Report on an unannounced inspection of

HMYOI Brinsford

by HM Chief Inspector of Prisons

16 and 23–27 August 2021

Contents

Introduction

Brinsford is a category C prison holding 466 mostly young men who are on remand or sentenced to less than four years imprisonment.

The attractive gardens (largely closed to prisoners) and the large open site belied a prison that faced some serious challenges in providing adequate care, education, training and rehabilitation and creating an environment that was safe and supportive to an often-troubled group of prisoners.

Much of the accommodation was in poor condition with many prisoners living in shabby cells, of which some had inadequate furniture and graffiti on the walls. The showers needed refurbishment and the communal areas were tatty and uninspiring. Even parts of the prison that had been recently redecorated had begun to deteriorate. Officers tended to congregate in offices away from the wings, meaning prisoners were often left unsupervised. Inspectors saw poor behaviour going unchallenged by staff whose low morale seemed to have affected their motivation. The newly introduced incentives scheme was not being used to monitor or improve prisoners' behaviour, because it had not been communicated effectively to staff and prisoners and was therefore not properly understood.

Progress to open the regime after COVID-19 restrictions had been slow and it was depressing to find so many young men wiling away their time sleeping or watching daytime television. Leaders were not monitoring the regime adequately and were unaware that that prisoners who were not working or in education were locked in their cells for 23 hours a day, despite a planned increase in the amount of time out of cell. Face-to-face education was only provided to a few prisoners each day and opportunities for work were limited. One of the two education blocks was still closed and use of the library was very restricted. The gym provided irregular access for prisoners and this was cancelled when, particularly at weekends, staff members were cross deployed to other work. There was some exercise equipment outside, but yards were small and there was limited use of the extensive grounds that could have provided opportunities for outdoor activity for this largely young and energetic group of prisoners.

The well-led and effective offender management unit was supported by the governor who had avoided cross-deployment of staff away from important sentence progression and release work. Enthusiastic staff had reopened the refurbished visits hall and visitors who had tested negative for COVID-19 were now able to hug prisoners.

Though violence had reduced since our last inspection, levels of assaults between prisoners were higher than at any of the comparator prisons. The inclusion of parents and other family members in supporting challenging or vulnerable prisoners was an impressive innovation. Use of force had also reduced but more needed to be done to make sure prison officers turned on their body-worn cameras when there was an incident.

The governor had rightly set ’back to basics’ as a priority for the prison, but plans were vague and had not been adequately communicated to staff and prisoners. This was a prison that required some real management grip; to make improvements, leaders must be clear about their expectations, set up effective systems for monitoring progress and be a visible presence on the wings, checking daily that that standards are being maintained.

Charlie Taylor
HM Chief Inspector of Prisons
September 2021

About HMYOI Brinsford

Task of the prison/establishment
HMYOI Brinsford accommodates men aged 18–21 on remand, and men aged 18–25 (temporarily adjusted to 29) who are sentenced and have between 28 days and 16 months left to serve. HMYOI Brinsford also accepts men transferring from the training estate with between 10 and 24 months left to serve at the point of transfer. Its primary function is a resettlement prison and it is also a reception establishment. It offers a resettlement service for young adults and category C adults who live in Staffordshire and the West Midlands.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 466
Baseline certified normal capacity: 539
In-use certified normal capacity: 539
Operational capacity: 577

Population of the prison
- 920 admissions were received in the last year, broken down as 442 new prisoners from court, 368 transfers, 63 licence recalls and 47 HDC recalls.
- There were 69 foreign national prisoners (14.8% of the population).
- 48.7% of prisoners were from a black and minority ethnic background.
- 70 prisoners were released into the community each month.
- Three prisoners were currently receiving support for substance use.
- 36 prisoners had been referred for mental health assessment in the previous month.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Inclusion
Substance use treatment provider: Inclusion
Prison education framework provider: Novus
Escort contractor: GEOAmey

Prison group/Department
West Midlands

Brief history
Brinsford opened as a young adult offender institution and remand centre in November 1991. It is on the same site as HMPs Featherstone and Oakwood. In 2008, residential unit 5 was opened. In 2009, the Rowan activities centre opened. Following an unannounced HM Inspectorate of Prisons inspection in November 2013, Brinsford underwent a programme to refurbish residential units 1 to 4. In 2016, the establishment re-roled to a mixed population of young adults and sentenced category C adults.

Short description of residential units
Residential unit 1 – development progression unit
Residential unit 2 – standardised unit
Residential unit 3 – half reverse cohort unit (see Glossary of terms) and early days in custody, and half standardised unit
Residential unit 4 – standardised unit
Residential unit 5 – full-time workers/enhanced status unit
First night centre – currently not in use as being used as a reverse cohort unit
Health care centre – 14 beds
Segregation unit – 16 beds

Name of governor and date in post
Amanda Hughes, July 2020

Leadership changes since the last inspection
Matt Cunningham, June – July 2020
Heather Whitehead, 2017 – May 2020 (maternity cover provided by PJ Butler, February 2018 – January 2019)

Prison Group Director
Teresa Clarke CBE

Independent Monitoring Board chair
Pauline Hirons

Date of last inspection
6–17 November 2017

Section 1 Summary of key findings

1.1 We last inspected HMYOI Brinsford in 2017 and made 56 recommendations, four of which were about areas of key concern. The establishment fully accepted 47 of the recommendations and partially (or subject to resources) accepted four. It rejected five of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations

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

1.4 At our last full inspection, we made one recommendation about key concerns in the area of safety. At this inspection, we found that this recommendation had been achieved.

1.5 We made one recommendation about key concerns in the area of respect. At this inspection, we found that this recommendation had not been achieved.

1.6 We made one recommendation about key concerns in the area of purposeful activity. At this inspection, we found that this recommendation had not been achieved.

1.7 We made one recommendation about key concerns in the area of rehabilitation and release planning. At this inspection, we found that this recommendation had been achieved.

Outcomes for prisoners

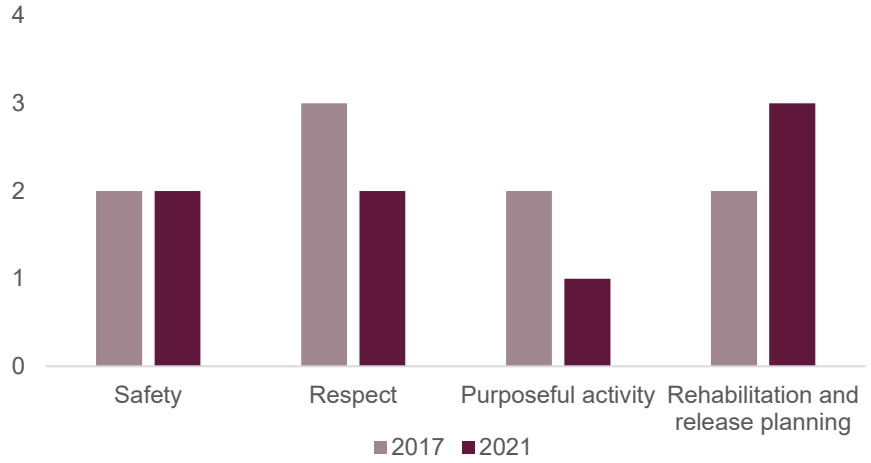
1.8 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.9 At this inspection of HMYOI Brinsford, we found that outcomes for prisoners had stayed the same in one healthy prison area, improved in one and declined in two.

1.10 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: HMPYOI Brinsford healthy prison outcomes 2017 and 2021



Safety

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

At this inspection, we found that outcomes for prisoners remained not sufficiently good.

1.11 Reception staff treated new arrivals decently and respectfully, but prisoners often waited in reception for long periods. First night risk assessments were not always held in private and records of concerns lacked detail. First night cells were of a poor standard. The recently improved induction process provided key information to newly arrived prisoners and included the use of a peer worker and translated and adapted materials.

1.12 Overall, levels of violence had reduced since the last inspection, but the number of assaults between prisoners was higher than at comparable prisons. The actions generated both to challenge perpetrators and support victims of violence through the safety intervention meetings and challenge, support and intervention plans (CSIPs) were well managed and effective. Families often took part in CSIP reviews.

1.13 Supervision of prisoners on most wings was limited. Staff did not challenge poor behaviour, including loud music, graffiti and threatening language, consistently. The rewards and sanctions scheme did little to promote good behaviour.

1.14 Levels of use of force had reduced since the previous inspection. The use of force that we viewed on-site was proportionate, but we witnessed abusive language by incident managers during restraints. Oversight of use of force was poor; leaders could not assure

themselves that all force used was necessary. Too few staff used body-worn cameras, there was little footage available and some footage that should have been retained was missing.

1.15 The cells on the segregation unit were dirty and contained large amounts of graffiti. The regime on the unit was limited to 30 minutes' exercise and a shower every day. The lack of radios and the practice of not giving prisoners an in-cell telephone until they had had a segregation review or adjudication were inappropriate, but both issues were addressed during the inspection. Staff–prisoner relationships on the unit were good, as was reintegration planning, with most prisoners returned to the wings within five or six days.

1.16 Staff did not account accurately for the whereabouts of prisoners during the day and could not tell us how many were on the units during our roll checks, which undermined security. There was a good flow of intelligence to the security department which was appropriately acted on. Gang-related information was particularly well managed and there were strong links with West Midlands Police. The strip-searching of all new arrivals could not be justified if used in addition to the body scanner.

1.17 Levels of self-harm had reduced considerably since the last inspection but remained high when compared with similar prisons. There had been one self-inflicted death since the previous inspection, and the safety team had good oversight of the response to recommendations from the Prisons and Probation Ombudsman. Most of the prisoners who had been subject to assessment, care in custody and teamwork (ACCT) case management for those at risk of suicide or self-harm had felt well cared for by staff, but there were weaknesses in care planning and recorded interaction. Families were engaged as part of the ACCT process, including attendance at reviews. Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was poor.

Respect

At the last inspection of Brinsford, in 2017, 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.

1.18 In our survey, 75% of respondents said that staff treat them with respect. However, we observed mostly functional interactions because of the limited regime. The formal schemes to support regular engagement between staff and prisoners were ineffective.

1.19 Cells and communal areas were generally shabby and in need of refurbishment. Some cells were missing essential items, such as curtains and chairs. A programme of redecoration had begun recently, but oversight needed to improve to maintain standards in refurbished

cells. External areas and gardens were attractive and well maintained, but prisoners had limited access to them.

1.20 Regular consultation meetings took place, but many prisoners did not know who their unit representatives were. The complaints system was reasonably effective, but records showed that many applications were not responded to.

1.21 Since the beginning of 2021, there had been an increased focus on, and resources for, equality work, but insufficient attention was being given to some important areas. Analysis of needs was limited, and equality monitoring data, indicating inequitable outcomes for some prisoners with protected characteristics, had not been explored or acted on. The equality lead had identified that the quality of responses to discrimination complaints had been inadequate and had taken steps to address this. Forums on protected characteristics had recently resumed but some of these had not been sufficiently focused on the identification of unmet need. Most prisoners had access to a chaplain of their faith, and the chaplaincy provided good pastoral support. However, access to corporate worship was extremely limited.

1.22 Health care provision was well led, and a range of age-appropriate primary care services was available. Reception processes were thorough, and prompt secondary screening enabled early identification of any underlying conditions and access to ongoing treatment. The inpatient environment and care provided had improved since the previous inspection, but amenities were not used to their full potential and the regime was too often curtailed because of prison officers being withdrawn from the unit.

1.23 Integrated mental health and substance misuse services supported the prison effectively in caring for prisoners with complex mental health and addiction problems.

Purposeful activity

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

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

1.24 Ofsted carried out a progress monitoring visit of the prison alongside 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 5.

1.25 Senior leaders told us that prisoners were provided with a minimum of 75 minutes out of cell each day. However, we found that most prisoners who were unemployed received between 45 minutes and one hour out of their cell, and those who were employed had up to six hours. Managers were also unaware of the regime being delivered for prisoners with potential COVID-19 symptoms and those testing

positive. In practice, this was limited to a daily shower, but even this did not happen consistently.

1.26 The library had reopened in June 2021, but most prisoners were still not able to visit it. Although the remote library service had played a useful role in the pandemic, it did not provide an adequate long-term alternative to library access. Most prisoners could only use the gym every other week.

1.27 Senior leaders had developed a detailed vision for the curriculum that was appropriate for the prison's role (reception and resettlement). However, the curriculum at the time of the inspection was too narrow and did not meet the needs of the prisoners.

1.28 Leaders had made slow progress in returning to face-to-face lessons and had not prioritised learning for those who would benefit most from this form of teaching. Too few prisoners were engaged in enough meaningful education, training and work. Leaders did not ensure that all prisoners received high-quality information, advice and guidance at induction or that subsequent allocations to education, training and work were based on prisoner need. Most teachers taught the curriculum well through face-to-face teaching. They enabled prisoners to build on their existing knowledge and learn and remember more.

1.29 While education staff screened the small number of prisoners who attended education classes, to assess their support needs, the majority who attended in industry and work were not assessed and did not receive a support plan.

Rehabilitation and release planning

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

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

1.30 The introduction of in-cell telephony and secure video calls had been valued by prisoners. Visits had restarted in April 2021. The visits hall was clean and bright and been sensitively adapted to allow social distancing. Lateral flow testing, to enable contact between prisoners and families, if they so chose, had been introduced recently.

1.31 There was a clear focus on reducing reoffending work, with a detailed action plan overseen by a regular strategic meeting. There was good joint working between reducing reoffending and offender management unit managers. Prison offender manager (POM) caseloads were manageable. Contact between POMs and prisoners was generally good and focused on progression. Most eligible prisoners had an offender assessment system (OASys) assessment and a sentence plan. The quality of sentence plans that we reviewed was mostly good and risk management plans ranged from adequate to very good.

Remanded prisoners received some POM input, which made sure that their risks and needs were identified, and necessary actions taken. The distinct needs of prisoners who had previously been in local authority care or had transitioned from the youth estate were recognised, with enthusiastic staff involved in developing provision.

1.32 Public protection arrangements had been strengthened since the previous inspection. The release management planning meeting was a good forum for reviewing high-risk prisoners who were due to be released, but was undermined, in part, by inconsistent attendance. Contact restrictions and arrangements to conduct and review telephone and mail monitoring for public protection purposes were managed well.

1.33 The delivery of accredited programmes had restarted recently with reduced group sizes. There were insufficient places planned to meet the needs of the population. POMs were using the Choices and Changes work pack and Probation Service workbooks for structured work with prisoners. Nearly all prisoners had been released to accommodation during the previous year.

Key concerns and recommendations

1.34 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.

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

1.36 Key concern: Leaders and managers lacked visibility on the residential units, and delivery in key areas did not reflect their understanding or expectations. Morale among frontline staff was low and too many reported that communication from managers was poor.

Recommendation: Leaders and managers should be more visible to support staff, assure themselves that practice reflects their intentions and make sure that progress is made in priority areas.
(To the governor)

1.37 Key concern: The supervision of prisoners and challenge of poor behaviour were inadequate. We witnessed many incidents of low-level bad behaviour going unchallenged by staff, and groups of prisoners left unsupervised for long periods.

Recommendation: Prisoners should be subject to suitable levels of supervision and be challenged appropriately by staff when behaving poorly.
(To the governor)

1.38 Key concern: Due to the lack of body-worn camera footage available for incidents, leaders could not assure themselves that every use of force was justified.

Recommendation: Leaders should make sure that staff use body-worn cameras when responding to incidents; where this has not been possible, a reason should be given in the use of force report.
(To the governor)

1.39 Key concern: Prisoners on the segregation unit were locked up all day, except for 30 minutes' exercise and a shower, with little to occupy themselves.

Recommendation: Prisoners on the segregation unit should have access to a regime that engages them with purposeful activity while segregated.
(To the governor)

1.40 Key concern: Living conditions on the wings were not good enough, with cells, showers and communal areas on all wings in need of refurbishment or repair. The programme of weekly cell checks was not effective, as some cells still lacked basic furniture, and some toilets needed deep cleaning. Prisoners reported issues, but improvements were slow to happen. There was also a lack of furniture in association areas.

Recommendation: Accommodation and communal areas should be well maintained, suitably equipped and cleaned regularly. Staff and prisoners should play an active role in maintaining these standards, and monitoring should be robust.
(To the governor)

1.41 Key concern: The prison did not have a good understanding of the needs of its prisoners in relation to equality. There was limited analysis of data, and inadequate efforts had been made to gather the views of prisoners with protected characteristics. This meant that all equality work being undertaken was not targeted specifically to the circumstances and needs of the prisoners.

Recommendation: Leaders should consult regularly with prisoners and use data to identify, investigate and address potential discrimination.
(To the governor)

1.42 Key concern: Too many prisoners spent most of their day in their cells sleeping or watching television, which was not conducive to the well-being or the prospects for rehabilitation of – mostly young – prisoners. The reopening of the library and the gym had not had much of an impact on the amount of time that many prisoners spent out of their cell.

Recommendation: There should be a concerted effort to maximise both the amount of time that prisoners spend out of their cell and

the available purposeful and recreational activity across the prison.
(To the governor)

1.43 Key concern: Senior leaders did not provide education, training and work opportunities to meet the needs of the prisoners.

Recommendation: Leaders and managers should provide an appropriate offer in education, training and work, so that prisoners acquire new knowledge, skills and behaviour, in line with their sentence plans.
(To the governor)

1.44 Key concern: Too few prisoners were engaged in enough meaningful education, training and work. Prisoners did not receive high-quality information, advice and guidance at induction, while allocation to activity was not based on the needs of prisoners. Many prisoners were not screened for additional learning needs, and those in industry and work did not receive a support plan. While there was a detailed and ambitious vision for an improved education, skills and work offer, this would require investment in staffing and workshops that had not been secured.

Recommendation A: Leaders and managers should raise prisoners' participation in education, skills, and work rapidly and substantially, according to the advice and guidance that they receive.
(To the governor)

Recommendation B: Managers should make sure that face-to-face and remote learning reflect the needs of the prisoners, and that this priority is reflected in the allocation process.
(To the governor)

Recommendation C: Leaders should make sure that there is sufficient resource to support the new curriculum vision, in terms of both staffing and capital investment.
(To the governor)

Recommendation D: Leaders should make sure that, on arrival, prisoners receive an assessment of their additional learning needs, where appropriate, and that this information is used and updated, so that they can progress well in education, skills and work.
(To the governor)

1.45 Key concern: There was insufficient capacity to meet the needs of the number of prisoners identified to complete one of the accredited interventions offered at Brinsford. This was exacerbated by new programmes facilitators having long waits to access training to be able to deliver an intervention.

Recommendation: Managers should make sure that prisoners who are assessed as needing an accredited intervention are able to access it while in custody.
(To HMPPS)

Notable positive practice

1.46 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.

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

1.48 The practice of inviting families in to support prisoners during reviews of both the CSIP and ACCT processes was very good. This provided additional support for these prisoners, many of whom were vulnerable; increased the amount of information available for staff; and added greater meaning and benefit to the actions that were generated jointly between the family and staff present. (See paragraphs 3.14 and 3.44)

1.49 Patients had a care plan for each mental health and substance misuse problem, and this was individualised, focused and up to date. Additionally, some care plans addressed both mental health and substance misuse treatment needs simultaneously, so that actions were unified and more efficient. (See paragraph 4.60)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary of terms.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The governor had been in post for a year and there had been considerable changes in the senior team over that time. Senior leaders had set appropriate priorities – in particular, the need to improve the basic services for prisoners and focus on decency. However, plans were vague and did not set out deadlines or measures of progress.

2.3 Leadership in health care, reducing reoffending and the offender management unit (OMU) was better than in other functions, as were outcomes. The governor had taken the decision to prevent the redeployment of staff from the OMU, enabling managers to reinstate provision after the easing of COVID-19 restrictions and establish a good foundation for further improvement.

2.4 Despite the COVID-19 restrictions leaders in visits had maintained a good environment for family contact and uptake of secure video calls was better than at other establishments.

2.5 However, morale was low among frontline officers, and many members of staff felt that communication from managers was poor. In our staff survey, most respondents said they were either unaware of key priorities, or they had not been communicated clearly. It was concerning that, of those who knew about the governor's priorities, many, including most frontline officers, disagreed with them. Throughout the inspection frontline staff confirmed this view with many reporting deficiencies in communication and support (see key concern and recommendation 1.36).

2.6 Leaders and managers lacked visibility on the residential units and did not address the poor practice, limited supervision of prisoners on the wings, or inconsistent management of graffiti, loud music and poor behaviour by prisoners. It was of serious concern that the amount of time out of cell that staff were delivering on the wings differed from that in the published regime, and from the governor's expectations. There was a clear need for leaders at all levels to improve oversight of residential units, support frontline staff and improve standards of accommodation and behaviour management (see key concern and recommendation 1.37).

2.7 The Prison Group Director visited the establishment regularly, identifying issues, including low standards of cleanliness, staff being unable to account for the whereabouts of prisoners during the day and a lack of access to corporate worship, but these had not been addressed at the time of the inspection.

2.8 National leaders had not delivered training for interventions staff. This meant that even though Brinsford had staff in post, there would be a shortfall in offending behaviour programme delivery for the foreseeable future, resulting in prisoners being released without identified offending behaviour needs being met.

2.9 Leaders and managers had worked in partnership with the health care providers and Public Health England to minimise the spread of the pandemic. During the inspection, there were two confirmed cases among prisoners, and COVID-19-related staffing shortfalls were manageable. There was confusion among managers and staff about the regime for symptomatic prisoners and those who had tested positive. The regime that these prisoners experienced during the inspection was poor.

Section 3 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.

3.1 Vans used to transport prisoners to Brinsford were clean and appropriately equipped. The reception area was busy, with over 50 new prisoners arriving each month, along with discharges to courts and releases.

3.2 The main reception area was welcoming, but the holding cells contained graffiti, and lacked suitable information for newly arrived prisoners. In our survey, 50% of respondents said that they had spent over two hours in reception, and our observations reflected this.

Reception area

3.3 In our survey, 81% of respondents said that they had been treated well in reception, and we saw respectful interactions between staff and prisoners. Since the start of the pandemic, leaders had suspended peer support, including access to Listeners (prisoners trained by the

Samaritans to provide confidential emotional support to fellow prisoners), for newly arrived prisoners.

3.4 Prisoners were offered basic essentials on arrival, including food, a shower and a telephone call.

3.5 Despite the introduction and use of a body scanner, all prisoners continued to be strip-searched without an individual risk assessment (see also paragraph 3.34).

3.6 First night processes on the induction unit, including a safety interview, were not always held in private and records did not contain information on action taken to mitigate risk or support the prisoner.

3.7 Since the start of the pandemic, new arrivals had spent up to 10 days in quarantine on the reverse cohort unit (see Glossary of terms), mixing only with the small number of prisoners who had arrived at around the same time. First night cells were of a poor standard; in our survey, only 25% of respondents said that their cell had been clean on their first night at the prison. The first night cells we saw were poor, with graffiti and damaged furniture.

3.8 A recently adapted induction process was delivered face to face, including sessions with representatives from key departments such as education and offender management. A peer worker was also appointed to go through induction material with newly arrived prisoners. The induction information was available in a range of languages and also for prisoners with learning difficulties.

3.9 The induction took place within the first two days of arrival, which meant that prisoners would then be locked up, with a limited regime, for up to 10 days before moving to the main residential units.

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

3.10 Although prisoners' perceptions of safety had improved since the previous inspection, behaviour management continued to be undermined by a lack of supervision and consistent challenge of poor prisoner behaviour by staff. During the inspection, we saw several examples of unacceptable behaviour, such as playing music too loudly, swearing or vaping in areas where this was not allowed, going unchallenged by staff, and groups of prisoners left to congregate unsupervised on the wings (see key concern and recommendation 1.37).

3.11 Overall, levels of violence had reduced; there had been 112 fights in the previous 12 months, which was much lower than at the time of the previous inspection. The number of assaults on staff (31 in the last year) was lower than in comparable prisons. However, there had been a homicide since the previous inspection and 217 prisoner-on-prisoner assaults over the past year, which was higher than at the time of the previous inspection, and the highest among comparable prisons, which was concerning.

3.12 The behaviour management strategy, which incorporated violence reduction, was appropriate and informed by consultation with prisoners. It linked progression through sentence plans and prosocial behaviour interventions, to achieve goals such as a move to the enhanced unit.

3.13 Challenge, support and intervention plans (CSIPs; see Glossary of terms) were used to manage perpetrators of bullying and violence, and support their victims. At the time of the inspection, four prisoners were subject to a CSIP. These plans were in-depth and included suitable actions to help prisoners address their violent behaviour.

3.14 Prisoners subject to a CSIP were well supported. Plans were reviewed regularly on a multi-agency basis, and families were invited to take part in this process. In the review that we attended, the family member's involvement improved the engagement from the prisoner and their contribution improved the effectiveness of the resulting actions and support. Actions were swiftly followed up at the daily safety briefing.

3.15 Violence was discussed at the monthly safer custody meeting, which was multi-agency and well attended, and at the weekly safety intervention meeting (SIM), which dealt with the day-to-day management of prisoners who were identified as either vulnerable or a perpetrator of violence (see also paragraph 3.41). A wide range of data was viewed, and appropriate actions were generated from both meetings, with leaders making sure that these actions were completed in a timely manner.

3.16 In our survey, only 50% of respondents said that incentives or rewards encouraged them to behave well. There was a relatively new rewards and sanctions scheme. This had been developed in consultation with prisoners and included some helpful ideas, such as an easy-read version of the policy which used pictures and explained, simply, the most important parts of the policy. Unfortunately, it had been communicated poorly both to staff and prisoners, and there was confusion about the rewards and sanctions associated with each level of the scheme. The scheme was also undermined by inconsistent delivery of incentives, including additional gym sessions for enhanced prisoners.

Adjudications

3.17 A total of 1,600 adjudications had been conducted in the previous 12 months. In the random sample of paperwork that we viewed, we found

that the punishments given were appropriate for the charges, but levels of enquiry were poor in some cases.

3.18 There was no quality assurance of adjudications, and although data were produced to help monitor adjudication standards, they were not discussed or acted on.

3.19 Police referrals for serious offences were well managed, and regular update meetings were held with West Midlands Police to monitor the progress of these investigations.

Use of force

3.20 Levels of use of force had reduced since the previous inspection, with 520 uses in the previous 12 months, which was similar to the level at comparable prisons. Batons had been drawn 18 times, but used only twice, and PAVA (see Glossary of terms) had been used six times.

3.21 Oversight of use of force was poor; leaders could not assure themselves that force was always justified, as a result of the absence of body-worn camera footage and the limitations of fixed CCTV. A monthly meeting was held, and leaders viewed the available footage, but this did not lead to any learning points, actions or praise for staff, who we saw dealing with some challenging situations well.

3.22 There was no body-worn camera footage of any use of PAVA or batons and only limited CCTV footage; we asked to see footage of 11 incidents of this type but were able to view only four. We saw too few staff wearing body-worn cameras; when asked about this, staff and leaders said that they had little confidence that the cameras worked, and that there were too few available for all staff to wear one (see key concern and recommendation 1.38). Some of the footage that should have been retained could not be found, and leaders were unsure why.

3.23 In the limited closed-circuit television (CCTV) footage available, the force used had been both proportionate and necessary. However, we viewed several occasions where restraint supervisors, who were mostly managers, were aggressive towards already restrained prisoners, shouting and using abusive language.

3.24 Some prisoners were debriefed following a restraint, but this was not yet fully embedded. In our survey, only 34% of respondents who had been restrained said that someone had talked to them about it afterwards.

Segregation

3.25 The cells on the segregation unit were dirty and had graffiti on the walls and furniture (see key concern and recommendation 1.40). Most prisoners held on the unit did not have access to a radio as they had broken and not been replaced. An in-cell telephone was only issued following the prisoner's segregation review or adjudication, which was inappropriate. However, both of these issues were resolved during the

inspection, with prisoners granted immediate use of the telephone and the purchase of new radios.

3.26 The regime on the unit was poor, with all activities taking place in the morning, as segregation staff were regularly redeployed to other units in the afternoon. Prisoners could expect only 30 minutes' exercise and a shower every day (see key concern and recommendation 1.39).

3.27 Staff–prisoner relationships on the unit were good and we witnessed respectful interactions. In our survey, 91% of respondents said that they were treated well by segregation unit staff, which was far better than at the time of the previous inspection (50%).

3.28 Staff collated a large amount of useful data about segregation trends across several key areas, such as equality, but no meetings took place to look at these data or take action.

3.29 Prisoners generally did not spend long on the unit – five to six days, on average. There had been no need for authorisation to keep prisoners segregated for more than 42 days in the previous 12 months.

3.30 Leaders had begun to consider introducing further activity for segregated prisoners. Those who stayed for more than a week could access the gym at weekends.

3.31 Reintegration planning was generally successful, with prisoners supported to return to the units and mix with other prisoners gradually before they were moved back, to reduce anxiety.

3.32 Prisoners who separated themselves on the residential units for their own safety received the same level of regime as those on the segregation unit; staff from the safety department carried out additional safety checks on these prisoners.

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.

3.33 Prisoners were poorly accounted for around the prison. When we conducted roll checks on the wings, staff were unable to tell us how many prisoners were on the units, or who had gone where.

3.34 Most security procedures were proportionate, but the strip-searching of all new arrivals to the prison could not be justified when it was used in conjunction with a body scanner or where prisoners had also been strip-searched at the start of their journey (see also paragraph 3.5).

3.35 Security information was well managed. There was a regional hub, where staff worked 24 hours a day, processing information reports from every prison in the region. This hub provided a full assessment of the previous day's information and events by the following morning, allowing leaders and staff to respond to any emerging threats immediately. Further to this, an in-depth weekly and monthly analysis was provided, which included a breakdown of gang-related issues and their members, enabling leaders to manage these risks effectively.

3.36 These reports were used to produce local objectives at the monthly security meeting, and we saw evidence of this information being shared in the individual case management of violent and vulnerable prisoners alike, through the SIM (see paragraph 3.15).

3.37 There were good links with West Midlands Police, and a full-time liaison officer was based in the prison. A joint initiative to help manage organised crime gang members was working well, with a series of court injunctions being used to restrict the behaviour of these individuals effectively.

3.38 Drug testing had been stopped as part of the national pandemic restrictions and was only just restarting. There was a detailed substance misuse policy, which was informed by prisoner consultation. Any prisoner suspected of using illicit substances was referred to the substance misuse provider and given support through a series of meetings.

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

3.39 There had been one self-inflicted death since the previous inspection. Actions had been implemented from recommendations made by the Prisons and Probation Ombudsman, and the safety team had good oversight through regular reviews.

3.40 Levels of self-harm had reduced considerably since the previous inspection, from 554 incidents in the previous six months at the time of the last inspection, to 195 during the same period currently. Despite this reduction, the self-harm level remained higher than at similar prisons.

3.41 Leaders had introduced an effective strategy, which had contributed to the reduction in self-harm. The SIM was well attended and focused on individual prisoners of concern; there was also a daily safety meeting, which ensured actions were carried out (see paragraph 3.15).

3.42 A total of 290 assessment, care in custody and teamwork (ACCT) case management documents had been used to support prisoners in the previous 12 months. In our survey, 61% of prisoners who had been supported through the ACCT process said that they had felt cared for by staff. Prisoners we spoke to who were currently on an ACCT spoke positively about their care.

3.43 The quality of ACCT documentation was variable. Case management was not consistent and there were weaknesses in care planning and documented conversations. By contrast, assessments were very good, and all scheduled reviews were multidisciplinary. There was a quality assurance process, but, while this addressed some issues in individual cases, it failed to identify general themes, to drive improvement.

3.44 Leaders had created a designated room in the safety department, to be used for ACCT assessments and reviews; this provided a relaxed environment, off the residential unit, to provide additional support prisoners who needed it. Families were a key component of the safety strategy and had often been invited to attend ACCT reviews during the pandemic; this had occurred through a secure video call (see Glossary of terms).

3.45 The prison had four trained Listeners, which was too few for the population. Use of this valuable service was limited. The Listener suite in the health care department was no longer used because of the pandemic, and the proactive 'walkabouts', which enabled Listeners to walk around the establishment to speak to prisoners, had also stopped. Prison records showed that there had only been only 10 callouts for Listeners in the last three months.

Protection of adults at risk (see Glossary of terms)

3.46 There was a local safeguarding policy, and there had been six referrals in the previous 12 months. All referrals were managed locally and, where appropriate, prisoners were managed through the SIM, to make sure that their needs were met and appropriate safeguards were in place. All referrals had been submitted by members of the health care team; therefore, the broader establishment was still not sufficiently aware of the policy or how to raise safeguarding concerns.

3.47 The prison was not represented at the local safeguarding adults board but had a named contact, in order to raise concerns.

Section 4 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.

4.1 In our survey, 75% of respondents said that staff treated them with respect, and 66% that they had a member of staff they could turn to if they had a problem. Throughout the inspection, we observed mostly respectful interactions, although they tended to be transactional. This was because of the limited regime and there was little opportunity for meaningful contact.

4.2 We observed staff who were regularly not in their designated area of work; this compromised relationships, as they were not familiar with the prisoners in their care. Staff offices were in a central area, rather than directly on residential units, which put further barriers between staff and prisoners.

4.3 There was no formal scheme to promote staff–prisoner relationships. Before the pandemic, the prison had been operating the key worker scheme (see Glossary of terms). This stopped at the start of the pandemic; sessions had now resumed but they were far too irregular to be effective.

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

4.4 Prisoners were held in a mixture of single and double cells, most of which were shabby and austere. Despite weekly cell checks by staff, some were missing basic items, such as curtains and chairs. Staff took too long to resolve these issues when they were reported to them (see key concern and recommendation 1.40).

Occupied cell on G wing

4.5 In-cell telephony had been installed since the last inspection, although prisoners told us that some telephone lines were affected by an ongoing fault that caused calls to drop.

4.6 A refurbishment programme of all cells had begun recently, with the repainting of a few cells on D wing, and it was estimated that this would take well over a year to complete. However, leaders and staff had not maintained adequate oversight of the refurbished areas, and some of these cells already had basic items missing.

4.7 Levels of cleanliness varied, and in our survey only 61% of respondents said that they received adequate cleaning materials each week, although this had increased considerably since the last inspection. Toilets were not adequately screened in single cells, but those in double cells allowed for privacy. Many toilets needed deep cleaning. Prisoners had covered the observation panels in some locations (see key concern and recommendation 1.40).

4.8 Communal association areas on and between wings were adequately clean, but in need of refurbishment (see key concern and recommendation 1.40). Indoor communal spaces were, in general, sparsely furnished, with few seats, although there were more seating areas and shared tables on J wing. The exercise yards were well equipped, but small. External areas and gardens were attractive and well maintained, but prisoners had limited access to them.

4.9 In our survey, more respondents than at the time of the previous inspection said that they were able to shower daily (95% versus 81%). Cells on J wing had in-cell showers, but on all other wings there were

communal showers. On many wings, these were mouldy and needed cleaning (see key concern and recommendation 1.40).

4.10 The central laundry facility was well supervised, and prisoners were able to get their clothes washed weekly. In our survey, 71% of respondents said that they had enough clean clothes for the week, up from 47% at the time of the last inspection.

4.11 In our survey, only 19% of respondents said that their cell call bell was answered within five minutes and many prisoners raised this as a concern or complaint to inspectors, citing waiting times in excess of 20 minutes. The prison was not monitoring response times. We were told that this was because the existing cell bell system did not log response times, so the data were not available. A new cell bell system, with intercom functionality and automatic monitoring, was planned.

4.12 Prisoners experienced delays in accessing their stored property. In reception, we saw unanswered property applications that were over four weeks old.

Residential services

4.13 In our survey, 54% of respondents said that the quality of the food was good, which was better than at the time of the previous inspection (39%). Only 43% said that they got enough to eat, but the prisoners we spoke to were generally positive about quality and quantity. The lunch and evening meals that we saw being served were of good quality and reasonable quantity and catered for a range of diets. However, meals were still served too early. Recent consultation with prisoners had resulted in the introduction of a wider range of dessert options. Breakfast packs for the following day were given out with evening meals. Communal dining was only permitted on J wing, but even this had been suspended because of COVID-19 restrictions.

4.14 The kitchen was clean, and workers wore appropriate personal protective equipment (see Glossary of terms) and undertook basic food hygiene training. Cleanliness varied at the wing serveries; we saw some servery workers without hair nets, although this was rectified during the inspection.

4.15 The prison shop service was reasonable, although in our survey fewer black and minority ethnic prisoners than their white counterparts said that the shop sold the things they needed (51% versus 78%). A recent consultation, focusing on improving the offering for these prisoners, had resulted in prisoners selecting 20 new items to be added to the shop list in the next update.

4.16 Prisoners told us that they were frustrated by long delays in receiving catalogue orders. These were due to factors such as items being out of stock or the prison requiring a certain number of item requests before placing a bulk order. This had been raised at the prisoner council meetings (see below) several times but had not been rectified, and

explanations had not been communicated well to prisoners beyond these meetings, resulting in ongoing frustration.

Prisoner consultation, applications and redress

4.17 A prisoner council, chaired by one of the two heads of residence, met fortnightly and was usually attended by at least one representative from each residential unit. Representatives spoke positively of the meetings and described examples of the changes that had been brought about, such as to the clothing policy and the recent prison shop consultation. However, many prisoners were unaware of the existence of the prisoner council or who their unit representatives were, and outcomes of the meetings were not discussed or disseminated widely.

4.18 In our survey, only 55% of respondents said that their applications had been dealt with fairly, and 29% that they had received responses within seven days. Many prisoners were frustrated by the applications system; applications were logged by night staff, but responses were not tracked and managers did not have oversight.

4.19 Complaint forms were readily available on the wings. Responses were monitored and tracked by the business hub; complaints for which a response was overdue were raised directly with the senior leadership team at daily morning briefings. Monthly quality assurance picked up relevant issues, and occasional reviews tried to identify trends. The sample of complaint responses we viewed were mostly on time, respectful, written in plain English and resolution focused.

4.20 There was no legal services officer or dedicated staff member to support legal queries. The offender management unit (OMU) could refer prisoners for bail accommodation, but told us that few prisoners needed this service in practice. In our survey, only 43% of respondents said that it was easy to communicate with their legal representative, although this was higher than at the time of the previous inspection (19%). Prisoners we spoke to on the wings were satisfied that they could use their in-cell telephone to contact their lawyer, and they could also book a video meeting slot. There was a good supply of legal materials in the library, although prisoners had limited access to this (see paragraph 5.4). OMU staff believed that prisoners could obtain a signposting sheet of legal telephone numbers from prisoner information desk workers or the induction unit, but we did not see any such resources.

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

4.21 The management of equality had been reorganised at the beginning of 2021. A senior manager had been appointed to the newly created position of equality, diversity and inclusion (EDI) lead. He was supported by an EDI officer, although the latter was often deployed to other duties. A new EDI strategy and action plan had been developed, but neither of these documents was informed by a specific analysis of needs in the prison (see key concern and recommendation 1.41).

4.22 Limited analysis of equality data was carried out. The prison produced data reports covering most aspects of prison life, but these were not analysed. A recent report indicated instances of disproportionality, such as for black and minority ethnic prisoners in relation to adjudications and for Muslim prisoners being over-represented on the standard level of the rewards and sanctions scheme, but neither of these issues had been identified or acted on. Instances of disproportionality in the use of segregation related to age and ethnicity had been identified in reports produced for the segregation unit, but these data had not been considered at any forum (see key concern and recommendation 1.41).

4.23 EDI committee meetings, chaired by the governor and attended by senior managers and prisoner representatives, took place monthly. Senior managers had been assigned responsibility to lead work and hold consultation forums on specific protected characteristics. These forums were focused mainly on delivering updates from leaders about work and plans in this respect. The meetings did not address other important aspects of the management of equality, such as tracking the implementation of the EDI strategy or the analysis of equality data (see key concern and recommendation 1.41).

4.24 There was a network of prisoner peer representatives on each residential unit, who were tasked with promoting equality across the prison and supporting prisoners with equality-related issues on their respective wings. They were given information about their expected role but did not receive training. Ongoing cohorting arrangements were having an adverse effect on their ability to be available to all prisoners within their residential units. During the inspection, they were not clearly identifiable, but they were about to be issued with T-shirts to rectify this.

4.25 There had been 21 discrimination incident report forms (DIRFs) submitted since the beginning of 2021. DIRFs were available on the wings and many prisoners with protected characteristics that we spoke to were aware of the DIRF process. When he had come into post at the start of the year, the EDI lead had identified that previous DIRFs had not always been investigated and/or responded to appropriately, and had taken steps to address this. The DIRFs we reviewed had generally been dealt with appropriately and within deadlines, but there was no quality assurance, as the EDI lead had insufficient capacity to expand his role beyond dealing with the DIRFs.

Protected characteristics

4.26 To support the senior manager leads for the protected characteristics, more junior staff with particular experience/interest were appointed as deputies. Several prisoner forums on specific protected characteristics had been undertaken in the weeks before the inspection. Most of the forums planned or undertaken aimed at raising awareness among prisoners. Only a few were targeted specifically at those with the characteristics under discussion, which was a missed opportunity to use these groups to obtain a greater understanding of the needs of prisoners with shared protected characteristics.

4.27 Our prisoner survey found more negative perceptions about aspects of prison life among Muslim prisoners and those who considered that they had issues with their mental health, compared with the general prison population. The prison was not immediately able to identify the reasons for these negative perceptions.

4.28 The prison worked hard to meet the needs of some foreign national prisoners. For instance, the inspection took place in the immediate aftermath of the violent change of government in Afghanistan, and the EDI officer had taken the time to speak to Afghan prisoners to find out how this was affecting them and to offer support. However, this was not always the case for those of other nationalities, and we saw many isolated individuals who were not able to communicate anything other than their most basic needs to staff. Professional telephone interpreting services were rarely used on the wings.

4.29 Few prisoners disclosed that they were gay or bisexual. The prison considered that there was under-reporting by individuals in these categories, which it attributed to concerns that disclosure to other prisoners might have negative implications for them. However, the prison had not done or planned any work to try to understand and respond to this situation.

Faith and religion

4.30 The chaplaincy consisted of a multi-faith team, supported by volunteers. Most prisoners had ready access to a chaplain of their faith. The prison had increased its links with faith networks in the community, enhancing the prospect of meeting the faith needs of prisoners. The chaplaincy provided pastoral support, and members of the team were

visible on the units, particularly in areas where prisoners were most likely to be in crisis. They attended assessment, care in custody and teamwork (ACCT) case management reviews.

4.31 The prison had a large chapel, which was used for a range of activities. Corporate worship had resumed, but access remained extremely limited. Prisoners could only attend with others from their wing which meant until our visit they could access services once every 16 weeks. During the inspection this was relaxed slightly to every eight weeks which was still inadequate. Considering the restricted access to services, we were concerned to hear that a recent Roman Catholic service had had to be cancelled because the prison had failed to bring the prisoners to the chapel.

4.32 The chaplaincy was also facilitating a number of faith-specific study groups. These were being carried out according to a similar timetable to corporate worship, which inhibited access to interested prisoners.

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.

4.33 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 no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

4.34 NHS England and NHS Improvement commissioned Practice Plus Group (PPG) to deliver health care services, with Midlands Partnership NHS Foundation Trust (MPT) 'Inclusion', providing integrated mental health and substance misuse services, and other sub-contracted providers meeting specialist demand. Partnership working was strong, both between health services providers and with the prison team. Accountability and governance arrangements were robust. Good oversight had been maintained by commissioners and the prison leadership team throughout the pandemic. An effective clinical governance framework was in place, focusing on delivering and improving patient care, and including regular audit and learning from incidents.

4.35 There was strong clinical leadership at all levels and frontline staff said that they felt well supported. The small primary care team had some staff vacancies, but regular bank and agency staff provided effective cover on a 24/7 basis, which, coupled with an experienced and skilled core team, meant that the impact for patient care was negligible.

4.36 Access to essential training had been well maintained, with strong supervision arrangements and access to professional development for all staff.

4.37 We reviewed a sample of patient clinical records which described patient need well and captured interventions appropriately. From our observations, health care practitioners clearly knew their patients and treated them with dignity and respect. Staff had demonstrated great flexibility during the pandemic, establishing outreach support on all residential wings.

4.38 There were sufficient treatment rooms and these mostly complied with infection prevention standards, although the treatment room in the reception area needed refurbishment and had some built-up dust and dirt in places. A telemedicine facility was available and was used appropriately.

4.39 Health care practitioners trained to immediate life support level provided a 24/7 rapid response in the event of a health emergency, making use of strategically placed resuscitation equipment, which was checked and maintained regularly.

4.40 All health care staff we spoke to understood how to deal with some hypothetical safeguarding concerns that we outlined, and had received appropriate training. There were few health care complaints, and the replies we viewed had addressed the issues raised. Some prisoners were dissatisfied after receiving the response to local concerns and were unaware that they could escalate these to formal complaints. This was resolved during the inspection.

Promoting health and well-being

4.41 Health promotion work, which had previously involved the whole prison population and use of health champions, had reduced as a result of the pandemic. Initiatives led by the health care team had been maintained wherever possible and a patient engagement officer had been appointed to help recovery and improve prisoner involvement.

4.42 Information about health services was displayed routinely and a monthly newsletter was produced for prisoners, with key updates. A range of age-appropriate health screens and vaccinations was offered routinely, including sexual health support and access to barrier protection. There were systems to deal with communicable disease outbreaks, with good partnerships established with Public Health England. The health team had actively promoted COVID-19 vaccination to this younger population and seen some improved uptake.

Primary care and inpatient services

4.43 The primary care service was well led, with good managerial oversight and a shared team vision to overcome any obstacles in the care and support of patients. It operated a seven-day, 24-hour nursing service,

with GP clinics delivered five times a week and an urgent clinic on Sundays. In addition, an out-of-hours service was available to support patients and practitioners.

4.44 The primary care team was passionate, highly motivated and had continued face-to-face nurse triage during the pandemic. There was good access to a range of age-appropriate primary care services, and all health care applications submitted by prisoners were triaged by a nurse. At the time of the inspection, there was no waiting list to see the GP, which meant that prisoners with an urgent request could be seen quickly.

4.45 Initial reception and prompt secondary health screenings for new arrivals to the prison were thorough, with the NHS Quality and Outcomes Framework used to assist early identification of any underlying conditions and access to ongoing treatment. Long-term conditions were well managed, with annual reviews taking place.

4.46 The team had a good mix of skills and there were daily handover meetings, for staff to share important information about patients. In addition, multidisciplinary meetings were held weekly to discuss patients presenting with complex needs.

4.47 There was effective administrative and clinical oversight of external hospital appointments, with 10 slots available weekly for officer escorts. Staff were proactive in pursuing alternative hospitals for routine visits, to make sure that prisoners did not experience excessive wait times. Some routine appointments had been cancelled, but two-week urgent appointments were met. Staff used electronic tasks to communicate important information to each other, and these were managed well.

4.48 Allied health professionals had restarted visits to the prison and were progressing through their waiting lists, with an average wait of around five weeks.

4.49 The inpatient facilities had improved since the last inspection, with evident investment in the environment and staffing. Since July 2021, the unit had operated as a regional facility for prisoners aged under 25. A protocol had been developed, with clear clinical admission and discharge criteria and a regime established for a maximum of 11 prisoners, supported by an inpatient coordinator and enabled by prison staff. At the time of the inspection, the unit was being used primarily for prisoners with mental health problems who were waiting for a transfer to hospital under the Mental Health Act.

4.50 We were told that officers were specially recruited to work on the inpatient unit, but during the inspection most officers we met had been temporarily assigned and the few substantive officers on duty had received no additional training. In addition, staff were often withdrawn from the unit, which meant that the regime there was curtailed too often.

4.51 We saw evidence of health care assessment and care plans on the unit, with regular input from specialist clinicians, but no care planning information was shared formally with prison staff. Time out of cell was not monitored, but we were told that inpatients could access facilities such as the gym, education and the library on a risk-assessed basis. However, the support provided by officers mostly targeted ensuring that exercise and personal hygiene needs were met, and inpatients told us that they had limited access to communal areas and amenities.

Recommendation

4.52 **A clear programme of consistent out-of-cell activities should be available on the inpatient unit, reflecting the agreed care needs of the prisoners residing there.**

Social care

4.53 There was little demand for social care support, with only one prisoner receiving a social care package (see Glossary of terms) in the previous 12 months. The evidence we reviewed suggested that the care given had met the prisoner's needs, with an agreed package of community support determined before release.

4.54 A memorandum of understanding between the local authority, prison and health care service was in place and we saw evidence of prisoners being screened on arrival to determine potential need.

Mental health care

4.55 'Inclusion' (MPT) delivered integrated mental health and substance misuse services, contributing strongly to PPG governance arrangements. Working relationships with the prison were positive, with contributions to ACCT reviews and safer custody meetings, and regular visits to segregation and inpatient units.

4.56 Services were impressive, well led and accessible on weekdays from 8am to 5pm, with a designated duty worker assigned to ensure a rapid response to acute concerns and triage referrals. MPT provided out-of-hours advice to the prison.

4.57 Inclusion staff had a rich skill set, including nursing, drug recovery workers, occupational therapy, psychiatry, psychology and social work. Staff had suitable access to regular clinical supervision and training.

4.58 All prisoners were screened for mental health problems on arrival and referred for specialist assessment if required. Referrals from the prison were accompanied by completed, informative threshold assessment grids (a measure of severity of problems) and were seen within target times. No officers had received mental health awareness training since the start of the COVID-19 restrictions and around 20% of referrals in the sample we reviewed were inappropriate.

4.59 The team was busy, with around 90–100 on the caseload at any time, many of whom had untreated mental health disorders. A recent needs

analysis revealed that around 33% of patients had underlying developmental disorders. Planning was advanced to introduce professionals with learning disabilities skills and create a developmental disorders treatment pathway.

4.60 Clinical records and care plans were among the best we have seen. Each problem had a separate plan, which was focused, individualised and reviewed regularly. Integrated mental health and recovery work ensured more effective and coordinated support for prisoners.

4.61 COVID-19 restrictions had affected the range of available treatments, with all groups suspended. However, there had been enhanced use of in-cell telephones to undertake welfare checks and deliver support. There were plans to resume groups, and one-to-one solution-based therapies were delivered on the wings, although delays in unlocking prisoners, and the 'bubble' system/regime restrictions made this support inefficient. The most vulnerable and complex patients were seen regularly and reviewed in weekly multidisciplinary meetings. The care programme approach (CPA) was used to support these patients, although there were difficulties in engaging some community services in the CPA process.

4.62 The accumulation of young men in the regional inpatient beds had concentrated needs at Brinsford, increasing the number of transfers under the Mental Health Act. From January to July 2021, inclusive, 10 patients had been transferred to hospital, with an average wait of 28.6 days, which met the new guideline target, although waits for transfers to specialist hospital units were longer.

Recommendation

4.63 **Prison officers should receive mental health and substance misuse awareness training, to enable them to recognise behaviour requiring referral for assessment.**

Substance use treatment

4.64 Substance misuse services were well led and delivered by a skilled team. Drug recovery workers had mature relationships with the prison, contributing effectively to drug strategy meetings, delivering on-demand reduction initiatives and attending all safer custody meetings.

4.65 All new arrivals were screened promptly for alcohol and drug issues and were referred, if needed, for specialist assessment. Assessments were within target times and used evidence-based tools. The referral system was open to all. One in seven referrals for mental health problems were for addictions issues, which suggested that training for officers in substance misuse and mental health was weak.

4.66 At the time of the inspection, 53 prisoners were being supported by the team; care planning was integrated and excellent (see also paragraph 4.60). Group work, including self-management and recovery training (SMART; an abstinence-based recovery programme), had stopped

because of the pandemic, but there were plans for resumption. As a result of the restricted access to prisoners, novel approaches had been developed, such as enhanced use of in-cell telephony and greater use of high-quality in-cell materials. One-to-one engagement was proving to be inefficient because of time lost waiting for prisoners to be unlocked.

4.67 Few prisoners needed OST, with only three at the time of the inspection. The administration of OST in the health care centre was exemplary, with good supervision by officers. Treatments were evidence based and well integrated, with support given by recovery workers, including joint reviews at regular intervals.

4.68 Essential peer support was absent, as the recovery champion had left the prison during the restrictions. A strategy to recruit was had been prepared, for when the pandemic restrictions were relaxed. Valued mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous – suspended during the restrictions – were ready to restart when permitted.

4.69 Recovery workers identified clients ahead of their leaving the prison and linked them with community drug services, advised them on harm minimisation, and provided training and supplies of naloxone (to reverse the effects of opiate overdose) as necessary.

Medicines optimisation and pharmacy services

4.70 Medicines were supplied from HMP Oakwood through a PPG-operated pharmacy. Initial health screening and a next-working-day appointment with the GP made sure that ongoing treatments were maintained and full medicine reconciliation was achieved promptly. A small but adequate stock of critical medicines was held on-site to avoid delays in accessing urgent care, with access to a community pharmacy supply through use of FP10s (a prescription form issued for dispensing at a community pharmacy) if needed.

4.71 Medicines were transported and handled safely within the prison. Wing-based treatment rooms had been refurbished and were generally fit for purpose. There was little prescribing of tradable medicines and none prescribed in-possession. Oversight was effective, with an established safer prescribing group reviewing prescribing practice and a medicines management meeting reviewing trends, effectiveness and incidents.

4.72 The volume of medicines used was relatively small. Supervised medicines, including the provision of a small number of controlled drugs, were administered safely, with good supervision by officers. There was an adequate range of patient group directions (which enable nurses to supply and administer prescription-only medicine) and prisoners could buy some over-the-counter medicines from the prison shop, to enable basic self-care.

4.73 We saw examples of prisoners who had not attended to collect medicines being followed up appropriately. Prescribers were informed

when this was a continuing problem. All prisoners were subject to in-possession risk assessments, which were reviewed systematically.

4.74 Prisoners on release received a month's supply of medication or provision of an FP10 prescription if necessary.

Dental services and oral health

4.75 NHS England and NHS Improvement commissioned a local dentist to provide services in the prison, and a full range of services was available. PPG employed the dental nurse, with three sessions available each week.

4.76 Waiting lists were triaged by the dental nurse and wait times were at around four weeks for new patients. Urgent cases were prioritised, and appointments scheduled according to need.

4.77 There had been a delay in restarting aerosol generating procedures, as a result of problems with air ventilation equipment. However, this had been resolved and, although waiting lists were at around 17 weeks, progress was being made and additional sessions were scheduled to reduce waiting times. The provision of acute care and the response to dental pain had remained flexible and responsive to need.

4.78 During the pandemic, the team had continued to attend the prison to offer support and oral health advice to prisoners.

4.79 The dental suite was clean, and equipment well maintained, with a separate decontamination room. The dental chair needed replacing and the dental team had escalated this to the prison.

Section 5 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.

5.1 In our roll checks during the working day, 45% of prisoners were locked up and only 25% prisoners were either working, in training or in out-of-cell education, of whom 12% were undertaking these activities off the wing. Unemployed prisoners spent up to 23 hours a day locked in their cells. We found many prisoners spending the day sleeping in their cells or watching television, which was not conducive to the well-being or the prospects for rehabilitation of what were, mostly young prisoners. Those who were working were out of their cell for only around six hours a day on weekdays (see key concern and recommendation 1.42).

5.2 Senior leaders told us that they had recently increased the amount of time that prisoners could exercise outdoors, associate and undertake domestic tasks, from one hour to one hour 15 minutes a day, which was to be taken at one time. However, we found that most prisoners were out of their cells for between 45 minutes and one hour a day. Prisoners who were off the wing for purposeful activities or other reasons did not always get access to any of the regime when they returned. Prisoners with potential COVID-19 symptoms and those testing positive were generally limited to a daily shower – and even this did not happen consistently. It was concerning that managers were unaware of this (see key concern and recommendation 1.42).

5.3 Unlike in some establishments we had inspected recently, prisoners were able to associate indoors. However, on most wings there were limited opportunities for prisoners to sit down in communal areas, and recreational facilities were scarce. Most wings did not have table tennis tables and, where they did, bats and balls were not always available. Most pool tables were not in use and there was confusion as to why this was the case; some staff told us that the COVID-19 restrictions still in place prohibited their use, while others cited other safety concerns.

5.4 The library had closed at the start of the pandemic and had provided a remote service, which, for many prisoners, was still in operation. Although the library had reopened in June 2021, most prisoners were still not able to access it. In our survey, only 18% of respondents said that they could visit the library at least once a week. The current library timetable gave privileged access to those who were working off the wings.

5.5 Prisoners we spoke to on the wings said that it was difficult to choose books without the opportunity to browse the stock. They could make applications to visit the library but we met many prisoners who had not been able to visit for several weeks. We were told that this was mainly because of a lack of available escort staff.

5.6 In our survey, only 10% of prisoners said that they could go to the gym or play sport at least twice a week. The gym had reopened but, as a result of cohorting and limited shower facilities, only 12 prisoners were able to use it at one time. They were able to use the well-equipped fitness room, but the only exercise available in the large sports hall was badminton.

5.7 The four non-enhanced wings had access to the gym between Monday and Thursday, with four sessions taking place each day, although there were plans to add evening sessions for workers and those with enhanced status. Remedial exercise for the handful of prisoners referred by health care staff took place once a week. At the weekend, those on the enhanced (J) wing were supposed to have gym sessions each day, but these were often cancelled because of staffing shortages. Most prisoners we spoke to had gym access every other week, with those on the enhanced wing having more access.

5.8 Although the prison had done some analysis of prisoners who were not using the gym currently, we saw no evidence that this had led to efforts to encourage or facilitate usage. Seven prisoners were doing a non-accredited in-cell gym course, and the prison was about to resume Active IQ courses.

Education, skills and work activities

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

5.9 Ofsted assessed that leaders were making insufficient progress towards ensuring that staff teach a full curriculum and provide support to meet prisoners' needs, including the provision of remote learning.

5.10 Senior leaders did not provide education, training and work opportunities to meet the needs of the prisoners. They provided a narrow range of vocational training, with a small number of places in catering and fork-lift truck driving, and an excessive number in cleaning and work on the accommodation units. Leaders were not able to offer

carpentry because of staff shortages. Most of the work activities, such as tea packing, did not provide sufficient opportunity to develop higher-level vocational skills and gain qualifications (see key concern and recommendation 1.43).

5.11 There were few structured opportunities to learn about personal development and how to improve mental health. Managers did not provide sufficient support for English for speakers of other languages (ESOL). Due to staff shortages, at the time of the inspection there was no classroom provision for ESOL learners. Seven out of the 21 prisoners who had been identified as needing ESOL support were learning through in-cell packs.

5.12 Leaders and managers had recently implemented improvements to education provision, but too many prisoners had withdrawn from in-cell learning courses during the period of the most severe restrictions. Many had also failed to complete their mentoring, employability, and English and mathematics courses during this period.

5.13 Too few prisoners were engaged in enough meaningful education, training and work. For example, currently, only 43 prisoners were being offered face-to-face education, for just two hours a day and one of the two education buildings was not in use during the inspection. Attendance was low, and too often the prisoners were escorted to classrooms late, so the teaching was cut short. On returning to their wings, these prisoners had often missed their opportunity to shower and have association time. This acted as a disincentive to attend education classes (see key concern and recommendation 1.44).

5.14 At the time of the inspection, 103 prisoners were completing in-cell learning, with the most popular course being music technology. Only six prisoners were studying English and none was studying mathematics. However, during the restrictions, amenities work had provided distraction opportunities for prisoners at risk of self-harm and suicide.

5.15 Leaders had made slow progress in returning to face-to-face lessons and had not prioritised learning for those who would benefit most from this form of teaching, with no clear rationale for their allocation. For example, managers did not prioritise ESOL learners, those with additional support needs or those who had struggled to learn in their cell.

5.16 Leaders did not make sure that all prisoners received high-quality information, advice and guidance (IAG) at induction or that subsequent allocations to education, training and work were based on prisoner need. When vacancies arose, selection for wing work was too often made in isolation by prison officers. In too many cases, prisoners were placed on courses through staff recommendation or prisoner availability, rather than with reference to their skills action plans (see key concern and recommendation 1.43). However, staff provided helpful advice to all prisoners who were within 12 weeks of release. A specialist IAG staff member met these prisoners and engaged well with

external partners, such as the Department for Work and Pensions, and potential employers, to support the process 'through the gate'.

5.17 Senior leaders had developed a detailed and ambitious vision for the future education, skills and work offer. The plan included seven different pathways and offered a distinct curriculum for prisoners, linked to their sentence plan. Managers described how the provision would be coordinated with that of other prisons, involve employers and provide a range of vocational qualifications. However, expanded provision would require investment in staffing and workshops (see key concern and recommendation 1.44).

5.18 Senior leaders explained their intentions to combine remote and face-to-face learning and part-time work opportunities, to provide prisoners with greater access to education, training and work in the future. Leaders had consulted internally and with external partners on these plans, but it was too early to measure the impact of this. Senior leaders acknowledged that the expanded provision would require investment in workshops.

5.19 Most teachers taught the curriculum well through face-to-face teaching. They enabled a small number of prisoners to build on their existing knowledge, learn and remember more. For example, in English, prisoners learned the difference between informing and explaining, and how to apply this information in situations that were relevant to them.

5.20 Managers and teachers developed some helpful workbooks which explained key ideas clearly and enabled prisoners to improve their understanding while working in their cell. This was the case in English and information technology. However, in music technology and employability, some prisoners found the level of language and the amount of text too difficult to understand, and made little progress or withdrew from the course.

5.21 Education staff screened all prisoners who attended education classes, to assess their support needs. They developed detailed support plans, providing teachers and instructors with helpful guidance on the adjustments that were needed. However, leaders did not make sure that all prisoners were screened for additional learning needs, and those in industry and work did not receive a support plan (see key concern and recommendation 1.44).

Section 6 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.

6.1 Visits had reopened in April 2021, and leaders had introduced a system whereby prisoners had a limited visit offer of one visit every five weeks. The visits hall had been adapted to allow for social distancing and was well presented. However, restrictions, including the wearing of facemasks and absence of refreshments, hindered the overall experience.

Visits hall

6.2 Brinsford was taking part in a pilot that allowed contact between families and prisoners if they elected to take a COVID-19 lateral flow test before the visit took place; this meant that they could hug at the beginning and end of the session. At the time of the inspection, this had

been live for several weeks and had been well received, with a high uptake.

6.3 Barnardo's provided a family support service and had worked hard to mitigate the impact of the restrictions throughout the pandemic, and continued working with families in a variety of formats. The courses on parenting were still not being delivered because of the regime restrictions.

6.4 Secure video calls (see Glossary of terms) had been introduced promptly in July 2020. Initially, uptake had been low, but it had gradually increased, and in the previous six months had averaged over 250 sessions a month, which was better than we have seen at other prisons.

6.5 The introduction of in-cell telephones before the pandemic had been valued by prisoners.

6.6 There were adequate arrangements for prisoners to send and receive mail, and the 'email a prisoner' scheme, including a reply service, was well used.

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.

6.7 There was a good focus on reducing reoffending work. Progress against a detailed action plan was overseen by a regular strategic meeting. This had generally reasonable attendance from internal and external partners. The managers for reducing reoffending and offender management worked collaboratively and had developed a clear vision for Brinsford in its role as a resettlement prison. Planning to introduce and embed this vision was still ongoing.

6.8 Offender management was delivered primarily by nine prison offender managers (POMs) and a team of administrators. The offender management unit (OMU) was currently carrying three vacancies: one POM and two administrators. The POM group, which comprised a mixture of probation, and operational and non-operational prison staff, had a collaborative team ethos. Prisoners were allocated by risk, and caseloads for POMs were not excessive. Staff described OMU managers as approachable and supportive.

6.9 Staffing levels had mostly been maintained during the COVID-19 restrictions, and POMs had remained on-site. Offender management work had experienced some disruption, but POMs had kept in contact with their allocated prisoners either in person or by in-cell telephone when they had not been able to go onto the residential units.

6.10 Within the OMU, management oversight of cases was evident, with discussions and action points being recorded. All POMs had regular supervision sessions with a senior probation officer.

6.11 Nearly all the prisoners in the case sample we interviewed were able to name their POM and saw them as responsive. In some cases, they described their contact with their POM as more frequent than was evident from formal records, which indicated some under-recording. For example, prisoners and POMs both reported working through workbooks together to address sentence plan targets (see paragraph 6.27), but this was not always clear from case notes. However, records reflected meaningful supervision sessions, which included praise, where appropriate, but also challenge of negative behaviour and attitudes.

6.12 At the time of the inspection, only about 6% (19 prisoners) of initial offender assessment system (OASys) assessments were overdue for eligible prisoners. Fifteen per cent had not had a review in the previous 12 months. In our survey, only 40% of respondents said that they had a custody plan, but most of the case sample prisoners we interviewed were aware of their sentence plans, and why each objective had been included.

6.13 Most sentence plans we looked at were of good quality, with a minority addressing needs only in general terms or not sufficiently reflecting the provision available; this was particularly evident with recalled prisoners, for whom community offender managers completed assessments and plans, with POMs taking a supporting role. The quality of risk management plans ranged from adequate to very good; in the sample we reviewed, there were weaknesses in the plans for some of the recalled prisoners.

6.14 In most of the cases we looked at, prisoners had made sufficient, or better, progress against their sentence plan targets. Lack of access to interventions offered at Brinsford (see paragraph 6.24, and key concern and recommendation 1.45) and difficulty in getting a transfer to a prison that offered an intervention not available there were barriers to progression for some prisoners.

6.15 Remanded prisoners were not included in the Offender Management in Custody (see Glossary of terms) model. Managers had decided that all POMs would have an allocation of remanded prisoners added to their caseloads, so that the risks and needs of the latter could be identified and addressed. This included making contact with local authorities for care-experienced prisoners, supporting contact with legal advisers and bail applications, and oversight of any public protection concerns that they posed.

6.16 Home detention curfew (HDC) processes were mostly initiated in reasonable time in the lead-up to prisoners' eligibility dates. However, some prisoners were not released on their earliest possible date. In the previous year, a quarter of prisoners approved for HDC had been released more than three days after. Staff told us that this was caused

mainly by a lack of suitable accommodation in either approved premises or Bail Accommodation and Support Services accommodation, and delays in addresses in the community being approved as suitable.

6.17 The distinct needs of prisoners who were care experienced or had transitioned from youth custody at the age of 18 were recognised. Each group had an enthusiastic POM who was developing work to increase the support available.

Public protection

6.18 Public protection work had been strengthened since the previous inspection and was overseen by the head of OMU delivery. Prisoners who posed a high risk of harm who were approaching release were reviewed at a monthly release management planning meeting, starting eight months before their release. This included checking that multi-agency public protection arrangement (MAPPA) management levels had been confirmed, as well as practical arrangements for release. Contributions to the meeting were generally good and actions were tracked, but attendance was inconsistent.

6.19 At the time of the inspection, the prison had nine prisoners who were subject to MAPPA management at level 2 (which requires the active involvement of one or more agency). We examined 10 recently completed contributions to MAPPA meetings. These had been completed in good time and the quality of all were sufficient. Three of them were very good, with analysis throughout the assessment and identification of circumstances that would increase risk.

6.20 Day-to-day public protection work was managed well. OMU staff screened new arrivals to identify those presenting a risk to children or others, and contact restrictions and monitoring were applied appropriately. At the time of the inspection, nine prisoners had been identified as requiring monitoring. The need for this was kept under regular review and most were monitored for a short time. There was no backlog, but communication in languages other than English were not translated routinely, which often made the procedure ineffective.

Categorisation and transfers

6.21 The categorisation process was timely and up to date. Most prisoners were able to transfer to appropriate prisons without too much of a delay, but some assessed as suitable for open prisons waited too long for their move; some prisoners were released before having the opportunity to transfer.

6.22 Managers had plans to open a small resettlement unit from which release on temporary licence could be provided. This needed to be expedited, to meet the needs of category D prisoners waiting to move to open prisons.

Interventions

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

6.23 Before the COVID-19 pandemic, the prison had been offering two accredited interventions: the Thinking Skills Programme (TSP) and Resolve.

6.24 Programme delivery had stopped at the start of the pandemic. Some staff had left the programmes team and others had been used to support other work around the prison during the worst of the pandemic. More recently, the programmes team had reformed and used the adapted delivery framework to complete one small-group TSP intervention, with two prisoners. Assessment and selection for another small group, with up to three participants, to start TSP in September 2021, was under way, with prioritisation by release date. A review of the waiting list showed that by the end of March 2022, 27 prisoners would be released without accessing treatment if small group sizes remained. No Resolve programmes were planned before April 2022, and 10 prisoners on the waiting list would have been released by then (see key concern and recommendation 1.45).

6.25 Since the start of the pandemic, the prison had progressed work to introduce a new accredited intervention, 'Kaizen', after a gap in provision had been identified in a needs assessment in 2019. This intervention was designed to be used with prisoners identified as being at high risk of reoffending using violence.

6.26 The programmes manager told us that newly recruited programme facilitators had to wait long periods to access training to be able to deliver interventions. This was a concern, particularly given the number of prisoners on the waiting lists (see key concern and recommendation 1.45).

6.27 POMs completed structured one-to-one work with prisoners in supervision sessions. Depending on the need identified, this included using probation service workbooks, and exercises from the Choices and Changes work pack, which was aimed at developing maturity in young adult prisoners. Other useful one-to-one work, covering a range of relevant needs, was provided by a Prison Advice and Care Trust (PACT; see Glossary of terms) support worker, who had returned to seeing prisoners in person in May 2021. They had a caseload of between 60 and 70 prisoners and described information sharing with and from POMs as good.

6.28 No use had been made of release on temporary licence since early 2019.

6.29 Resettlement staff provided prisoners with support to open bank accounts and obtain identity cards before their release. These staff had been part of the community rehabilitation company (CRC) at the prison

before the national reunification of the Probation Service and withdrawal of CRCs in June 2021. In the previous 12 months, 126 prisoners had opened bank accounts and 199 had received identity cards. Resettlement staff referred prisoners to Birmingham Settlement seconded workers for finance and debt services. A Jobcentre Plus worker who had provided support with benefits appointments and advice remotely during the pandemic had returned to working in the prison.

6.30 Before reunification, the resettlement workers had helped prisoners who needed support with accommodation. They now identified need and referred them to the organisation commissioned to deliver accommodation services in the release area. Records indicated that only six prisoners had been released with no accommodation in the previous 12 months. For those who had been released to temporary accommodation during the COVID-19 pandemic, the prison did not know what follow-on accommodation had then been provided.

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.

6.31 An average of 60 prisoners were released each month. In the sample of cases we reviewed, the six prisoners who were due for release within 12 weeks had reviewed resettlement plans in place.

6.32 Two organisations, Trailblazers and Change, Grow, Live, offered mentoring services to prisoners. Information provided by prison managers showed that, in the previous 12 months, 118 prisoners had received support from these organisations on the day of release or subsequently.

6.33 Discharge arrangements on the day of release were satisfactory. Staff made sure that prisoners understood their licence conditions, and where and when they needed to report on release. Reception staff held an adequate supply of non-prison-issue clothing and shoes, and black bags in which prisoners could carry their possessions. A free daily bus service to the nearest train station was advertised in reception for anyone who needed transport.

Section 7 Recommendations in this report

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

Key concerns and recommendations

7.1 Key concern (1.36): Leaders and managers lacked visibility on the residential units, and delivery in key areas did not reflect their understanding or expectations. Morale among frontline staff was low and too many reported that communication from managers was poor.

Recommendation: Leaders and managers should be more visible to support staff, assure themselves that practice reflects their intentions and make sure that progress is made in priority areas.
(To the governor)

7.2 Key concern (1.37): The supervision of prisoners and challenge of poor behaviour were inadequate. We witnessed many incidents of low-level bad behaviour going unchallenged by staff, and groups of prisoners left unsupervised for long periods.

Recommendation: Prisoners should be subject to suitable levels of supervision and be challenged appropriately by staff when behaving poorly.
(To the governor)

7.3 Key concern (1.38): Due to the lack of body-worn camera footage available for incidents, leaders could not assure themselves that every use of force was justified.

Recommendation: Leaders should make sure that staff use body-worn cameras when responding to incidents; where this has not been possible, a reason should be given in the use of force report.
(To the governor)

7.4 Key concern (1.39): Prisoners on the segregation unit were locked up all day, except for 30 minutes' exercise and a shower, with little to occupy themselves.

Recommendation: Prisoners on the segregation unit should have access to a regime that engages them with purposeful activity while segregated.
(To the governor)

7.5 Key concern (1.40): Living conditions on the wings were not good enough, with cells, showers and communal areas on all wings in need of refurbishment or repair. The programme of weekly cell checks was not effective, as some cells still lacked basic furniture, and some toilets needed deep cleaning. Prisoners reported issues, but improvements

were slow to happen. There was also a lack of furniture in association areas.

Recommendation: Accommodation and communal areas should be well maintained, suitably equipped and cleaned regularly. Staff and prisoners should play an active role in maintaining these standards, and monitoring should be robust.
(To the governor)

7.6 Key concern (1.41): The prison did not have a good understanding of the needs of its prisoners in relation to equality. There was limited analysis of data, and inadequate efforts had been made to gather the views of prisoners with protected characteristics. This meant that all equality work being undertaken was not targeted specifically to the circumstances and needs of the prisoners.

Recommendation: Leaders should consult regularly with prisoners and use data to identify, investigate and address potential discrimination.
(To the governor)

7.7 Key concern (1.42): Too many prisoners spent most of their day in their cells sleeping or watching television, which was not conducive to the well-being or the prospects for rehabilitation of – mostly young – prisoners. The reopening of the library and the gym had not had much of an impact on the amount of time that many prisoners spent out of their cell.

Recommendation: There should be a concerted effort to maximise both the amount of time that prisoners spend out of their cell and the available purposeful and recreational activity across the prison.
(To the governor)

7.8 Key concern (1.43): Senior leaders did not provide education, training and work opportunities to meet the needs of the prisoners.

Recommendation: Leaders and managers should provide an appropriate offer in education, training and work, so that prisoners acquire new knowledge, skills and behaviour, in line with their sentence plans.
(To the governor)

7.9 Key concern (1.44): Too few prisoners were engaged in enough meaningful education, training and work. Prisoners did not receive high-quality information, advice and guidance at induction, while allocation to activity was not based on the needs of prisoners. Many prisoners were not screened for additional learning needs, and those in industry and work did not receive a support plan. While there was a detailed and ambitious vision for an improved education, skills and work offer, this would require investment in staffing and workshops that had not been secured.

Recommendation A: Leaders and managers should raise prisoners' participation in education, skills, and work rapidly and substantially, according to the advice and guidance that they receive.
(To the governor)

Recommendation B: Managers should make sure that face-to-face and remote learning reflect the needs of the prisoners, and that this priority is reflected in the allocation process.
(To the governor)

Recommendation C: Leaders should make sure that there is sufficient resource to support the new curriculum vision, in terms of both staffing and capital investment.
(To the governor)

Recommendation D: Leaders should make sure that, on arrival, prisoners receive an assessment of their additional learning needs, where appropriate, and that this information is used and updated, so that they can progress well in education, skills and work.
(To the governor)

7.10 Key concern (1.45): There was insufficient capacity to meet the needs of the number of prisoners identified to complete one of the accredited interventions offered at Brinsford. This was exacerbated by new programmes facilitators having long waits to access training to be able to deliver an intervention.

Recommendation: Managers should make sure that prisoners who are assessed as needing an accredited intervention are able to access it while in custody.
(To HMPPS)

Recommendations

7.11 Recommendation (4.52): A clear programme of consistent out-of-cell activities should be available on the inpatient unit, reflecting the agreed care needs of the prisoners residing there. (To the governor)

7.12 Recommendation (4.63): Prison officers should receive mental health and substance misuse awareness training, to enable them to recognise behaviour requiring referral for assessment. (To the governor)

Section 8 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 2017, reception into the prison was a positive experience for prisoners, with good use of peer support. Levels of violence remained high and one in four prisoners felt unsafe. There was a strategy to reduce violence, but some elements were not delivered effectively. Prisoners lacked confidence in reporting victimisation by staff or other prisoners. The supported living unit was well run and provided additional safety to some prisoners. Use of force had increased and was high, although governance had improved. The use of segregation had reduced. Security measures were broadly proportionate, but the drug supply reduction strategy was underdeveloped. Self-harm and the number of at-risk prisoners on case management had increased significantly. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should improve the care provided to prisoners subject to assessment, care in custody and teamwork (ACCT) case management. Senior managers should take decisive action to address the issues highlighted in local consultation, including increasing time out of cell, to reduce the high levels of self-harm (S39)
Achieved

Recommendations

Prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.8)
Not achieved

Induction information should be provided in a format that is accessible and easy to understand for all prisoners. (1.9)
Achieved

All new arrivals should receive a full induction programme that is appropriate to need, and recorded. (1.10)
Not achieved

New arrivals on the first night and induction units should have more time out of their cells. (1.11)
Not achieved

The incentives and sanctions for prisoners should be meaningful, and include achievable rewards that encourage prisoners to change their behaviour. (1.22)
Not achieved

The investigation of incidents of violence, protection of victims and management of perpetrators should be consistent on all wings. (1.23)
Achieved

The prison should investigate and address the reasons why prisoners are reluctant to report victimisation by other prisoners and staff. (1.24)
Not achieved

The role of violence reduction representatives should be better defined and subject to clear oversight. (1.25)
Not achieved

The prison should demonstrate that all prisoners, including self-isolators, have access to a telephone call, shower and time out of cell every day. (1.26)
Not achieved

All prisoners in the segregation unit should have access to a meaningful regime, including one hour of exercise a day, education and interventions where appropriate. (1.36)
Not achieved

Prisoners should have better access to Listeners and a Listener suite, and reasons for not using Listeners should be documented. (1.49)
Not achieved

Staff should receive training on their adult safeguarding responsibilities. (1.51)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, staff-prisoner relationships remained a strength, and there had been a positive increase in the use of peer mentors. The personal officer scheme was not effective. Although prisoners could now shower daily, living conditions had declined and too many areas were dirty. The quality of food was reasonable, but some meals were small and few prisoners could dine communally. There was a lack of confidence in the complaints system. A prisoner council was in place. Management of equality and diversity work was reasonable at a strategic level, but work on prisoners with protected characteristics was still developing. The provision of faith support was good, and the chaplaincy was well integrated into the

wider prison. Health services were good and partnership working was effective. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Regular management checks should ensure that all accommodation and communal areas are maintained, equipped and cleaned to an acceptable standard. Staff and prisoners should play an active role in maintaining these standards. (S40)
Not achieved

Recommendations

Cells should be properly equipped and furnished with curtains to ensure privacy. (2.11)
Not achieved

Staff should respond to all cell bells promptly, the timeliness of responses should be monitored closely, and action should be taken to address delays. (2.12)
Not achieved

Breakfast packs should be more substantial and served on the day they are to be eaten. (2.16)
Not achieved

All prisoners should have the opportunity to dine in association. (2.17)
Not achieved

Managers should address and seek to improve prisoners' negative perceptions about the food, including their view that they do not get enough to eat. (2.18)
Achieved

Prisoners should not be charged a fee for catalogue orders. (2.19)
Not achieved

Prisoner applications should be tracked and responses should be prompt. (2.26)
Not achieved

The prison should investigate and address prisoners' lack of confidence in the complaints system. (2.27)
Not achieved

The prison's equality policy and equality action plan should include the support available for and entitlements of prisoners with protected characteristics. (2.32)
Partially achieved

Residential staff allocated to equality and prisoner equality representatives should work effectively together to ensure that all prisoners with protected characteristics are consulted and given sufficient advice and support. (2.33)
Partially achieved

The prison should investigate and address the more negative responses to our survey from black and minority ethnic prisoners about their interactions with staff. (2.41)
Achieved

Links should be developed with community groups to provide support for equality work, especially with gay and bisexual prisoners. (2.42)
Not achieved

The prison should make links with community groups from a range of religious backgrounds reflecting the prison population to contribute to the work of the chaplaincy. (2.46)
Achieved

All medical emergency equipment should be in date and ready for use at all times. (2.57)
Achieved

The inpatient unit should offer a clinically therapeutic environment with adequate time out of cell for residents. (2.67)
Achieved

The prison should develop a memorandum of understanding with the local authority for social care assessments and social care provision. (2.69)
Achieved

All discipline officers should receive mental health awareness training to enable them to recognise and support prisoners with mental health problems. (2.76)
Not achieved

Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines. (2.77)
Achieved

The list of stock medicines should be reviewed to ensure that all reasonable situations are accommodated, and that patients receive medications promptly. (2.89)
Achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell was poor and affected many aspects of prison life. Purposeful partnership working had increased the range and quantity of learning and skills activities offered. Attendance in education was poor. Attendance in work and training was better but still not good. English and mathematics were not yet sufficiently embedded into work and skills provision. The quality of teaching was good and learners who regularly attended work and education progressed well. Prisoners behaved well and treated teachers and their peers with respect; they engaged well and developed good skills. Support for prisoners with additional learning needs was ineffective. The achievement of qualifications for those who regularly attended education and training was improving and good in most subjects, but the numbers were too small. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All prisoners should have 10 hours a day unlocked, including during the evenings, so that they can spend at least one hour outside every day, contact families and friends, socialise with each other and staff, and attend to their domestic duties. (S41)
Not achieved

Recommendations

All prisoners should have at least weekly access to the library. (3.10)
Not achieved

Data on gym use should be analysed to increase staff awareness of the groups of prisoners who participate and to promote the facilities to those who do not attend. (3.11)
Not achieved

There should be sufficient work and training places to enable all prisoners to participate in purposeful activities and provide appropriate skills development that can lead to their employment on release. (3.21)
Not assessed at this inspection

Individual prisoner attendance in education, training and work should be monitored and managed to ensure a consistent approach to non-attendance. (3.22)
Not assessed at this inspection

All prisoners allocated to work and training should attend their activities with the minimum disruption from other prison activities. (3.23)
Not assessed at this inspection

There should be provision of appropriate support for prisoners with additional learning needs. (3.24)
Not assessed at this inspection

Procedures to assure the quality of training and purposeful activities should be systematically applied to all aspects of the provision. (3.25)
Not assessed at this inspection

The virtual campus should be re-established, and all prisoners should have access to it for their studies or career development. (3.26)
Not assessed at this inspection

The outcome of decisions about allocation to work, training and education should be communicated promptly to all prisons. (3.27)
Not assessed at this inspection

Prisoners in all work and training areas should be enabled to develop and enhance their literacy and numeracy skills. (3.37)
Not assessed at this inspection

All feedback to learners should tell them what they need to do to improve their work. (3.38)
Not assessed at this inspection

There should be a progress tracking mechanism that enables all staff and prisoners to see agreed personal development and learning needs, employability skills and qualifications achieved. (3.39)
Not assessed at this inspection

All prisoners should have a clear plan for their career and skills development for their future employment from the beginning of their time in Brinsford. (3.47)
Not assessed at this inspection

Prisoners who could work as peer mentors should be identified and given appropriate training to support other prisoners. (3.51)
Not assessed at this inspection

More prisoners should gain qualifications in English at level 2 and mathematics at levels 1 and 2. (3.52)
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 2017, the visits experience was positive for most families but maintaining telephone contact with family was made difficult by poor time out of cell. There was a clear strategy for rehabilitation and release planning, but not all underpinning systems for delivery were fully developed. Half the prisoners at Brinsford were there for less than six months, affecting the effective delivery of rehabilitative services. Public protection arrangements presented some risk. There were examples of good offender supervisor work with prisoners, but the quality of casework was too variable and their contact with prisoners was insufficient. Resettlement work with care leavers was good. The prison had increased the range of interventions to help prisoners. Release planning often started too late, leaving some prisoners unprepared for their return to the community. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All cases that are eligible for multi-agency public protection arrangements (MAPPA) should be identified and management levels confirmed in sufficient time to allow for effective release planning. (S42)
Achieved

Recommendations

Prisoners should be able to prepare for release, following risk assessment, by spending planned and managed short periods in the community through release on temporary licence. (4.18)
Not achieved

Prisoners should have regular and meaningful contact with their offender supervisors. (4.19)
Achieved

Risk assessments should identify the full range of prisoner risks posed to actual and potential victims. (4.20)
Not achieved

MAPPA-eligible cases should be identified quickly, levels should be confirmed before release and planning for release should be effective. (4.21)
Achieved

Pre-release planning should be coordinated, and start early enough to meet the needs of prisoners and manage known risks. (4.35)
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 7 lists all recommendations made in the report. Section 8 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
Angus Jones	Team leader
David Foot	Inspector
Angela Johnson	Inspector
Lyndsay Jones	Inspector
Chris Rush	Inspector
Dionne Walker	Inspector
Donna Ward	Inspector
Heather Acornley	Researcher
Rahul Jalil	Researcher
Amilcar Johnson	Researcher
Shannon Sahni	Researcher
Steve Eley	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Dee Angwin	Care Quality Commission inspector
Martin Ward	Ofsted inspector
Allan Shaw	Ofsted inspector

Appendix II Glossary of terms

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

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.

Leader
In this report the term ‘leader’ refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Offender assessment system (OASys)
The OASys system is used by offender managers to assess how likely a prisoner is to reoffend, and the seriousness of harm should the prisoner reoffend. OASys identifies prisoners’ offending-related needs and informs a plan to manage the risks that they present.

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.

PAVA
PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

Personal protective equipment (PPE)
Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Prison Advice and Care Trust (PACT)
PACT is a charitable organisation which is funded to deliver support to the hardest-to-reach prisoners. On this project, they work in partnership with Ixion, which delivers the community element of the support.

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).

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.

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 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.

Prison staff survey

Prison staff are invited to complete a staff survey. The results 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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