integrated with the delivery of widespread, high quality key work (see paragraph 3.4). The offender management unit (OMU) had a good understanding of the risk profile of their population: about 72% of prisoners presented a high or very high risk of harm to others; most were serving a long or indeterminate sentence; and about 20% of the population had committed sexual offences.

5.13 Persistent staff shortages in the OMU had resulted in caseloads of about 80 per prison offender manager (POM) at the time of our inspection. This was unsustainable and undermined some elements of core practice. In our survey, only 64% of prisoners said they had a

sentence plan, and only 27% of these said that staff were helping them achieve their targets. This was reflected in the sample of 20 cases that we examined, almost half of which indicated that the level of contact with prisoners by POMs was insufficient to drive progress (see key concern and recommendation 1.40). The quality of the records when contact was made was good.

5.14 There were plans to improve this by developing a satellite office on a residential unit, expanding the remit of the recently introduced 'duty POM' role and developing specific applications to the OMU. The shortage of POMs had been recognised at a regional level and a decision was made during our inspection to re-allocate a probation offender manager from a nearby prison to Swinfen Hall. This was a welcome initiative, but the imminent move from the OMU of two experienced offender managers was likely to add further pressure to the department.

5.15 Offender flows (an HMPPS prisoner allocation protocol) introduced in September 2020 had resulted in prisoners arriving at an earlier point in their sentence with no OASys assessment of risk and needs. This was estimated to apply to half the new arrivals during the previous 12 months which created constant pressure to complete assessments. At the time of our inspection, around a quarter of the population did not have an OASys that had been completed or reviewed in the previous 12 months. This was also the case in three of the 20 cases we reviewed in more detail, which meant these prisoners may not have had appropriate targets to reduce their likelihood of reoffending. Progress was poor against sentence plan targets relating to programmes (see paragraph 5.35) but reasonably good in other areas such as regime targets to gain or maintain enhanced status.

5.16 Few prisoners were eligible for home detention curfew, with only one such release in the previous 12 months. About one-third of the population were eligible for parole and probation offender managers carried out the requisite assessments. The psychology department carried out psychological assessments referred to them by POMs which were required for Parole Board hearings. During the previous 12 months, 41 Parole Board hearings had taken place, either through video-link or telephone conferencing. Some face-to-face hearings had now been scheduled. The Parole Board had directed release on 16 occasions but nearly a third had been deferred or adjourned, at least one case following a COVID outbreak in the prison.

5.17 At the time of the inspection, 210 prisoners had experience of being in care. Much of the support for these prisoners that we had observed at our previous inspection had stalled during the pandemic. However, a manager with oversight of this area planned to restart forums and consultation, supported by identified staff and prisoner champions. Some preliminary but useful engagement had taken place with community organisations such as the Care Leavers Foundation and the Rees Foundation (offers help and advice to individuals who have experienced care), the latter having committed to attend the next prisoner forum.

5.18 In two of the cases that we reviewed, prisoners who had been in care were in contact with their personal adviser from their home area social work team, who were giving them good support.

Recommendations

5.19 **The reducing reoffending strategy should be underpinned by a comprehensive and up-to-date needs analysis and a prison-wide action plan with key milestones.**

5.20 **The backlog of OASys assessments should be addressed as a matter of priority.**

Public protection

5.21 Public protection arrangements were sound and had been strengthened since our last inspection by the addition of two part-time senior probation officers (also known as heads of OMU delivery) who provided assurance and expertise on risk management matters. All the cases that we reviewed had up-to-date risk management plans of reasonably good quality.

5.22 The monthly interdepartmental risk management team (IRMT) meeting had an appropriate agenda with a primary focus on MAPPA level 2 and 3 cases (multi-agency public protection arrangements) before release and very high and high risk of harm cases. MAPPA 3 and life sentenced prisoners were also reviewed annually. The terms of reference of the IRMT facilitated discussion of other prisoners whose behaviour was causing concern, for example those in long-term segregation.

5.23 IRMT meetings relied extensively on written contributions and attendance was limited to a few individuals. Managers acknowledged the limitations of this approach. We were confident that appropriate prisoners were discussed at these meetings, but records of discussions and outcomes were poor in some cases.

5.24 All MAPPA levels in our case sample were confirmed before release and there was good evidence of POMs liaising with community offender managers, sometimes face to face, to confirm arrangements.

5.25 The application of public protection procedures to protect children and other potential victims was good. Decisions to monitor a prisoner were appropriately justified and suitably time bound. Annual reviews of child contact restrictions assessed whether prisoners posed a continuing risk to children. At the time of the inspection, 23 prisoners had been identified as requiring monitoring and all were reviewed within required timescales. Authorisation forms were appropriately detailed and there was no backlog in monitoring.

5.26 We examined 10 recent notifications of prisoner information for potential multi-agency release management assessments (MAPPA F). They were well completed with good levels of information and

justification. All but two reports had been countersigned but they were not dated and the timeliness of their completion was not clear.

Recommendation

5.27 **IRMT meetings should be adequately attended to facilitate meaningful discussion of cases. Minutes of meetings should reflect discussions and actions that have been generated for all prisoners listed on the agenda.**

Categorisation and transfers

5.28 Categorisation procedures were functioning well and few cases were overdue. During the previous 12 months, 249 prisoners had been allocated to category C and 16 to category B. Prisoners were not involved in their reviews but were informed of the outcome by POMs.

5.29 Prisoners did attend and participate in category D review boards which were held each month and chaired by an OMU manager. Contributions were collated by POMs but a recent OASys assessment was not always used which presented a risk. During the previous 12 months, 62 prisoners had been recategorised as suitable for open conditions.

5.30 Transfer meetings which provided oversight of progressive moves into and out of the prison had yet to restart, in part because of inconsistent staffing in recent months. There had been reasonable success in getting prisoners moved to category D prisons and, at the time of our inspection, only seven prisoners were awaiting a move.

5.31 At the time of the inspection, 65 prisoners were serving life or indeterminate sentences. No additional work was being undertaken with this cohort and lifer days and forums had not been held since the start of the pandemic.

Recommendation

5.32 **An OASys completed in the previous 12 months should be used when considering a prisoner's suitability for recategorisation to open conditions.**

Interventions

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

5.33 A useful and detailed needs analysis of offending behaviour programmes (OBPs) had been completed in 2019. Before the pandemic, a range of medium and high intensity programmes had been delivered, including interventions to address violence and sexual offending, offending motivated by gang affiliation, and to improve thinking skills.

5.34 The programmes were halted at the start of the pandemic. Some one-to-one delivery was permitted in summer 2020 and suitable priority had been given to prisoners who were part way through a course. Programme delivery was a core function of the prison and it was concerning that programmes for small groups had not been reinstated until July 2021. There had not been enough trained facilitators and not many prisoners had been able to start a course because of the COVID-19 cohort strategy (see key concern and recommendation 1.41).

5.35 Waiting lists for courses had consequently increased and at the time of our inspection more than 100 prisoners had been assessed as suitable for at least one OBP. The needs of a further 300 prisoners remained unknown, because they had not been assessed or had no sentence plan. This prevented prisoners from being able to demonstrate a reduction in risk to support their progression. Some prisoners had been and would continue to be released with no assessment or completion of key offending behaviour work. As a result, community offender managers did not have a complete understanding of how to address needs and risks in the community (see key concern and recommendation 1.42).

5.36 A very small number of prisoners were taking a non-accredited course called 'Choices and Changes' delivered by key workers following discussion and guidance from POMs. This was a positive initiative providing motivational work for prisoners and partial mitigation of the lack of OBP delivery.

Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Offender personality disorder units, including psychologically informed planned environments

5.37 A psychologically informed planned environment (PIPE) remained on E wing and an assessment and treatment service on D wing, for prisoners with emerging personality disorders. The delivery of group work and therapy had stalled during the pandemic. Clinical staff had returned to the prison in June 2020 and small group work had only just restarted (see paragraph 5.43).

5.38 Despite this, prisoners and staff were still positive about the role of the two units. In our survey, prisoners on D and E wings responded more positively than the general population in key areas such as being treated respectfully by staff (89% compared with 56%) and having a member of staff ask how they were getting on in the previous week (55% compared with 29%).

5.39 Managers had reviewed the purpose and role of the PIPE unit and it was now transitioning to a progression and provision PIPE. The unit

would support prisoners who had successfully completed an OBP (progression) and those who were participating in treatment off the unit (provision).

5.40 Northamptonshire Healthcare NHS Foundation Trust continued to provide the clinical staff to run the two units. It was positive that both the units now held the 'Enabling Environment Award' - a quality standard award administered by the Royal Society of Psychiatry.

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.

5.41 Swinfen Hall was not a designated resettlement prison and, despite best efforts, staff were unable to get prisoners moved into resettlement prisons in a timely manner, if at all. About 40% of the population were within their 'resettlement window' (between 10 and 24 months to serve before release). About 10 prisoners were released each month.

5.42 An information, advice and guidance adviser from the Shaw Trust now worked in the prison to support prisoners who wished to engage in training, education or employment on release. PACT (Prison Advice and Care Trust) attended the prison weekly. Before the reunification of probation services, Staffordshire and West Midlands Community Rehabilitation Company (CRC) had delivered resettlement services in the prison. This had been limited to one case worker one day a week, although nobody attended during the week of our inspection.

5.43 Managers, staff and prisoners were unclear about which resettlement services were offered at Swinfen Hall. We were told that these services were jointly managed by the offender management and reducing reoffending functions but there was a lack of clarity about ownership and no quality assurance procedures to ensure the services were delivered. Staffing had been inconsistent during the pandemic, some partner agencies including the CRC had been absent, and there was no regular face-to-face work with prisoners.

5.44 In our case sample, most of the prisoners facing release in the next three months did not have a documented assessment of their resettlement needs which was disappointing and unusual. Some prisoners we spoke to had unresolved housing needs and many required additional support with financial and other matters. They did not know about the CRC and were not sure where to find support and advice.

5.45 Some prisoners remembered receiving a form under their door, which had been distributed by the CRC, but without explanation or face-to-face support they did nothing with it. One prisoner who had just completed a year of his Open University degree described it as 'poorly

worded' and not relevant to his situation but he completed it. Despite this, his OASys did not contain a resettlement plan.

5.46 In many of the cases that we examined, prisoners had entered custody as children with no experience of independent living. It was of significant concern that so many were leaving Swinfen Hall without basic resettlement services which many other prisons delivered to a good standard. Managers were unaware of these gaps in provision and had not developed any effective assurance systems.

5.47 In our survey, 84% of respondents due for release in the next three months said they needed help with securing accommodation. During the previous 12 months, about one-third of prisoners had been released into approved premises, but 10 did not have sustainable accommodation on the day of their release.

5.48 Prisoners could access basic but practical support on the day of release, including clothes if they needed them. COVID-19 tests were administered for all prisoners before discharge.

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 1.34: Recorded levels of violence remained high despite prisoners being locked up for long periods due to COVID-19 restrictions. Insufficient focus had been given to how the young population could be motivated to behave well. The strategic safety meeting designed to drive this work was poorly attended by some departments, which undermined a joint approach to the reduction of violence.

Key recommendation: All key departments should contribute to the development of an effective strategy to reduce violence which includes an age-appropriate rewards scheme to motivate good behaviour. (To the governor)

6.2 Key concern 1.35: Use of force was high and not always justified and the use of PAVA incapacitant spray was increasing. Governance meetings were often poorly attended and analysis of use of force data was poor.

Key recommendation: Comprehensive data on the use of force should be analysed regularly by a multidisciplinary team to identify trends and training opportunities so that appropriate measures are put in place to reduce the use of force. (To the governor)

6.3 Key concern 1.36: Self-harm rates remained high in comparison to similar prisons, particularly among the young adult population.

Key recommendation: Data analysis and consultation with prisoners should be used to understand the root causes of self-harm. Results should inform an effective strategy and action plan to reduce the high levels of self-harm. (To the governor)

6.4 Key concern 1.37: Progress in developing positive staff-prisoner relationships had stalled since the start of the pandemic and quality key work for most prisoners was now too limited.

Key recommendation: Opportunities for regular and meaningful contact between staff and prisoners should be prioritised to improve relationships between staff and prisoners. (To the governor)

6.5 Key concern 1.38: There was no comprehensive monitoring of the treatment of prisoners in protected groups. Records indicated long-standing over-representation of black and minority ethnic and younger prisoners in segregation, disciplinary procedures and incidents of disruptive behaviour. There was no strategy to address these concerns.

Key recommendation: Comprehensive monitoring should be carried out of the treatment of prisoners in all protected groups, and the over-representation of black and minority ethnic and younger prisoners in disciplinary procedures and disruptive behaviour should be investigated and addressed. (To the governor)

6.6 Key concern 1.39: The cohorting strategy prevented classroom and workshop spaces from being filled even when the rooms had been risk assessed for social distancing. There were still no opportunities for about one-third of prisoners to engage in out-of-cell activities and they remained locked up for at least 22 hours a day. Poor time out of cell took a toll on prisoner well-being and access to time out of cell was not monitored.

Key recommendation: COVID-19 safety measures should be reviewed nationally and locally to maximise opportunities for prisoners to spend time out of their cell. Time out of cell should be monitored to ensure equitable access for all prisoners. (To HMPPS and the governor)

6.7 Key concern 1.40: Persistent staff shortages in the offender management unit had resulted in excessively large caseloads for prison offender managers. This restricted their ability to make regular and effective contact with all the prisoners under their supervision.

Key recommendation: Prison offender managers should have adequate time to maintain regular and effective contact with the prisoners on their caseload to support sentence progression. (To the governor)

6.8 Key concern 1.41: Offending behaviour programmes for small groups of prisoners, a core function of the prison, had been too slow to restart because of COVID-19 measures and too few facilitators. Too many prisoners were on waiting lists or yet to be assessed and the continued release of such prisoners into the community presented risks.

Key recommendation: A full programme of key accredited offending behaviour programmes should be delivered, prioritising high-risk prisoners so that their risk is reduced before release. (To the governor)

6.9 Key concern 1.42: The resettlement outcomes for more than 100 prisoners released each year were of concern. There was no coordinated oversight of the core resettlement services delivered by partner agencies, and no quality assurance procedures. This had

created uncertainty among staff and prisoners about which services were available.

Key recommendation: Services delivered by resettlement partners should be effectively coordinated and quality assured so that the provision meets the need, and prisoners and staff have a clear understanding of the resettlement services available.
(To the governor)

Recommendations

6.10 Recommendation 2.9: Waiting times in reception should be reduced to facilitate a swift move to the induction unit. (To the governor)

6.11 Recommendation 2.31: Governance of disciplinary procedures, including adjudications and segregation, should be strengthened to make better use of data and devise actions to address poor behaviour. (To the governor)

6.12 Recommendation 3.10: Prisoners should be able to access stored property promptly on request. (To the governor)

6.13 Recommendation 3.16: Prisoners should have the opportunity to cook for themselves. (To the governor)

6.14 Recommendation 3.17: Prisoners should have the opportunity to eat out of their cell. (To the governor)

6.15 Recommendation 3.18: The canteen should offer a suitable range of items for prisoners from black and minority ethnic backgrounds. (To the governor)

6.16 Recommendation 3.24: Prisoners from all wings and ethnic backgrounds should be consulted regularly about prison life and should be able to raise issues for discussion with leaders. (To the governor)

6.17 Recommendation 3.25: Prisoners should be able to exercise their legal rights without delay. (To the governor)

6.18 Recommendation 3.44: Accurate records of prisoners with disabilities should be maintained and systematically shared with wing staff. Care plans should be developed where appropriate to help wing staff to support prisoners. (To the governor)

6.19 Recommendation 3.64: There should be an overarching health promotion strategy to support prisoners to improve their health and well-being. (To the governor)

6.20 Recommendation 3.73: Social care referrals should be undertaken promptly on arrival for prisoners with disabilities or potential social care needs. (To the governor)

6.21 Recommendation 3.88: Transfers of patients under the Mental Health Act should take place within the current Department of Health transfer time guidelines. (To the governor)

6.22 Recommendation 3.89: Northamptonshire NHS Trust should have access to and use electronic clinical record systems to enable effective continuity of care. (To NHSE)

6.23 Recommendation 3.101: Controlled drugs should not be allowed to accumulate in cupboards and should be destroyed within General Pharmaceutical Council guidance. (To the governor)

6.24 Recommendation 3.102: Medicines should be stored at the appropriate temperature. (To the governor)

6.25 Recommendation 3.105: The lengthy waiting times for dental services should be reduced as quickly as possible. (To the governor)

6.26 Recommendation 4.26: Prison leaders should ensure that the education and skills curriculum meets the needs and interests of prisoners serving long sentences, and those who have already completed many learning and skills programmes in previous establishments. (To the governor)

6.27 Recommendation 4.27: Prison leaders should provide appropriate careers information, advice and guidance to prisoners serving longer sentences to help them prepare for their subsequent resettlement. (To the governor)

6.28 Recommendation 4.28: Prisoners should have access to digital resources that will support them to progress more quickly in their learning and training, including the virtual campus. (To the governor)

6.29 Recommendation 4.29: As the number of prisoners attending education increases, managers should recruit sufficient support staff to meet the learning needs of all prisoners. (To the governor)

6.30 Recommendation 5.9: In-cell telephones should be installed as a matter of urgency across the prison. (To HMPPS)

6.31 Recommendation 5.19: The reducing reoffending strategy should be underpinned by a comprehensive and up-to-date needs analysis and a prison-wide action plan with key milestones. (To the governor)

6.32 Recommendation 5.20: The backlog of OASys assessments should be addressed as a matter of priority. (To the governor)

6.33 Recommendation 5.27: IRMT meetings should be adequately attended to facilitate meaningful discussion of cases. Minutes of meetings should reflect discussions and actions that have been generated for all prisoners listed on the agenda. (To the governor)

6.34 Recommendation 5.32: An OASys completed in the previous 12 months should be used when considering a prisoner's suitability for recategorisation to open conditions. (To the governor)

Section 7 Progress on recommendations from the last full inspection report

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, prisoners' experience of reception and their first night in custody had improved, but induction was rushed and new arrivals waited too long to be allocated to activities. A third of prisoners felt unsafe at the time of the inspection. The number of violent incidents had increased and, while the prison's response to violence was robust, there was insufficient focus on prevention. Support for victims of violence was good. The incentives and earned privileges (IEP) scheme did not motivate prisoners to change their behaviour. Security was well managed and the response to substance misuse was good. Levels of self-harm were very high and among the highest we have seen. There was poor care on residential units for some prisoners at risk of self-harm. Governance of use of force needed to improve to ensure that incidents were filmed and reviewed. Segregation was not used excessively. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Prisoners, particularly those at risk of self-harm, should have consistent access to the regime and be engaged in purposeful activity. They should receive better support from staff working on residential units. (S41)
Not achieved

Recommendations

New arrivals should receive a full and timely induction, which includes sufficient time unlocked, and have easy access to peer support workers, who should receive sufficient support from staff and managers. (1.7)
Partially achieved

Improvement targets for prisoners on the basic level of the incentives and earned privileges scheme should be individualised and regularly monitored. (1.20)
Achieved

The prison should investigate the causes of violence and antisocial behaviour and take appropriate steps to address them. (1.21)
Achieved

Violent incidents should be investigated within seven days. (1.22)
Achieved

The regime for self-isolating prisoners should include more time out of cell. (1.23)
Achieved

All planned use of force should be video recorded and scrutinised by managers. (1.28)
Achieved

Body-worn cameras should focus on the incident of violence taking place. (1.29)
Not achieved

Managers should investigate and address prisoners' poor perceptions of staff in the care and separation unit. (1.33)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2018, relationships between staff and prisoners continued to be less positive than at comparable prisons. The refurbishment programme had improved living conditions in the older accommodation, but cells were very small. Prisoners had inadequate access to the basics of everyday life, including showers. There had been recent improvements in painting, cleaning and cell furnishings but the pace of progress was slow. The quality and quantity of food were reasonable but opportunities for communal dining were limited. Equality and diversity provision had developed but the managers needed to investigate the negative perceptions of some groups and respond to poor outcomes for younger prisoners. Prisoners were positive about health care and our findings supported this view. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should work to improve the quality of relationships between staff and prisoners, using lessons learned from the more positive examples around the prison. Staff should consistently model pro-social behaviour, have high expectations of prisoners, and encourage them to participate in allocated activities and contribute actively to the wider prison community. (S42)
Not achieved

The prison should fully assess the needs of prisoners under 21 and investigate the reasons behind their over-representation in many areas of poor behaviour and self-harm. There should be a detailed and realistic strategy for this age group to ensure they are properly cared for, and to provide an age-appropriate regime to keep them fully occupied and address any areas of poor behaviour. (S43)
Not achieved

Recommendations

All prisoners should have daily access to showers and telephones. (2.12)
Partially achieved

Processes for prisoners to replace their own clothes should be reliable and sufficient to meet their needs. (2.13)
No longer relevant

Staff should respond to emergency cell bells within five minutes. (2.14, repeated recommendation 2.10)
Not achieved

Breakfast should be served on the day it is to be eaten. (2.21, repeated recommendation 2.82)
Not achieved

Prisoners should have the opportunity to self-cook and dine out of their cell. (2.22, recommendation repeated 3.16)
Not achieved

Prisoners should receive their catalogue orders promptly on delivery to the prison. (2.23)
Not achieved

Consultation with prisoners should be consistent across the residential units, and lead to changes that are communicated to prisoners. (2.28)
Not achieved

Responses to complaints should address the issues raised. (2.29)
Achieved

The equality and diversity action plan should be time-bound and include actions arising from prisoner forums. (2.35)
Not achieved

Discrimination incident report forms should be freely available to all prisoners. (2.36)
Achieved

Prison managers should explore the reasons behind black and minority ethnic prisoners' negative perceptions in our survey, and the poor responses about safety from those with disabilities. (2.42)
Not achieved

Prison managers should assess the distinct needs of young prisoners and formulate a strategy to meet them. (2.43)
Not achieved

Muslim worship facilities should be repaired and re-opened as a matter of urgency. (2.47)
Achieved

Treatment rooms on wings should be routinely cleaned, and debris and rubbish removed from waiting areas. (2.56)
Achieved

There should be a clear process for prisoners to make health complaints, and responses should always address the concerns raised and inform patients how to escalate concerns if they remained dissatisfied. (2.57)
Achieved

The delivery board should take sustained action to reduce non-attendance rates for appointments and make good use of clinical time, and help reduce waiting times for some services. (2.64, repeated recommendation 2.56)
Achieved

Mental health service provision should meet the needs of patients, including over weekends, and offer clinical psychology and specialist learning disability support. (2.74)
Achieved

All custody staff should have regular mental health awareness training to enable them to identify and support prisoners with mental health problems. (2.75, repeated recommendation 2.75)
Partially achieved

Transfers of patients under the Mental Health Act should take place within the current Department of Health transfer time guidelines. (2.76, recommendation repeated 3.88)
Not achieved

Northamptonshire NHS Trust should have access to and utilise electronic clinical records systems to enable effective continuity of care. (2.77, recommendation repeated 3.89)
Not achieved

The prison should ensure that prisoners can participate in a range of interventions that address substance misuse and encourage recovery and well-being. (2.82)
Achieved

There should be regular support from pharmacy technicians to ensure that patient access to treatment is consistent and efficient. (2.87)
Achieved

Administration of medicine should be supervised by prison staff in all areas, and controlled drugs should always be administered at consistent times, with privacy maintained through the provision of a discrete waiting area. (2.88)
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 regime continued to be inadequate and many prisoners regularly spent less than two hours a day out of their cell; this was unacceptable in a training prison with a young population. Leaders and managers had made improvements to the quality of education, skills and work provision since the previous inspection, including increasing the number of activity places. Teaching and learning had also improved and achievement rates were high for those prisoners who took qualifications. However, there were insufficient activity places to occupy the population fully, and places were not allocated effectively to ensure all prisoners had some activity. Prisoners' progress and outcomes across education, skills and work were limited by the regime, which severely restricted access to the provision. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

A full and predictable regime should provide for all prisoners to be allocated to, and expected to attend, work or education and have a period for domestic tasks and association every day. (S44)
Not achieved

Prisoner allocation to gym classes should take account of their individual preferences and offer them the most suitable physical education activities. (3.7)
Not achieved

Recommendations

Quality improvement meetings should follow up all agreed actions to ensure that the provision continues to improve. (3.19)
Not assessed at this inspection

The number of prisoners who are unemployed and unoccupied should be reduced by increasing the periods when the regime is running, providing sufficient activity places for the prison population. (3.20)
Not assessed at this inspection

The education, skills and work provision should be further developed to provide appropriate qualifications to all prisoners participating in activities, including progression routes and support for distance learning courses. (3.21)
Not assessed at this inspection

Prisoners should receive effective careers information, advice and guidance to inform their allocation to activities, as well as the necessary information on education, training and employment opportunities before their release. (3.22)
Not assessed at this inspection

The employability skills that prisoners develop in activities should be monitored and recognised as a record of their achievement. (3.29)
Not assessed at this inspection

Prisoners attending workshops and work activities should have learning opportunities that enhance and further improve their English and mathematics skills. (3.30)
Not assessed at this inspection

Prisoners participating in workshops should receive the appropriate targets to progress quickly and gain new employability skills. (3.31)
Not assessed at this inspection

Prisoners should arrive punctually at their allocated education, skills and work activities so that they develop a good work ethic. (3.36)
Not assessed at this inspection

The monitoring of health and safety regulations in the education, skills and work areas should be strengthened. (3.37)
Not assessed at this inspection

All staff should be able to deal effectively with problem behaviour during learning in activities. (3.38)
Not assessed at this inspection

The work provided should enhance and further develop prisoners' personal, social and employability skills. (3.39)
Not assessed at this inspection

All wing cleaners and food servery workers should be appropriately qualified for these roles. (3.45)
Not assessed at this inspection

Leaders and managers should address any differences in the participation, progress and achievement of different groups of prisoners. (3.46)
Not assessed at this inspection

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, the poor access to telephones undermined the good provision to support family ties. Strategic management of rehabilitation and release planning was good. Contact between offender supervisors and prisoners was reasonably good, but there was little oversight of this work to ensure it was appropriately focused. Public protection arrangements were generally appropriate. There was an extensive range of programmes and other interventions, including the very positive PIPE and enabling environment initiatives. Offender supervisors went some way to offset the lack of resettlement provision for the small number of prisoners released directly into the community. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Visits should start at the advertised time, and there should be sufficient visits sessions to meet demand. (4.6)
Partially achieved

Prisoners should not be transferred to Swinfen Hall without an up-to-date OASys assessment. (4.22)
Not achieved

Sentence planning should include input and contributions from all departments working with the prisoner. (4.23)
Achieved

Quality assurance should be introduced into offender management to ensure consistent and effective engagement with prisoners focused on assessing and managing their risk of harm and reoffending. (4.24)
Partially achieved

Offender supervisors and other staff working with prisoners should enter notes on their work on to P-NOMIS to ensure effective information sharing to support risk assessment and management. (4.25)
Partially achieved

Support for life-sentenced prisoners should be extended to include those subject to an indeterminate sentence for public protection. (4.26)
Not achieved

Representatives from all departments should have attend the monthly inter-departmental risk management team meeting (IDRMT), in line with its terms of reference. (4.27)
Not achieved

The IDRMT should review all prisoners assessed as high or very high risk of harm, regardless of their MAPPA (multi-agency public protection arrangements) level, to inform release planning. (4.28)
Achieved

Staff from all prison departments involved in work with prisoners should contribute to a single coordinated pre-release planning process. (4.41)
Not achieved

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 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 III: Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Deborah Butler	Team leader
Nadia Syed	Inspector
Ian Dickens	Inspector
Kam Sarai	Inspector
Deri Hughes-Roberts	Inspector
Rebecca Stanbury	Inspector
Alec Martin	Researcher
Rahul Jalil	Researcher
Charlotte Betts	Researcher
Heather Acornley	Researcher
Maureen Jamieson	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Lynda Day	Care Quality Commission inspector
Bev Grey	Care Quality Commission inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary of terms

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

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

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

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

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

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

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

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

Psychoactive substances
Psychoactive substances are either naturally occurring, semi- synthetic or fully Synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669541/9011-phe-nps-toolkit-update-final.pdf

Psychologically informed planned environments (PIPEs)
PIPEs do not provide treatment but are an important element of the pathway for prisoners with personality disorder. PIPEs are specifically designed units which support prisoners to maintain behavioural change and make further progress in addressing offending behaviours through planned and structured activities. Staff on a PIPE have additional training to develop an increased psychological understanding of their work that enables them to create a supportive environment, which promotes the development of prisoners living there and facilitates progression.

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 to the least as they ease COVID-19 restrictions. See: https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services

Reverse cohort unit (RCU)
Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

Secure video calls
A 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.

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 (they also appear in the printed copies of reports distributed to the prison). 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.

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

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

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