



Report on an unannounced  
inspection of

## **HMP & YOI Doncaster**

by HM Chief Inspector of Prisons

21–22 February and 28 February – 4 March 2022



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## Introduction

Doncaster prison is a category B Reception and Resettlement Prison in South Yorkshire. At the time of our inspection the prison held just over 1,100 men and young adults, a third of whom were on remand. A busy and complex prison, the establishment was receiving in excess of 250 new prisoners every month, held about 165 foreign nationals and provided separate accommodation for over 170 men convicted of sexual offences. Opening in 1994, the prison had been privately run since 2005 under a contract delivered by the company SERCO.

Doncaster prison is a challenging institution, and the Inspectorate has, in the past, been highly critical of the outcomes we have observed there. It is pleasing therefore to report that, overall, the findings of this inspection are very encouraging. Doncaster was now a much safer prison and remained 'reasonably good' in the area of respect. Outcomes in our healthy prison test for rehabilitation and release planning were judged 'good' and only in the provision of purposeful activity were outcomes identified as 'not sufficiently good', but even here the prison's work to support the regime was better than we have seen in similar establishments.

Very good arrangements were in place to receive new prisoners and most told us they were treated well and properly inducted on arrival. Nearly every measure of safety that we assess, such as the amount of violence, the number of disciplinary proceedings, use of segregation and use of force were falling, and fewer prisoners now told us they felt unsafe. There had been eight self-inflicted deaths since our last inspection, although the recorded incidents of self-harm had remained constant. Despite this, the work undertaken to support those in crisis seemed to us to be useful and effective. We spoke to prisoners currently receiving support through crises, who told us they felt well cared for.

The prison remained overcrowded, but the environment was generally much improved. We observed an engaged and committed, albeit inexperienced, staff group who were both proactive and supportive in their dealings with prisoners. Engagement was, however, inhibited by a limited time unlocked as the prison emerged from the restrictions of COVID-19. This, in turn, was having a detrimental impact on the take-up of purposeful activity, such as education and work. Improving this situation was arguably the prison's most immediate priority. Support for prisoners to help maintain their family ties and work in general to deliver rehabilitative and resettlement services were impressive.

Doncaster was a very well led prison. The director and his management team were responsible for a capable and confident culture despite the former only taking up his role at the beginning of the pandemic. An important component of this culture was their visible leadership. They had taken very effective action in response to a formal improvement notice issued by the Ministry of Justice in 2020 following concerns about safety. The general sense of order and calm in the prison was a testament to the success of this action. Leaders had also taken advantage of the time made available to staff by the pandemic to support them with training and to oversee improvements to the governance of the prison. This capability and creativity in the prison was further evidenced by the nine examples of notable practice we identified.

Doncaster is not an easy prison to run. Leaders and their staff are to be congratulated on the progress they have achieved even during challenging times.

**Charlie Taylor**

HM Chief Inspector of Prisons

March 2021

# About HMP & YOI Doncaster

## Task of the prison/establishment

HMP & YOI Doncaster is a category B local and resettlement prison accommodating young adult (18–20 years) and adult male prisoners.

## Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,107

Baseline certified normal capacity: 738

In-use certified normal capacity: 738

Operational capacity: 1,145

## Population of the prison

- 3,042 new prisoners are received each year (around 254 per month).
- 165 foreign national prisoners.
- 21% of prisoners from black and minority ethnic backgrounds.
- 2,251 prisoners are released each year into the community (around 188 per month).
- 199 young offenders.
- 171 prisoners convicted of sexual offences.
- 35% remand prisoners.
- 41% resettlement prisoners.
- 24% of prisoners are waiting for transfer.

## Prison status (public or private) and key providers

Private – Serco Ltd

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Prison education framework provider: Novus

Escort contractor: GeoAmey

## Prison group/Department

Yorkshire & Humberside

## Brief history

The prison opened its doors in 1994, and was originally contracted to Premier Prison Services Ltd (owned by Serco and Wackenhut Corrections). In 2005, the prison management was contracted to Serco.

## Short description of residential units

The current configuration of the residential units is as follows:

Houseblock 1A: wing for prisoners convicted of sexual offences (PCOSOs)

Houseblock 1B: general population

Houseblock 1C: PCOSO wing

Houseblock 1D: general population

Houseblock 2A: general population (evolving to reintegration unit)  
Houseblock 2B: general population/off-wing workers  
Houseblock 2C: general population  
Houseblock 2D: general population

Houseblock 3A: general population  
Houseblock 3B: stabilisation unit  
Houseblock 3C: early days centre/induction)  
Houseblock 3D: general population

The Loft: complex needs unit  
Social care unit  
Segregation unit

**Name of governor/director and date in post**

John Hewitson, March 2020

**Leadership changes since the last inspection**

Jerry Spencer – director (June 2016 – February 2020)

**Prison Group Director**

Neil Richards

**Independent Monitoring Board chair**

Steve Clark

**Date of last inspection**

9–20 September 2019

## Section 1 Summary of key findings

- 1.1 We last inspected HMP & YOI Doncaster in 2019 and made 33 recommendations, 13 of which were about areas of key concern. The prison fully accepted 24 of the recommendations and partially (or subject to resources) accepted seven. It rejected two 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

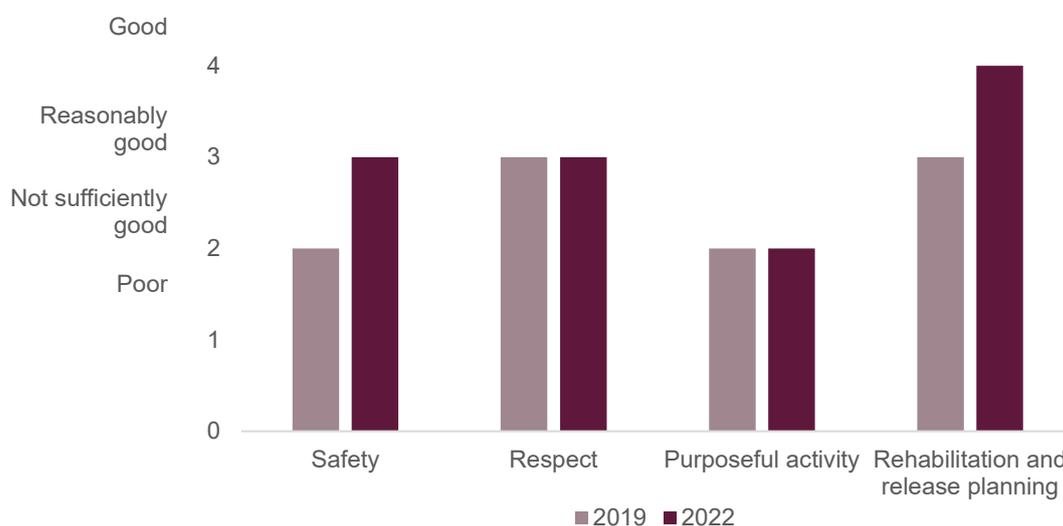
- 1.3 Our last inspection of HMP & YOI Doncaster took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made two recommendations about key concerns in the area of safety. At this inspection, we found that one of those recommendations had been achieved and one had been partially achieved.
- 1.5 We made six recommendations about key concerns in the area of respect. At this inspection, we found that three of those recommendations had been achieved, two had been partially achieved and one had not been achieved.
- 1.6 We made three recommendations about key concerns in the area of purposeful activity. At this inspection, we found that one of those recommendations had been achieved, one had been partially achieved and one had not been achieved.
- 1.7 We made two recommendations about key concerns in the area of rehabilitation and release planning. At this inspection, we found that both of those recommendations 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 HMP & YOI Doncaster, we found that outcomes for prisoners had stayed the same in two healthy prison areas and improved 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 Service (HMPPS) National Framework for prison regimes and services.

**Figure 1: HMP & YOI Doncaster healthy prison outcomes 2019 and 2022**



## Safety

At the last inspection of HMP Doncaster, in 2019, 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.

- 1.11 The reception area was clean and welcoming, but prisoners spent too long there on arrival. There was excellent peer support during the early days at the prison and induction was comprehensive.
- 1.12 The levels of assaults, against staff and prisoners alike, had decreased substantially since the last inspection and were now lower than the average for similar prisons. In our survey, fewer prisoners than at the time of our last inspection said that they had felt unsafe during their stay. The safety strategy identified key areas of focus and safety meetings interrogated a wide range of data.
- 1.13 The challenge, support and intervention plan process (CSIP) (see Glossary) was used usefully to provide support but was not yet sufficiently embedded or applied consistently. The number of adjudication hearings had reduced since the last inspection and they were mostly timely and proportionate.
- 1.14 Use of force had also reduced since the last inspection and was lower than the average for the type of prison. Use of force paperwork was comprehensive and supported accountability, but too few incidents

were recorded on body-worn cameras. Incidents were not reviewed at use of force meetings to identify learning and good practice. The number of prisoners segregated had reduced since the last inspection. Living conditions on the segregation unit were bleak, but relationships between staff and prisoners were good.

- 1.15 Security arrangements were generally proportionate, and the flow of intelligence was good. In our survey, fewer prisoners than at the time of our last inspection said that it was easy to get illicit drugs and alcohol.
- 1.16 There had been eight self-inflicted deaths since the last inspection. Actions in response to Prisons and Probation Ombudsman recommendations had been implemented and were regularly reviewed. The number of recorded self-harm incidents had remained at a consistent level for the last 12 months but was higher than at comparable prisons. Recent analysis of data had been used effectively to develop a strategy to reduce levels of harm. The prison had developed some excellent initiatives for prisoners in crisis and the quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had improved overall.

## Respect

At the last inspection of HMP Doncaster, in 2019, we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

- 1.17 Staff control of the wings had improved since the last inspection and we saw appropriate challenge of prisoners. Interactions between staff and prisoners appeared generally positive. Key worker (see Glossary) sessions were recorded more regularly than we normally see, but the content was limited.
- 1.18 The prison remained overcrowded, with about 700 prisoners living two to a cell designed for one. The cells were in reasonably good condition and wing workers reported any faults, which were rectified quickly. Most showers were in poor condition, with a lack of ventilation and a fly infestation. The communal areas were clean and well maintained.
- 1.19 Food provision was reasonable, and the on-site shop provided early access to the full selection of goods.
- 1.20 Prison-wide consultation arrangements were adequate and improving with the easing of regime restrictions. Prisoners could easily make applications using the touchscreen kiosks around the prison and most were responded to promptly. Complaints were managed reasonably well, and analysis of data was robust.

- 1.21 Video-conferencing facilities were impressive and used for a variety of purposes, including court hearings and contact with community offender managers (COMs), immigration officials and health care professionals.
- 1.22 The strategic management of equality and diversity had been neglected during much of the pandemic, but recent progress was promising. However, analysis of data to identify potential disproportionate treatment remained limited. Responses to discrimination incident report forms were reasonable but not always timely.
- 1.23 Support for foreign nationals was impressive, including the innovative use of on-site technology to translate legal documentation.
- 1.24 The chaplaincy provided good pastoral support, but corporate worship remained suspended and not all prisoners had access to a chaplain of their own faith because of staffing shortfalls.
- 1.25 Health services were well led by a strong leadership team and clinical governance processes were robust. Patients were seen promptly for urgent GP and nurse appointments, but clinical oversight of triage arrangements was not sufficient. Mental health services were responsive to demand, with prompt assessment and prioritisation of crisis support. However, there were delays in transferring patients to hospital under the Mental Health Act.
- 1.26 There was a continuous demand for social care for those with complex needs, but service provision was very good.
- 1.27 Medicines management arrangements were good, but there was no on-site pharmacist to provide clinical advice and medicine use reviews. Demand for substance misuse and alcohol detoxification services was high, but patients could easily access the services, which met their needs sensitively. Dental services were good, but patients waited too long for treatment.

### **Purposeful activity**

At the last inspection of HMP Doncaster, in 2019, 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.

- 1.28 Time out of cell was very limited, at around two and a half hours per day for most, but this was better for full-time workers, who had about seven hours a day unlocked. In our roll checks, we found just under 39% of prisoners locked up and only 150 in off-wing activity.

- 1.29 The library was yet to reopen fully and, in our survey, only 9% of respondents said that they were able to visit the library once a week or more.
- 1.30 Gym provision was impressive, but we were not confident that all prisoners had equitable access. The number and range of qualifications delivered were much higher than we normally see.
- 1.31 Too few prisoners were benefiting from education, skills and work – through face-to-face or remote delivery – and attendance at education in the classrooms was not consistently high.
- 1.32 Although leaders had a clear vision for the development of the curriculum, there was more to do to meet the needs of the population, given the revised purpose of the prison. There was too much reliance on wing work roles, insufficient workshop space, and there was no specific provision to support the skills needed for self-employment. However, an attractive and welcoming environment had been created, where a small number of prisoners developed their vocational skills and interacted with internal customers in a street market.
- 1.33 The quality of education was not consistently good. There were some areas of strength – for example, in barbering, horticulture, catering and graphics – but there were weaknesses in the planning and teaching of English, mathematics and support for those learning English for speakers of other languages. This was compounded in English teaching by the shortage of staff. A personal development curriculum was also needed.
- 1.34 While prisoners’ additional needs were identified, vocational tutors did not make sufficient use of this information to support these prisoners to progress. The small number of prisoners on distance learning courses were also not sufficiently supported.

## **Rehabilitation and release planning**

At the last inspection of HMP Doncaster, in 2019, we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

- 1.35 Social visits had restarted in 2021, but, with no refreshments or play facilities, the experience was less rewarding than in pre-pandemic times. However, the ‘Families First’ team was doing some excellent work in spite of the COVID-19 restrictions.
- 1.36 The strategies and policies were good across the whole range of reducing reoffending activity and an ambitious change programme had begun to remodel the offender management unit to meet the needs of the reconfigured prison population.

- 1.37 Almost all offender assessment system (OASys) assessments were up to date and most were comprehensive. Sentence plans contained relevant and achievable objectives. Contact levels between prison offender managers and prisoners were good and large caseloads had begun to reduce with additional staff.
- 1.38 There was good communication with COMs, often by three-way video-link meetings involving the prisoner, enabling discussion of release plans and licence conditions. Some useful support was given to those on remand and those recalled to prison. Recategorisation reviews were carried out fairly and on time, and transfers were being carried out more readily.
- 1.39 Public protection processes had been tightened in all important areas since the last inspection. Monitoring of mail and telephone calls was kept up to date and the flow of information was much improved. Multi-agency public protection arrangements (MAPPA) processes were supported well.
- 1.40 The psychology team had been strengthened and added considerable value to the work of the prison. A range of programmes was offered, in groups and one to one. Restorative justice interventions were provided. Help with finance and debt matters had been withdrawn following the reunification of probation services, and not fully replaced.
- 1.41 Resettlement needs on arrival were captured and followed up well. A weekly multidisciplinary meeting discussed forthcoming releases. The new 'departure lounge' had produced a far better service on the day of release than at the time of our last inspection.
- 1.42 Despite a dip in service delivery following the reunification of probation services in mid-2021, staff had worked hard to sustain support for those without a release address.

## Key concerns and recommendations

- 1.43 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.
- 1.44 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.
- 1.45 Key concern: The prison was overcrowded and almost 700 prisoners were doubled up in cells designed for one prisoner.

**Recommendation: Two prisoners should not be held together in cells designed for one.** (Repeated recommendation S57)  
(To the director)

- 1.46 Key concern: There was no tailored equality strategy setting out a clear vision to improve outcomes for prisoners with protected characteristics. The analysis of data was limited and engagement with protected groups was not frequent enough for the prison to fully understand and address their needs, especially given the high turnover of the population.

**Recommendation: Equality data and effective consultation should inform a tailored strategy that leaders drive proactively to address disproportionate outcomes for prisoners from protected groups.**  
(To the director)

- 1.47 Key concern: Prisoners needing a transfer to secure mental health inpatient services continued to wait far too long for a bed.

**Recommendation: Patients requiring admission to hospital under the Mental Health Act should be transferred expeditiously, and within current Department of Health guidelines.** (Repeated recommendation 2.76)  
(To the director)

- 1.48 Key concern: There was insufficient activity or time unlocked for most of the population. Many prisoners spent around 21 and a half hours in their cells, and some even longer. There was too little purposeful activity for the population and too many prisoners were under-employed in wing-based work.

**Recommendation: Leaders should urgently prioritise increasing time unlocked and the provision of regular education, skills and work activities to enable a larger number of prisoners to attend them.**  
(To the director and HMPPS)

## **Notable positive practice**

- 1.49 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.
- 1.50 Inspectors found nine examples of notable positive practice during this inspection.
- 1.51 The prison had developed some excellent initiatives for prisoners in crisis and at risk of self-harm. These included a theory-based toolkit programme called 'Break the Cycle', and 'one-page plans', completed by psychologists – both designed for those who self-harmed prolifically. These had resulted in positive outcomes and had reduced harm. (See paragraph 3.43)

- 1.52 A locally produced online catalogue improved prisoners' access to purchases. (See paragraph 4.17)
- 1.53 The innovative use of technology to translate important legal documents and information on daily prison life was impressive and greatly appreciated by the many who found it difficult, or were unable, to understand English. (See paragraph 4.32)
- 1.54 A wide range of PE-based qualifications, delivered by a PE instructor permanently assigned to the task, was consistently achieved. (See paragraph 5.10)
- 1.55 Some innovative small-scale businesses had been developed in a welcoming and attractive environment known as 'Market Street', located within 'Enterprise City'. Here, prisoners designed, made and sold soft toys, repaired televisions and bicycles, and produced high-quality paintings on canvas. (See paragraph 5.18)
- 1.56 The 'Families First' team was very active, in spite of COVID-19 restrictions. Its activities included 'Daddy Newborn', offering a supervised, well-equipped nursery room for a parent to bond with their child; a relationships course; and a 'family album' scheme in preparation for Mother's Day, with the family support worker taking photographs of prisoners with their mothers. Family events had been held over the Christmas period, and a programme of regular special events in visits was being prepared for the coming months. (See paragraph 6.1)
- 1.57 There was good communication with community offender managers, often by three-way video-link meetings involving the prisoner, providing the opportunity to discuss release plans and licence conditions. (See paragraph 6.13)
- 1.58 A monthly interdisciplinary meeting considered, individually and in depth, the progress of those on indeterminate sentences for public protection (IPP). This had recently shown success, enabling the progression of some IPP prisoners. (See paragraph 6.20)
- 1.59 The new 'departure lounge' included a large number of practical items, mainly donated by large retailers, for the basic needs of those leaving the prison, including food, toiletries and clothing. The two skilled staff, helped by volunteers, were also able to give personal help, such as direct telephone access to statutory housing and benefits teams as well as liaison with community offender managers. (See paragraph 6.34)

## Section 2 Leadership

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

- 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 director, who had taken up post just before the start of the pandemic, had set a clear and positive direction for the prison. Effective action had been taken in response to an improvement notice issued by the Ministry of Justice in 2020 because of safety concerns. The notice had been lifted in July 2021.
- 2.3 A new and dynamic senior management team had brought a fresh approach and engendered a positive culture. An increase in managers in the residential function had provided support to staff and contributed to improved order and control. In our staff survey, 25% and 58% of those responding reported good and very good support, respectively, from their line manager, which is more than we usually see. In addition, in our prisoner survey, more respondents than in similar prisons said that managers were approachable and that they had helped them when asked.
- 2.4 Leaders had been both innovative and creative: 'Enterprise City' was a positive environment promoting purposeful activity; and a range of initiatives, including animal therapy and a calming suite, were available to those needing additional support.
- 2.5 There were many good examples of functional leadership in some key areas, including safer custody, the psychology team, the gym, health care, reducing reoffending and throughout the residential function.
- 2.6 With changes in the flow of prisoners from other parts of the prison system, leaders were putting plans in place for a new population, which would include more resettlement prisoners (see paragraph 6.5). However, as workshop space was limited, there was insufficient relevant vocational training in the plan for 800 activity places. Half of the planned activity relied on work roles based on the wings.
- 2.7 The prison had not progressed beyond stage 3 of the HMPPS COVID-19 recovery plan (see Glossary) and the easing of restrictions had been slow. The prison had been an outbreak site since October 2021, although there was only one prisoner case at the time of the inspection. Prisoners and visitors alike took lateral flow tests before family visits, but the ban on physical contact during these sessions remained in place at the time of the inspection, which was over-cautious.

- 2.8 The impact of the reunification of probation services, which had neglected the resettlement needs of remand prisoners, had been mitigated by leaders more successfully than we have seen in other prisons. Despite a dip in service delivery, staff on site had worked hard to maintain support for those without a release address. The percentage of sentenced prisoners released with sustainable or temporary accommodation had remained at around 80%, which was too low but compared well with many local prisons.
- 2.9 There were good examples of positive partnership working, but the relationship with the education provider (Novus) needed to improve.
- 2.10 Staff were well informed of the prison's priorities through a variety of means, including regular bulletins, group emails, frequent briefings and clear messaging on noticeboards. In our staff survey, 30% and 47% of those responding said that communication about these had been very or quite clear, respectively.
- 2.11 Some staff shortages were being addressed through overtime schemes. Attrition rates were high, but enhanced support was provided to new officers through an updated training course and mentoring from a 'development and support officer'. Prison leaders had also found innovative ways to deliver a comprehensive plan of training for all staff, despite the pandemic. This included training developed by the psychology team on topics including 'boundaries', 'resilience', 'staff-prisoner relationships' and 'becoming trauma aware'.
- 2.12 There was good use of a wide range of data to inform strategy and drive improvements.

## Section 3 Safety

**Prisoners, particularly the most vulnerable, are held safely.**

### Early days in custody

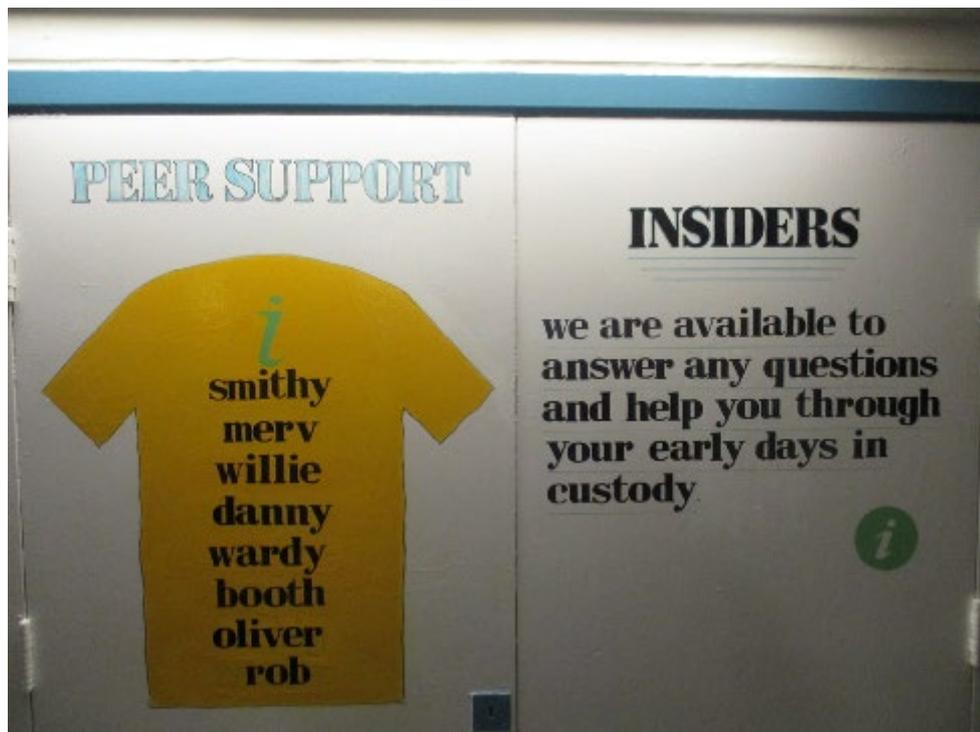
Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 Most prisoners had short journeys to the prison from nearby courts. Escorting staff were aware of the individual needs of the prisoners in their care, but prison escort records were now recorded electronically on handheld devices and not transferred or handed over by paper copy to reception staff at the prison.
- 3.2 Reception staff ensured that they read and recorded the prisoner's escort records or any alerts from the electronic device, to assess their risk appropriately, but processes were not yet fully accountable with respect to the effective transfer of information. Prison managers told us that a meeting had been arranged with the escort provider to discuss their concerns.
- 3.3 The reception area was clean, well maintained and welcoming. In our survey, 82% of respondents said that they had been treated well in reception. The holding rooms where prisoners were initially located were clean, but they contained no useful information about the prison.
- 3.4 All newly arrived prisoners underwent a private interview with staff, with an appropriately safety-focused assessment. There was also a welcoming room called the 'language lab', where professional telephone interpreting services were available for non-English-speaking prisoners. New prisoners were offered a shower, hot drink, food, clean clothing and bedding.



#### Language lab in reception

- 3.5 Insiders (prisoners who introduce new arrivals to prison life) spoke to all new prisoners and accompanied them to the induction wing. Subject to public protection arrangements, all were offered a free telephone call, but this still took place at the front desk, which afforded no privacy and was often within the full hearing of other prisoners.
- 3.6 The length of time spent in reception to process new arrivals had reduced since the last inspection. However, in our survey only 45% of respondents said that they had spent less than two hours there. During the inspection, there were delays in processing new prisoners, and we witnessed some waiting for over three hours before moving to the induction wing. Prisoners returning from court were processed quickly and returned to their wings after only a short time in reception.
- 3.7 Most new prisoners (except for those needing substance use stabilisation, who went to the stabilisation unit) went to an induction wing, where cells were clean and well prepared.
- 3.8 Support from the Insiders was excellent on both wings and they could be easily identified by their bright yellow T-shirts. They began the induction process by giving new prisoners a briefing on key information, such as how to use the wing-based touchscreen kiosks, known as 'ATMs' (see paragraph 4.19), and what would happen over the next 24 hours, which helped new prisoners to settle in quickly.



**Insiders' wall art on the induction wing**

- 3.9 This was followed by an interview with residential staff, to identify if there were any immediate concerns that had not been raised in the reception interview, before prisoners were locked up for the night. However, not all prisoners received this; for those who arrived on the induction unit after 9pm, this interview was completed the following day because induction staff had gone off duty.
- 3.10 Induction continued on the next working day after arrival and provided a comprehensive overview of the prison and its processes, with input from partner agencies scheduled throughout the day. This included one-to-one sessions and a follow-up interview with a safer custody officer, as well as a follow-up with an Insider on days two and five. The custodial operations manager checked the induction paperwork for new arrivals, to ensure that all processes had been completed.

## **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**

- 3.11 Levels of violence, against staff and prisoners alike, had reduced greatly since the last inspection and both were lower than at similar prisons. The environment was generally much calmer and more ordered than we found at the last inspection. Staff we saw dealing with

prisoners on the wings were confident and authoritative, while engaging positively, and we saw prisoners mostly responding well.

- 3.12 In our survey, significantly fewer respondents than at the time of the last inspection said that they had felt unsafe at some point during their stay, and 16% said that they currently felt unsafe – a similar figure to that identified in our last visit.
- 3.13 Improving safety was a key priority for the prison. A move to integrate the safety and security teams was under way, in an attempt to provide a more coordinated and rapid response to the identified threats to the stability of the prison (see paragraph 3.35).
- 3.14 Safety meetings were held monthly and focused on a wide range of data to identify emerging trends and highlight any hotspots of activity. Incidents in showers and in cells during association periods had been identified as becoming most prevalent, so action had been quickly taken to address these risks. Minutes of meetings showed that most actions were followed up, but the supporting action plan to measure and drive improvements remained in draft form.
- 3.15 All acts of violence were investigated promptly by officers from the safety team. The dynamic daily residential management meeting then considered the initial findings from these incidents and considered options, such as relocation of the prisoners involved to other wings or management under a challenge, support and intervention plan (CSIP; see glossary).
- 3.16 CSIPs were used to support perpetrators and victims of violence; some prisoners after being on an assessment, care in custody and teamwork (ACCT) case management document; and some individuals as part of reintegration planning from the segregation unit. All of those subject to a CSIP had an allocated case manager, who met them to discuss and monitor progress. However, there was little information on the wings to inform staff dealing with these prisoners on a daily basis, and few staff we spoke to were able to explain the action they were supposed to take to manage them.
- 3.17 A weekly safety intervention meeting (SIM) also considered all acts of violence and contributed to mitigating the risk further. The five most prolifically violent prisoners were subject to impressive ‘one-page plans’ (see also paragraph 3.43), which outlined risk and actions to be taken to manage the individual safely, but, as with CSIP documentation, these plans were not readily available, undermining their effectiveness.
- 3.18 Prisoners charged or convicted with sexual offences were held on two discrete residential wings. Their regime was the same as that of other wings and they were represented proportionally in the working population. It was notable that they were integrated into some activity areas, such as the impressive ‘Market Street’ and ‘Enterprise City’ (see also paragraph 5.18).

- 3.19 The incentives scheme had been reinstated in November 2021. The limitations of the current COVID-19 regime reduced the benefits of attaining the highest level and most prisoners were on the standard level. Use of the basic level was rare and few prisoners remained there for more than a week.

### **Adjudications**

- 3.20 The number of adjudications had decreased since the last inspection. In the sample we looked at, most hearings were found proven and were timely, and the sanctions given were proportionate. At the time of the inspection, only 12 hearings were outstanding, all for appropriate reasons, such as a prisoner asking for legal advice.
- 3.21 Adjudications referred to the police for more serious offences had also reduced over the last two years. The prison held an effective weekly crime clinic, to ensure that those that needed no further action from the police were quickly returned and dealt with by the prison, and that those that were still under investigation were monitored regularly.
- 3.22 Adjudication meetings had lapsed recently. A meeting had been held in January to cover the previous six months, but data was not adequately monitored to identify any disproportionality.
- 3.23 Processes to quality assure adjudication hearings had recently been implemented and a tariff review meeting had been held in February, to identify any trends, or concerns, and these were then reflected in tariff adjustments.

### **Use of force**

- 3.24 There had been 378 recorded uses of force in the previous 12 months, which was lower than at the time of the last inspection and the average for this type of prison. Just over half had included the use of restraint techniques, with the remainder involving the application of guiding holds and/or handcuffs. All planned incidents were subject to video recording, but too few body-worn cameras were activated to capture valuable evidence during unplanned incidents.
- 3.25 The quality of use of force documentation was much better than we normally see. Almost all dossiers were complete and those that we reviewed gave a clear account of incidents and demonstrated a focus on de-escalating incidents as quickly as possible. It was therefore disappointing that patrol dogs were routinely used in support of planned cell removals, regardless of perceived risk levels. We saw compliant prisoners trying to communicate with staff amid loud barking that potentially caused unnecessary stress and anxiety. Once clear of the incident area, prisoners were usually calmed down sufficiently to have restraints released and to walk upright, without 'holds', to the segregation unit.
- 3.26 A monthly use of force committee meeting reviewed a wide range of data to monitor the application of force and to identify emerging

patterns. However, there was no routine scrutiny of incidents and we had difficulty in securing video footage to review incidents we had selected to sample. There was a quality assurance process, but we did not consider this to be conducted at a sufficiently senior level. We identified a cause for concern in the use of a baton, and this had not been raised with senior leaders.

- 3.27 Recording of the use of special accommodation was comprehensive and demonstrated an expectation that prisoners would be removed at the earliest opportunity, regardless of the time of day. Prisoners were detained in special accommodation for an average of around two hours, which is less than we often see elsewhere.

### **Recommendation**

- 3.28 **Quality assurance procedures for use of force should include regular scrutiny of incidents, to identify concerns and good practice.**

### **Segregation**

- 3.29 The prison did not hold regular meetings to monitor the use of segregation and identify and investigate trends (a meeting had been held in January to cover the previous six months). However, the use of segregation was much lower than at the time of the last inspection, with an average of around 13 prisoners segregated each month over the last year, and the average length of stay was six days.
- 3.30 Reintegration planning was effective; residential, security and segregation staff attended a morning meeting throughout the week to discuss all new segregated prisoners and consider if an alternative location to the segregation unit was appropriate. For those who had longer stays on the unit, multidisciplinary complex case meetings were held to discuss treatment and progression.
- 3.31 Cells on the unit were generally clean and a rolling painting programme ensured that they were graffiti free and reasonably well decorated before occupation. However, overall living conditions on the unit were bleak; for example, toilets in the cells had no seats and there was no electricity for televisions or in-cell telephones. The exercise yard was bare and had graffiti etched on the steel wall.



**Segregation cell**

- 3.32 Relationships between staff and prisoners on the unit were good. Staff had good knowledge and an understanding of those in their care and we witnessed some skilled interactions. Some prisoners were able to access activities off the unit; for example, one prisoner had spent time in the calming suite on houseblock 1 (see paragraph 3.44). The prison had recently risk assessed segregated prisoners, to identify who could exercise together. However, the regime remained too limited for most, consisting of a shower, access to a small library trolley and just a 30-minute exercise period each day.

## **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 Security arrangements were mostly proportionate to the classification of the prison and in response to identified risks. The notable exception to this was the routine use of patrol dogs in planned use of force incidents (see paragraph 3.25).
- 3.34 Leaders had identified violence, drugs and gangs as the main threats to the stability of the establishment. The integration of the safety and security functions currently under way (see paragraph 3.13) enabled a coordinated and rapid response to emerging issues. Gangs, both externally organised and internal, often based on home areas, were

closely monitored using a contracted-in service, which then shared relevant information with the safety team. This contract was due to expire at the end of March 2022, with the service then being provided by the safety team.

- 3.35 The prison operated a dedicated search team to conduct both area and individual cell searches. Records we viewed showed that the response to intelligence was effective, with most searches being completed within 24–48 hours. Our survey results in relation to the availability of illicit drugs and alcohol were better than at the time of our last inspection, with 24% (against 61%) and 19% (against 45%) of respondents saying that it was easy to get illicit drugs and alcohol, respectively.
- 3.36 The use of social and bogus official mail was one of the most common avenues for the entry of drugs into the establishment. The prison's response to this was measured and sensible. When an individual's mail was identified as being contaminated, this and any future mail associated with the prisoner concerned would be photocopied for an agreed period pending review. In a move to reduce the amount of bogus Rule 39 mail (legal and confidential access correspondence) coming in, a protocol had been agreed with several agencies, whereby letters and packages were validated on arrival at the prison; this helped greatly in the identification of such mail and enabled a more focused approach to drug detection.
- 3.37 There was no up-to-date drug strategy linking treatment, supply and reduction. The strategy had been 'relaunched' in September 2021, but had then stopped operating.
- 3.38 The flow of intelligence from the wider prison was very good. On average, around 850 incident reports were received each month, which, following efficient evaluation, identified areas of concern, which were then quickly disseminated to relevant departments.
- 3.39 Prison leaders worked effectively with the police when staff corruption was suspected and took robust and appropriate action. There was also good inter-agency involvement to help manage problems arising from external gang activity and potential extremism.

## 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

- 3.40 There had been eight self-inflicted deaths since the last inspection. The number of recorded self-harm incidents had remained at a consistent level for the last 12 months but was higher than at comparable prisons.
- 3.41 Actions in response to Prisons and Probation Ombudsman recommendations following the deaths in custody had been implemented and were regularly reviewed in safer custody meetings, to ensure that practices were embedded. Fact-finding reports following a serious act of self-harm were now completed, to identify any lessons that could be learnt.
- 3.42 The safer custody department was separate to the safety function (where violence was managed), which we do not normally see, but this had enabled the department to focus on suicide and self-harm. Monthly safer custody meetings were held and were well attended. A safer custody analyst had been introduced and provided detailed data and analysis of trends. These had been used effectively to develop a strategy to reduce levels of harm, and the number of ACCTs opened had reduced over the last two years. Recent data had shown a promising decline in the number of recorded self-harm incidents, but it was too soon for us to assess the sustainability of this.
- 3.43 The prison had developed some excellent initiatives for prisoners in crisis which had had positive outcomes. Eight prisoners had completed a theory-based toolkit programme called 'Break the Cycle'. This was designed to support those who engaged in prolific self-harm to develop skills in managing their problems in a more social and positive way, and had reduced their self-harm by 63% overall. Furthermore, for those who regularly self-harmed, psychology staff completed 'one-page plans' (see also paragraph 3.17), which identified triggers and protective factors and were a helpful tool for staff.
- 3.44 A calming suite on houseblock 1 had recently opened and was being used not just by those on an open ACCT document, but also by any prisoner who would benefit from its use. This was a welcoming and serene area, where prisoners could access a variety of distraction materials, including lava lamps, music and art materials.



**Calming suite**



**Calming suite craft area**

3.45 All prisoners could access the Samaritans via the in-cell telephones and each wing across the prison had safer custody peer support orderlies, who were easily identifiable by the colour of their T-shirt and were unlocked from their cell throughout the working day. These orderlies were not sufficiently trained in supporting prisoners in crisis, as a result of a shortage of Samaritans in the community, but provided

a good level of support. They were well supervised by a safer custody officer, who met them weekly.

- 3.46 Most prisoners we spoke to said that they felt cared for by staff. The quality of ACCT documents had improved overall and care plans generally reflected the issues identified. Following an act of self-harm, a manager spoke to the prisoner concerned, to try to understand why they had harmed themselves and what support could be offered. Prisoners on open ACCT documents were offered an additional gym session once a week by their case manager if it would benefit them. However, there were some deficiencies in the recording of meaningful conversations with prisoners. There was a quality assurance process, whereby a wing supervisor checked the quality of the ACCT documents every 24 hours and highlighted any concerns appropriately.
- 3.47 Mandatory training of staff had continued throughout the pandemic, and around 85% of staff were trained in suicide and self-harm. Prison managers had also delivered 'toolbox talks' on subjects such as dual harm, entering cells (preservation of life), ACCT version 6, triggers and drivers.

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

- 3.48 The prison's adult safeguarding policy included information about abuse and neglect, and how staff should report these. Most wing staff we spoke to were not familiar with the policy, but we were confident that they would raise any concerns they had to a manager. Referrals were logged and discussed at the SIM, which was the main forum for identifying and discussing prisoners at risk (see also paragraph 3.17).
- 3.49 There had been some recent contact with the local adult safeguarding board, but there was still no formal arrangement or mutual attendance at strategic meetings.

## 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 Staff control of the wings had improved since the last inspection. Staff had sufficient authority and confidence, and we saw appropriate challenge of prisoners if needed. The general atmosphere on the wings was calm.
- 4.2 In our survey, only 65% of respondents said that staff treated them with respect, but the relationships between staff and prisoners were generally positive, and we observed proactive, respectful and supportive interactions. In addition, 72% of survey respondents said that there were staff they could turn to if they had a problem.
- 4.3 Key worker sessions (see Glossary) had continued throughout the pandemic and were recorded more regularly than we normally see. Records showed an overall 80% target achievement rate for prisoners receiving a key worker session every two weeks. Prisoners assessed as vulnerable and those who needed professional telephone interpreting services were prioritised and received a 100% achievement rate.
- 4.4 Although the sessions were supportive, the content was limited, often formulaic and did not discuss the prisoner's rehabilitation or sentence planning needs. Furthermore, prisoners did not always see the same key worker each time, which affected their ability to build rapport.
- 4.5 There were several peer workers available on each wing, to help with day-to-day issues, such as applications or complaints, or provide general advice and guidance. They were all easily identifiable by the colour of their T-shirt and were unlocked from their cell throughout the working day.

### 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

- 4.6 The prison remained overcrowded, with about 700 prisoners sharing a cell designed for one (see key concern and recommendation 1.45). The cells were in reasonably good condition and had adequate furniture. They all contained telephones, which prisoners appreciated as it allowed them to call their families in the evenings and at weekends.



**Overcrowded cell**

- 4.7 Each wing had appointed what was termed a 'complaints, applications and decency' prisoner representative. They visited each cell once a week, checking that they contained adequate furniture and reporting any faults via the touchscreen kiosks (see paragraph 4.19), and these were rectified quickly.

Communal areas were clean and well maintained across the prison. This was reflected in our survey, where more respondents than at the time of the last inspection said that the communal areas of their wing were normally clean (70% versus 54%).

- 4.8 Most showers were in poor condition, with a lack of ventilation and a fly infestation. In our survey, only 42% of respondents said that they could shower every day, which was much worse than at the time of the last inspection (94%).



**Shower in poor condition**



**Fly infestation in the shower**

- 4.9 Prisoners had good access to wing laundries. The machines were in good working order, except on houseblock 2, where there was only one functioning washing machine — we reported this to managers. Prisoners generally had good access to cleaning materials, and 79% of respondents to our survey said that they had clean sheets every week.
- 4.10 Response times to emergency cell bells had improved since the last inspection. The prison had been monitoring these, and in the last three months had recorded that 75% of cell bells had been answered within five minutes which, although still insufficient, was better than in similar custodial facilities. Prisoners were challenged about misuse of cell bells, and any concerns about response times were discussed in monthly staff meetings with managers to address poor performance.
- 4.11 ‘The Loft’ was a small wing that provided a welcoming and safe environment to manage prisoners with complex needs, including those with learning difficulties who would find it hard to cope on normal location. Staff who were selected to work on the wing had good knowledge of the individual needs of the prisoners in their care and encouraged them to improve their social skills, such as cooking and cleaning. Throughout the inspection, we observed caring interactions, and prisoners spoke highly of the staff who worked on the wing.

### **Recommendation**

- 4.12 **Showers should be clean, well ventilated and in good repair.**  
(Repeated recommendation 2.11)

### **Residential services**

- 4.13 In our survey, 47% of respondents said that the food was good or very good, and 45% that they received enough to eat, both figures being similar to those at the time of the last inspection. Meals were ordered via the wing touchscreen kiosks (see paragraph 4.19). The four-week menu cycle provided an impressive range of choices, including healthy options. The kitchen also provided some individual specialised diets, in liaison with the health care department (see also paragraph 4.55).
- 4.14 There was little consultation about food provision beyond the occasional attendance by the catering manager at the prisoner consultancy committee. No formal surveys had been undertaken in the previous year and we were unable to find any food comment books on the serveries.
- 4.15 The kitchen was clean and, except for one of the freezers, was in good order. Most of those involved in food service had undertaken food hygiene training, but few servery workers had enough appropriate protective clothing for serving food. Some food trolleys had been left uncleaned overnight with old food burned onto surfaces. Some serveries remained uncleaned at the end of the day, with dirty equipment left in sinks and on work surfaces overnight.



#### **Dirty servery**

- 4.16 The prison shop was run internally, rather than through a contract with an external provider. Orders were made on the wing touchscreen kiosks for delivery the same week. The shop had operated as normal throughout the pandemic. Newly arrived prisoners could place a full shop order on the day after arrival provided that they had enough funds. For those without funds, vape packs or basic grocery packs were issued on an advance basis in reception. In our survey, 51% of respondents said that the range of available goods met their needs.
- 4.17 The general move from ordering items from hard-copy catalogues to online platforms had had a negative impact on prisoners' ability to purchase items as they did not have internet access. However, the prison had mitigated this by producing its own catalogues of a selection of approved items from online suppliers.

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

- 4.18 During the pandemic, consultation opportunities had continued to take place on individual houseblocks, enabling prisoners to share and receive information and influence key aspects of prison life. Arrangements were improving with the easing of regime restrictions and the main prison-wide prisoner consultancy committee had resumed in January 2022. There was an equitable spread of prisoner wing representatives and 'complaints, applications and decency' workers across the site, and they told us that they had a voice that was genuinely listened to and often acted on.

- 4.19 Prisoners could make applications easily using touchscreen kiosks, known as 'ATMs', located around the prison. Those we spoke to were generally positive about the system. In the previous 12 months, over 45,500 applications had been received and nearly all had been responded to promptly. The prison tracked and monitored applications effectively from the point of submission and there was good analysis of data to understand trends and themes.
- 4.20 Complaints were managed reasonably well. In the last 12 months, just over 2,100 complaints had been received, fewer than at the time of the previous inspection and in comparison with similar prisons. Complaint forms were freely available across the site. Analysis of data was robust, and the depth of interrogation by houseblock, wing and subject matter allowed for detailed understanding of trends over time. Access to property was a common theme, accounting for just over a quarter of all those received. Nearly all complaints were responded to in a timely manner. The quality of most of the responses we reviewed was adequate, but a few did not address the issues raised and some deficiencies had only been identified through random internal quality assurance checks. External scrutiny measures were still not in place.
- 4.21 The prison had used the time during COVID-19 restrictions to transform the legal visits and video conferencing centre, and these facilities were impressive. There were 16 well-equipped private rooms, each with video-calling technology to enable court hearings (including trials), and contact with community offender managers, legal teams, Home Office immigration officials and health care professionals to take place. One room was used specifically for parole hearings and there were also legal waiting areas, a prisoner welfare room and accommodation for the police to work from.



**New video conferencing centre**



**Typical video conferencing facility room**



**Parole hearing room in the video conferencing centre**

- 4.22 Official visits took place throughout the week, in seven newly refurbished, private rooms. There was sufficient capacity to meet demand promptly. A bail information officer offered help and support, which, given that just over a third of the population were on remand, was a particularly valuable resource. Prisoners could submit an application to use the 'access to justice' laptop computers to undertake any necessary legal work.

## **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) 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**

- 4.23 The management and promotion of equality and diversity work had suffered from a lack of priority and direction since our last inspection and had been neglected during much of the pandemic. There was no tailored strategy specific to Doncaster setting out a clear vision to improve outcomes for prisoners in protected groups, and only six diversity and equality action team (DEAT) meetings had taken place in two years.

- 4.24 However, while progress was still in its early stages, strong leadership had given renewed energy into this area of work, resulting in some good efforts to re-prioritise the prisons focus. An assistant director now had responsibility for equalities, supported by a full-time custodial operational manager and named senior leads for each relevant protected characteristic. Some analysis of data to identify potential disproportionate treatment of prisoners had taken place and was improving with the recent re-establishment of the DEAT meeting. However, it remained limited by the lack of oversight of all protected groups in key areas of prison life and was still yet to result in any action.
- 4.25 There was an equitable spread of peer equality representatives across the prison and those we spoke to told us that they felt motivated, valued and supported in undertaking their important work.
- 4.26 Engagement with protected groups was steadily resuming but because it was not frequent enough, the prison did not yet have a sufficient understanding of the needs and experiences of many of these prisoners, especially given the high turnover of the population. Plans to address these shortfalls were encouraging, and where engagement had taken place, there was some evidence of actions leading to positive change.
- 4.27 Prisoners had good access to DIRF's and in the last 12 months, 87 had been submitted. Investigations and responses were reasonable, and all were quality checked by the director, but responses back to prisoners were not always timely. Too many were deemed by staff not to be DIRFs and were returned to them to re-submit as a complaint, which was unnecessary and impacted on some prisoners' confidence in the system.
- 4.28 Some good efforts had been made to mark cultural events, such as Holocaust Memorial Day, Ramadan, and LGBT and Black History Months, but were limited because of the COVID-19 regime restrictions.

### **Protected characteristics**

- 4.29 The support offered by the prison's full-time dedicated lead for foreign national prisoners and detainees was impressive. Those we spoke to were very complimentary and appreciated the easy access to help the prison lead offered. In our survey, this group reported no negative differences in their treatment, when compared with British nationals.
- 4.30 There were 165 foreign nationals at the prison, representing 37 different nationalities. Of these, 25 were detained under Home Office immigration powers and subject to deportation but should have been held more appropriately in an immigration removal centre (IRC) or in the community. One detainee had been held for almost a year beyond the end of his sentence, which was far too long.
- 4.31 The foreign national lead worked well with immigration officials and joint working relationships were strong. The Home Office had continued

either to attend the prison or contact prisoners via video-link throughout the pandemic, to ensure that they were kept informed about decisions made relating to their immigration status. Wing surgeries were steadily resuming, which was positive.

- 4.32 Professional telephone interpreting services were well used and the innovative use of on-site technology to translate important legal documents and information on daily prison life was impressive and greatly valued by the many who found it difficult, or were unable, to understand English – provision we very rarely see.
- 4.33 The prison provided a special weekly payment of £5 for ‘time served foreign national offenders’, in addition to their un/employment wage, to enable parity of pay to those held in an IRC. Foreign national prisoners and detainees could apply for additional international telephone credit to enable them to keep in touch with family and friends.
- 4.34 About 20% of the prison population were from a black and minority ethnic background. In our survey, compared with their white counterparts, fewer prisoners from this group said that staff encouraged them to attend education, training or work (16% versus 40%) and to keep in touch with family and friends (21% versus 47%), which needed to be explored further. Only one questionnaire had been distributed to seek the views of minority ethnic communities, just a month before the inspection and there was no specific support for the small population of Gypsy, Roma and Traveller prisoners.
- 4.35 Prisoners with disabilities located on the social care unit (SCU) received good care, as did those with neurodiverse needs residing on ‘The Loft’ (see paragraph 4.11). Some of those living in other areas of the prison sometimes waited too long for appropriate adjustments to be made, such as walking aids and access to a functional wheelchair, which occasionally made daily life difficult. It was positive that since the last inspection, the prison had introduced a formal peer-led carer support system, and 18 prisoners provided valuable, practical help for those who needed it (see also section on social care).
- 4.36 There were 46 prisoners with a personal emergency evacuation plan. Staff on the houseblocks knew who these prisoners were but did not know the details of their specific needs or what help would be needed in the event of an evacuation. We highlighted this to staff during the inspection and it was immediately rectified.
- 4.37 About 25% of the population were under 25 years of age, 16% of whom were under 21. Well-considered plans to address the needs of young adults, such as the introduction of a specific wing and tailored initiatives, had been interrupted, mainly because of the pandemic, but were now progressing at pace. Different departments across the prison worked well together to collaborate their resources and ideas to improve outcomes for these prisoners. (see also section 6.25)
- 4.38 A dedicated member of staff in the OMU with responsibility for care leavers worked well with the local authority to ensure prisoners could

access individual personal advisors for additional help and entitlements which we do not always see. Overall, support was good and, in our survey, 29% of respondents said that they had been in local authority care and, compared with other prisoners, far more of them said that someone was helping them to prepare for release (92% versus 39%).

- 4.39 About 12% of the population were over 50 years of age. While specific provision for this group was limited, in our survey more of these prisoners than those who were under 50 said that staff treated them with respect (92% versus 62%) and that they had not experienced bullying or victimisation by members of staff (91% versus 59%).
- 4.40 In our survey, 3% of respondents identified as homosexual, bisexual or other sexual orientation. Some consultation forums had taken place leading to positive changes, such as now being able to buy birthday cards for husbands from the shop. Transgender prisoners reported positively about their experiences at Doncaster, including staff treating them respectfully and using the correct pronoun when talking to them. Timely case board reviews and contact detailed sensitive, appropriate care, with good attention and consideration to their individual needs.

### **Faith and religion**

- 4.41 The dedicated, but under-resourced, chaplaincy had maintained a constant presence in the prison throughout the pandemic. Until very recently, the team had consisted only of two Muslim chaplains and a Free Church chaplain, and demand for their help was high. They had worked hard to provide good care and pastoral support, in addition to delivering their statutory duties.
- 4.42 Staffing shortfalls meant that not all prisoners had been able to see a chaplain of their own faith. However, new chaplains had been recruited and a managing chaplain took up post during the inspection.
- 4.43 The pandemic had hindered the ability to celebrate major religious and cultural festivals in the usual way. However, the chaplaincy had made efforts to ensure that celebrations had continued in some form, such as for Ramadan, and community group donations of traditional Medjool dates and Mithai sweets for Eid had been appreciated by prisoners.
- 4.44 The main chapel offered a warm and pleasant environment and the two separate multi-faith rooms and ablution areas were functional. A wide selection of texts and artefacts to cater for various religions and beliefs was available. However, corporate worship and study classes remained suspended, which was a big source of prisoner frustration. As a result of ongoing infection control measures, the plans to resume corporate worship imminently were limited, and meant that prisoners of Christian and Muslim faiths would only be able attend a service once every eight weeks.



**Main chapel**

## **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.

- 4.45 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**

- 4.46 NHS England and Improvement (NHSE/I) commissioned health services, which were delivered by Practice Plus Group (PPG) and a range of sub-contracted agencies. Regular local delivery board and clinical governance meetings were informing service delivery. NHS commissioners held quarterly contract meetings with the provider and there was a current health needs analysis in place. Partnership working between the health care providers, the prison and external partners, including NHSE/I and the UK Health Security Agency (UKHSA), was effective.
- 4.47 Health services were well led by the head of health care and a deputy head of health care, and they had good oversight of the service. Staff we spoke to felt supported and were taking part in regular clinical and

managerial supervision, and there was good compliance with mandatory training. A regular, comprehensive clinical audit schedule was being undertaken.

- 4.48 Clinical incidents were reported and, despite a backlog of investigations, we were confident that all incidents were reviewed by managers and that any lessons learned were communicated to the local clinical teams and discussed at a regional level. Health recommendations from deaths in custody had been implemented and were reviewed regularly. We saw advanced plans to discuss themes from deaths in custody at regular staff training events, which were due to start in March 2022.
- 4.49 Patient engagement was reasonable. The health care team produced a monthly newsletter, which was sent to all prisoners. In addition, the 'complaints, applications and decency' peer workers delivered key health care messages. Leaders told us that there were plans to reintroduce health care peer workers. Prisoners were able to raise a health care concern or complaint via a confidential, well-advertised post box on each of the wings and we were confident that the system to address these was robust. The responses we sampled were respectful, addressed the key concerns that had been raised and outlined the escalation process if the complainant remained dissatisfied.
- 4.50 Clinical records we looked at were of a good standard and all of the interactions we observed between health care staff and patients demonstrated compassion and empathy. A broad range of up-to-date policies and procedures were available to staff.
- 4.51 Clinical rooms in the health care centre and on the wings were clean and well ordered, and generally met infection control standards. Regularly checked and strategically placed emergency resuscitation equipment was available, and complied with national guidelines. Health care staff we spoke to were confident of their roles in an emergency, but some custody staff we spoke to were unsure of the location of emergency equipment.

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

- 4.52 The service did not have a health promotion strategy, although it had developed a calendar of health promotion events which reflected national programmes. Health information posters and leaflets were placed in the health care centre as well as on the wings. The service had a policy on managing outbreaks of communicable diseases and followed national guidance on the management of COVID-19.
- 4.53 National health screening programmes, such as retinal screening and bowel cancer, were in place and data were reported on and monitored. Prisoners had access to immunisations and vaccinations, and uptake of the COVID-19 vaccine, including the booster, had been good.
- 4.54 There was a weekly sexual health clinic, although sexual health training for staff had not been provided and some staff were unclear on how

prisoners could access barrier protection outside of these clinics. The service was in the process of buying a new machine to support the diagnosis of hepatitis C, which meant that prisoners could be diagnosed and treated promptly.

- 4.55 The health care team worked with kitchen and gym staff to ensure that specialised diets and medically required exercise were provided. A smoking cessation service was no longer offered.

### **Primary care and inpatient services**

- 4.56 GP and nurse clinics were available from Monday to Friday, with emergency nursing cover provided at night-time and weekends.
- 4.57 Nursing staff screened new arrivals in a dedicated room in reception. As part of this, staff made referrals to other services, including GP, nursing, mental health and substance misuse services, as well as the new healthy weight clinic. Patients could be assessed by a GP at the screening from Monday to Saturday (there were no receptions on Sundays).
- 4.58 A secondary health assessment took place within seven days. There was a weekly complex care meeting, attended by all disciplines, which ensured that prisoners with identified health needs were prioritised.
- 4.59 Patients were seen promptly for urgent GP or nurse appointments, and routine waiting times, at approximately two and a half weeks, were equivalent to those in the community. However, clinical oversight of triage arrangements was not sufficient; reception staff checked with nursing staff that emergency appointments were appropriate, but checks were not made when booking routine appointments. Prisoner attendance at health care appointments had improved since the previous inspection. The prison supported patients in attending external hospital appointments.
- 4.60 Advanced nurse practitioners were available to see patients, and health care assistants also provided a range of primary care clinics. The service had recently appointed a long-term conditions nurse, and prisoners with such health issues were regularly invited for review.
- 4.61 There was a range of visiting practitioners and allied health care professionals, including a physiotherapist, podiatrist, optometrist and sexual health nurse.
- 4.62 Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers, there was a positive staff culture and teams worked well together.
- 4.63 X-ray and ultrasound scanning took place in the prison twice a month, and there was access to telemedicine appointments via the local

hospital, which reduced some demand on external hospital escorts. There was also direct telephone access to hospital consultants for specialist advice.

- 4.64 There were suitable arrangements to care for prisoners with palliative care needs and we saw evidence that a patient's end-of-life wishes had been considered.
- 4.65 The health care team had positive relationships with prison officers and external services.

### **Recommendation**

- 4.66 **Health care managers should ensure that there is adequate clinical oversight for the triage service.**

### **Social care**

- 4.67 A memorandum of understanding and information sharing agreement between Doncaster Borough Council (DBC), the prison and PPG had recently been renewed. It was the platform for strong partnership working and good social care.
- 4.68 Referrals for a social care package (see Glossary) originated from PPG, several departments in the prison and by self-referral. Two or three referrals were made each month and at the time of the inspection, six prisoners were in receipt of social care. The pathway of social care – including the initial PPG triage followed by DBC assessment – was efficient and met performance targets. PPG was able to start delivering care before the completion of assessments, informed by the contribution of an onsite occupational therapist.
- 4.69 We observed five patients receiving social care in the SCU and one on a wing. Social and health care needs in all six cases were unusually complex. Health care assistants were available in the SCU 24 hours per day. Aids to living, such as wheelchairs, were prescribed and arrived within three days. Friendly orderlies provided mobility assistance to their peers.
- 4.70 Suitable independent advocacy was available to patients who needed it. Patients in the SCU told us how good their care was. We observed the occupational therapist meeting patients and taking their views on satisfaction with the service.
- 4.71 Relevant care plans were available on SystemOne (the electronic clinical record) and officers kept up-to-date support plans for each patient. The orderlies sensitively supported their peers with non-intimate care. Officers encouraged these prisoners to participate in diversionary activities and enabled them to spend time in a well-laid-out courtyard and in the prison grounds.
- 4.72 The prison had adopted the Dying Well in Custody charter standards. Designated rooms were used to support patients in end-of-life care, and, in the case of one patient, to enable his relatives to visit; these

family members told us of their appreciation for the care being provided.

- 4.73 We were told that patients had been released with social care continued successfully by community agencies.

### **Mental health care**

- 4.74 PPG provided mental health services and offered a comprehensive range of treatments and interventions, seven days a week. The team received over 200 referrals a month and patients were seen in a timely manner – urgent requests on the same or next day and routine referrals within five days.
- 4.75 The team was rich in skill mix and experience, with mental health nurses, psychology staff, a psychiatrist and a social worker delivering evidence-based treatment using the stepped-care model. Nurses were assigned to provide an urgent response to patients in crisis and attend all initial assessment, care in custody and teamwork (ACCT) case management reviews. Mental health staff attended the segregation unit daily.
- 4.76 The handover of clinical information for those being received into the prison from police custody was good, as local liaison and diversion services used the same electronic clinical record (SystemOne). Valuable, evidence-based group work, facilitated by assistant psychologists, had recently restarted following the easing of pandemic restrictions.
- 4.77 Staff we spoke to felt supported in their role and received regular clinical and managerial supervision. Mandatory training compliance was good, at 80%, and all staff had received an appraisal in the last 12 months. The clinical interactions with patients we observed were very good, and staff clearly knew their patients and were person centred in their approach. The clinical records we reviewed were of a good standard, with clear care plans, and were audited monthly by managers. Those with severe mental illness received an annual physical health check, in line with good practice.
- 4.78 Custody staff we spoke to valued the support of mental health staff and relationships were strong. The team was embedded in the prison and participated in appropriate meetings, such as the prison health operational group and safety intervention meetings (see paragraph 3.17). We saw evidence of joint working taking place with substance misuse service colleagues and there were advanced plans for the teams to be co-located.
- 4.79 Despite the prison and the mental health team following clear escalation processes, only one of the 16 transfers to hospital under the Mental Health Act in the previous 12 months had been within the guideline of 28 days, the longest taking 95 days, which is unacceptable (see key concern and recommendation 1.47).

## Substance misuse treatment

- 4.80 PPG integrated clinical and psychosocial substance use treatment services met the needs of the population. The team worked seamlessly within prison drug strategy, safety and resettlement meetings to encourage recovery and rehabilitation.
- 4.81 There were sufficient well-led, well-trained and experienced clinical and recovery workers, who were flexible in their approaches, particularly during the COVID-19 restrictions, including wide use of telephony, and redesigning and repurposing printed therapy materials. Staff managerial and clinical supervision systems were robust. The team was supported by peer recovery workers, although these posts were vacant at the time of the inspection.
- 4.82 PPG screened all new arrivals for drug and alcohol problems. Opiate substitution therapy (OST) was continued, following suitable checks. Within the prison, there was an efficient open referral system. New officers, and some on the apprenticeship scheme, had received training in substance misuse issues. Bespoke training packages from the PPG team had yet to be factored into the training matrix.
- 4.83 A large number of prisoners (about 30% of the population) were in regular contact with the service, many of whom had chronic addiction problems overlaying complex health issues. PPG offered an appropriate range of recovery interventions, including in-cell, one-to-one and group interventions, although there was pressure on finding a suitable room for groups. Each recovery worker had between 30 and 35 patients, which was a heavy workload.
- 4.84 Clinical treatments were evidence based, with a high number (146) in receipt of OST, most of whom were appropriately stabilising or in maintenance (90%). OST administrations we observed were well supervised. Around 12 patients per month underwent alcohol withdrawal therapy under nursing supervision. The integrated team jointly reviewed patients at the required points in treatment, such as at five days, 28 days and 13 weeks, and care plans on SystemOne were individualised and reflected integrated care.
- 4.85 Mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous had continued to offer support group meetings throughout the pandemic (albeit with smaller groups), and this was valued by prisoners.
- 4.86 Service users we spoke to were happy with their care and commended the recovery workers. PPG had continued to survey service users throughout the pandemic restrictions, and satisfaction remained high.
- 4.87 When prisoners were released, PPG provided harm minimisation advice, naloxone (an opiate reversal agent) as necessary and continuity of care with community services. Work with some local drug teams was seamless; for example, Visionable (a secure video conferencing platform designed specifically for health care) was used

to brief community drug workers, some of whom would pick up vulnerable prisoners on release, to ensure that they engaged with the services.

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

- 4.88 Medicines were supplied by an external provider in a timely manner. Not-in-possession medicines were supplied as named patient medicines, with appropriate labelling and a dispensing audit trail. In-possession risk assessments were undertaken appropriately and entered on SystmOne. Around 64% of medicines were given to patients in-possession, but more prisoners could now be considered for the full 28 days in-possession, rather than just seven days' supply, as given previously. Not all cells had lockable storage facilities, which increased the risk of diversion. The pharmacy ordered patients' in-possession medicines, which meant that they did not have the opportunity to learn to manage their own medication.
- 4.89 Medicines were administered safely by pharmacy technicians from the wings three times a day, with additional provision for night-time administration when needed. Staff understood what to do if a patient missed their medicines. Supervision by officers was good. There was effective medicines management on the wings. Controlled drug (CD) records were appropriate, apart from the record keeping of CDs received into the prison.
- 4.90 Prescribing and administration were recorded on SystmOne. Prisoners had access to simple advice from pharmacy technicians, but there was no onsite pharmacist, and there were no pharmacy-led clinics or services such as medicine use reviews. A pharmacy technician spoke to prisoners on reception, checking their medicines and confirming these with NHS records when necessary. This improved access to medicines.
- 4.91 There was provision for the supply of medicines without the need to see a doctor, using both the minor ailments stock and patient group directions (which enable nurses to supply and administer prescription-only medicine), although staff indicated that these were not used optimally. There was provision for the supply of medicines out of hours. However, there was a lack of auditing of the use of medicines from the out-of-hours and minor ailments cupboard. The pharmacy was introducing new, improved audit procedures. There were adequate procedures for prisoners on release.
- 4.92 Errors were recorded and reviewed. Written procedures and protocols were in place, including local protocols specific to the prison. There were well-attended, regular medicines and therapeutics meetings. The prescribing of abusable and high-cost medicines was monitored.

### **Recommendation**

- 4.93 **Prisoners should have access to a pharmacist for clinical advice and medicines use reviews.**

## Dental services and oral health

- 4.94 Time for Teeth provided a full range of dental treatments, including dental therapy to promote oral health. The service was commissioned to provide eight dental clinics and two therapy sessions each week.
- 4.95 The health care and dental teams triaged patients and offered pain relief for those waiting for an appointment, if needed. Urgent referrals were seen at the next available clinic.
- 4.96 The waiting time for routine appointments was too long, at 27 weeks, because of the suspension of aerosol generating procedures (AGPs) at the start of the COVID-19 pandemic, as directed by UKHSA and NHSE/I. The delay in such procedures presented a substantial risk, including uncontrolled pain and serious dental infection, which could involve sepsis in susceptible individuals. The dental nurse provided patients with advice on how to minimise deterioration in the health of their teeth and gums while they waited.
- 4.97 The clinic had capacity to see eight patients per session. The dental service had recently appointed a hygienist, who undertook two sessions per month to help reduce the waiting list, and this had halved since its peak. Further funding had been secured to provide additional sessions and support the reduction in wait times.
- 4.98 The dental surgery was small but functional. Decontamination procedures were followed and infection control standards were met. The service had enhanced air purification capability. Equipment was well maintained.
- 4.99 The care records reviewed showed that, while the treatment provided was well documented, the choice of treatments offered was not always clear and justification for X-rays was not consistently recorded. The dental team was aware of these issues and had developed an action plan to address them.

## 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) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 The prison remained at level three of the HMPPS COVID-19 recovery plan (see Glossary), which meant that most of the population received only around two and a half hours unlocked each day, comprising an hour's exercise and an hour and a half of domestic and association time. Time unlocked for those fully employed and those located on 'The Loft' (see paragraph 4.11) was better, at around seven hours a day, and the introduction of a short evening association period for full-time workers during the inspection was a welcome initiative. Prisoners on the basic level of the incentives scheme remained limited to one hour per day unlocked, although few remained on this level for long (see key concern and recommendation 1.48).
- 5.2 During our roll checks, we found just under 39% of the population to be locked up. The prison had identified around 800 full-time workplaces, but we saw just 150 off-wing places being used and around 200 wing-based activities each day. Many of the on-wing activities were part-time; for instance, the offender management unit prisoner representatives were only unlocked on Mondays and the PE representatives just had to collate a list of 16 prisoners for two sessions per week (see key concern and recommendation 1.48).
- 5.3 Access to the library remained very restricted. Although each living unit had an allocated time slot each week, only eight prisoners could attend each session, resulting in most prisoners only being able to order books remotely. Those we spoke to around the prison were mostly unaware of how to access the library, often saying that it was closed. This was reflected in our survey, where just 9% of respondents said that they could access the library once a week or more, and only 6% that they had been able to access books remotely. There was no stock catalogue available and so, unless the reader knew specific titles, orders were restricted to genres. Learners from the nearby classrooms and workplaces were able to access the library during the working day to support their studies. A large collection of DVDs was available, but, again, with no specific catalogue available most orders were by genre only.

- 5.4 The librarian worked hard to promote literacy via the in-cell television channels and was actively developing the peer supporter-led reading scheme.
- 5.5 A range of books in foreign languages was available, which generally reflected the demographics of the population, and there was a reasonable range of legal texts for those wishing to conduct research. Prison Service Instructions were available on request.
- 5.6 PE facilities were impressive. There was a well-equipped weight training area, a recently refurbished cardiovascular training area, a large indoor games area and a full-sized outdoor artificial grass football pitch. Showering facilities were very good and were much appreciated by the prisoners we spoke to.
- 5.7 Our survey results were much better than at comparator prisons in relation to access to the gym. Throughout the pandemic, the enthusiastic PE staff team had responded quickly to regime changes, to ensure that some physical activity was available to as many prisoners as possible. Delivery against planned attendance was very good and PE staff worked hard to ensure that sessions were fully subscribed. Records showed over 98% attendance against target throughout the pandemic, which was impressive.
- 5.8 However, during the inspection, prisoners often complained about a lack of access to the gym, and we were not confident that the PE representatives managed the lists (see above) sufficiently well to ensure equity of gym availability for all.
- 5.9 All new prisoners undertook a thorough gym induction, which enabled the tailoring of bespoke programmes to meet needs. There were strong links to the health care department, to develop individual plans to help rehabilitation from injuries and improve general health.
- 5.10 One of the PE team was primarily assigned to develop and deliver accredited courses and qualifications. An impressive 326 qualifications up to National Vocational Qualification level 3 had been achieved during the previous 12 months, which was much more than we normally see.
- 5.11 The prison had maintained strong links with local football teams within the FA Twinning Project, and the latter restarted during the inspection.

## Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the key concerns and recommendations, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

- 5.12 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.13 Leaders had a clear vision for the development of the curriculum to reflect the recently revised purpose of the prison (see paragraph 6.5). They had made progress towards reshaping parts of the curriculum, but there was still more work to do to reflect the needs of the prisoners and the breadth of skills needed in the local labour market.

- 5.14 Leaders had changed the curriculum appropriately for prisoners who were in the prison for a short period. In addition, they had established qualifications and courses which accredited small improvements in knowledge and skills. This was particularly effective in English and mathematics, and in vocational areas such as horticulture.

- 5.15 Leaders had strengthened the curriculum provision for prisoners who were in the prison for a longer time, or who were approaching release, by introducing more substantial vocational qualifications and by offering courses in graphics. Leaders rightly recognised the importance of developing prisoners' digital skills. However, there were too few places available on this course.

- 5.16 The largest production workshops were limited to printing and textiles. There were too few workshop places, and the range was limited in terms of variety and level of challenge. For example, the construction course lacked ambition. It was a short, low-level course which, in itself, would not lead to employment.
- 5.17 Since the last inspection, leaders had rectified over half of the recommendations that we made. For example, they had successfully improved the proportion of prisoners who achieved their qualifications, and reduced the proportion who had been withdrawn. Teachers had improved their own spelling and successfully applied mathematics to relevant contexts.
- 5.18 Leaders had developed some innovative small-scale businesses in a welcoming and attractive environment, known as 'Market Street', located within 'Enterprise City'. Here, prisoners designed, made and sold soft toys, repaired televisions and bicycles, and produced high-quality paintings on canvas. Twenty prisoners learned about the making and selling processes, and grew in confidence and self-esteem. However, across the prison, leaders prepared too few prisoners for self-employment.
- 5.19 Senior leaders had produced a plan to provide 800 full-time places in education, work and skills, once the pandemic restrictions were withdrawn. They judged this to be sufficient, given the number of prisoners entering and leaving the prison at any one time. However, they relied too heavily on wing work roles and did not include enough spaces overall for prisoners to develop the vocational, academic and personal skills that they needed for their next steps.
- 5.20 At the time of the inspection, 20% of prisoners were in work, with too few accessing learning or receiving the teaching and training they needed to make substantial progress. Leaders had been hampered by the easing and then tightening of restrictions. However, they had not used the previous strategies for supporting remote learning through in-cell packs, on-wing learning and the introduction of learning through television to develop an effective plan to maintain the momentum of learning for most prisoners.
- 5.21 Leaders monitored the progress of prisoners through frequent and regular management meetings and reviews with partners. As a result, during the past year, prisoner withdrawals from courses had been reduced considerably and most prisoners achieved their planned qualifications. Leaders made an accurate assessment of where improvements were needed. They had reviewed the pay policy during the restrictions, with pay now equitable between education and work. This had encouraged participation in education and incentivised the successful completion of courses.
- 5.22 The quality of education was not consistently good. There were some areas of strength – for example, in barbering, horticulture, catering and graphics. On courses in these subjects, teachers and trainers used their knowledge and experience well to demonstrate skills, explain

techniques clearly and check understanding often. Trainers ensured that prisoners had the opportunity to practise and reinforce skills, so that they gained fluency. Teachers and trainers used written and verbal assessment well to identify what prisoners understood and what they needed to repeat.

- 5.23 At work, prisoners recorded, and trainers verified, the employability skills that they had gained, such as team working and problem solving, within the 'employment passport'. In graphics, teachers used peer feedback well, and prisoners responded positively to the constructive suggestions. As a result, prisoners made swift progress and acquired the knowledge, skills and behaviour needed by those industries in the community. Prisoners working in the café and bistro area improved their customer-service skills as these were realistic business environments, sponsored by a regional bakery chain.
- 5.24 On functional skills mathematics and English courses, teachers demonstrated the subject knowledge and skills that they needed to explain concepts, and questioned most prisoners effectively. Teachers on the English for speakers of other languages (ESOL) pre-entry course were skilled in using a variety of means to convey the meaning of unfamiliar vocabulary through mime, gesture and facial expression.
- 5.25 There were some weaknesses in the planning and teaching of English and mathematics. For example, in functional skills English, teachers did not provide sufficient opportunities for ESOL prisoners to improve their speaking, listening and pronunciation skills alongside reading and writing skills. ESOL prisoners above pre-entry level did not improve the fluency in spoken English that they needed.
- 5.26 The level of English used in learning materials in entry-level mathematics was often too high for prisoners with low levels of literacy. A few prisoners studying mathematics at entry level made slow progress as they struggled to understand questions and instructions in course booklets. At the time of the inspection, staff shortages in English meant that too few prisoners were able to access the teaching that they needed to develop these skills rapidly enough.
- 5.27 A small number of prisoners gained access to higher levels of study through distance learning. However, while education staff supported the administration of the process, they did not teach the independent study skills needed to equip prisoners with the ability to flourish on these courses. As a result, too many did not complete their courses.
- 5.28 Although staff identified prisoners' additional needs and devised support plans, vocational tutors did not make sufficient use of this information to adapt their teaching approaches to make sure that these prisoners made the progress of which they were capable.
- 5.29 Staff identified most prisoners' starting points accurately at induction. However, they were inexperienced and not yet qualified to provide initial advice and guidance. As a result, they provided some inaccurate advice, which meant that a small number of prisoners unnecessarily

repeated qualifications in English and mathematics. Prisoners received their induction in a timely way, soon after their arrival. They were allocated to activities appropriately, but at the time of the inspection, as a result of the pandemic restrictions, they were not yet participating.

- 5.30 In the final 12 weeks before release, prisoners attended a class or were supported at work, to complete an employability qualification, which included helpful information about CV writing, interview skills, job search and applications. Staff worked diligently to identify employment and training opportunities in the areas where prisoners were released. For example, they enabled prisoners to gain qualifications in forklift truck driving and welding skills. Nearly half of the prisoners progressed into employment or further training after they left the prison.
- 5.31 While senior leaders knew how many prisoners were released into employment and education, they did not have sufficiently detailed information to enable them to know if the training and education in the prison had led directly to the positive destination.
- 5.32 Leaders provided effective peer mentoring courses at level 2 for about 50 prisoners per year. Peer mentors developed the skills that they needed to support others and reflected deeply on their own personal strengths and weaknesses. During the course, peer mentors improved their understanding of mental health issues and how to recognise them in others and signpost appropriately.
- 5.33 Leaders and managers had not developed a common personal development curriculum across education and work. As a result, prisoners did not have planned opportunities to learn about equality of opportunity, the value of diversity or their rights and responsibilities within society.
- 5.34 Prisoners who attended education and skills worked well in a calm and respectful environment. They developed the positive attitudes that they needed for work and future employment. Prisoners adhered to safe working practices. Staff quickly challenged any inappropriate behaviour. Attendance at work and workshops was very high. During the inspection, attendance at education in the classrooms was not consistently high, but teachers supported a large proportion of prisoners on the wings, and attendance, engagement and participation there were excellent.
- 5.35 Through the work of leaders, managers and prison officers, prisoners developed good relationships with staff and their peers. Many prisoners improved their self-esteem through roles on the wing, gaining responsibility at work, and through leading sports sessions.

## Recommendations

- 5.36 **Leaders should increase the number of full-time spaces and offer more workshop spaces that better reflect the needs of the local economy, provide better preparation for self-employment and**

**increase the proportion of prisoners who participate in education skills and work.**

- 5.37 Leaders should work with the education provider to improve the relationship and, as a priority, fill vacancies for English instructors, so that more prisoners are able to access the teaching that they need.**
- 5.38 Leaders should ensure that teachers and trainers in education and work receive training to enable them to support prisoners on English for speakers of other languages courses and those with identified learning difficulties more effectively.**

## 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 In our survey, 40% of respondents, higher than the comparator (27%), said that staff had encouraged them to keep in touch with family and friends. The figures were lower for Muslim and black and minority ethnic prisoners (see paragraph 4.34), but, overall, the relatively positive perceptions reflected a history of good family interventions, making constructive use of the visits area. The 'Families First' team was very active. During the inspection, in spite of COVID-19 restrictions, its activities included 'Daddy Newborn', offering a supervised, well-equipped nursery room for a parent to bond with their child; relationships courses; and a 'family album' scheme in preparation for Mother's Day, with the family support worker taking photographs of prisoners with their mothers. Family events had been held over the Christmas period, and a programme of regular special events in visits was being prepared for the coming months. Sensory equipment was available for use in a private room, for visitors with neurodiverse conditions who might benefit from this.
- 6.2 Social visits had restarted promptly in 2021 when COVID-19 restrictions had permitted, but the visits experience was less rewarding than in normal times. There were still no refreshments or play facilities available. Each prisoner was allowed only one in-person visit a month. Booths had been installed for secure video calls (see Glossary), which took place instead of in-person visiting on three days a week.
- 6.3 The visits hall was bright and open, although with hard, fixed furniture. Prisoners wore bibs to distinguish them from visitors for security purposes. Inappropriately, those convicted of sexual offences wore bibs of a different colour.



**Visits hall**

- 6.4 The system for handling incoming and outgoing mail was efficient, and there were no undue delays. Prisoners were now able to respond to emails, via the mail room, as well as receive them.

## **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.

- 6.5 An ambitious change programme had begun, to remodel the offender management unit (OMU) completely, so as to match the new prison population model. The target profile for the prison was 70% in the resettlement phase (up to 16 months before release) and 30% on remand. The OMU project was at an early stage, but the signs so far were promising.
- 6.6 Our last report emphasised the negative effects of separating departments which should be working closely together, and of not sharing information effectively. This was being addressed by co-locating offender management, custody administration and public protection, and organising them in multidisciplinary hubs, which would subsequently match the separate functions of resettlement and remand. Major benefits were already being seen. Staff at all levels were enthusiastic about the changes, which had been planned carefully, with good consultation and communication.

- 6.7 Across the range of reducing reoffending activity, strategic approaches and medium-term plans were set out clearly and concisely. Managers, were energetic and worked together well as a team. Staff appreciated their visibility and support, and had received training to reach the level of versatility needed of them for the new ways of working.
- 6.8 The OMU had experienced some staff shortages, but the situation was improving. Prison offender managers (POMs) and probation staff alike held caseloads of over 70, but these were beginning to reduce. Staff said that they were coping with these high caseloads because they felt well supported by their managers and colleagues. A good start had been made on recruiting and training a group of OMU peer mentors around the wings.
- 6.9 Almost all offender assessment system (OASys) assessments were up to date, having been completed in the past year, and most were comprehensive. Sentence plans contained generic objectives that were relevant and achievable in a prison environment where activities had been limited during the pandemic. Some prisoners were not aware of their sentence plans, but most knew the areas that they were working on, and these were generally aligned with the objectives recorded in the plans.
- 6.10 Contact levels between POMs and prisoners were good, with telephone calls and emails as well as face-to-face meetings. Most prisoners were very positive about their POM. It was clear that the contact was supportive and encouraging, and focused on progress and development, and most case records gave a helpful picture of the work being undertaken.
- 6.11 Some cases were co-worked by two POMs, ensuring uninterrupted contact. POMs often actively supported the prisoner at key custodial points – for example, in the period leading up to the parole hearing, and after they had received the parole decision. POMs had also contacted recalled prisoners and discussed the next steps with them, and made themselves available to advise those held on remand. Some useful support was given to those on remand as well as to those recalled to prison. For example, the ‘Timewise’ violence programme was open to both groups.
- 6.12 At present, key workers (see Glossary) had limited meaningful contact with their allocated prisoners, although managers had clear plans to enhance key working as part of the restructuring of the OMU. This left the POMs carrying out tasks that could be undertaken by key workers. There was insufficient quality checking of key work sessions.
- 6.13 Under the Offender Management in Custody (see Glossary) model, transfer of responsibility from the prison to community offender managers (COMs) takes place at specified points before release. These were clearly recorded at handover meetings, and in a number of cases were supported by three-way video-link meetings involving the prisoner. These meetings provided the opportunity to discuss release

plans and reinforce licence conditions. Prisoners we interviewed understood and accepted their licence conditions.

- 6.14 Applications for home detention curfew (HDC) were administered efficiently, but releases were, on average, eight days after the due date. This was a result of external factors, such as short periods between sentencing and eligibility date for HDC, and waits for clearance of the intended address.

### **Public protection**

- 6.15 The processes for public protection had been tightened in all important areas since the last inspection, and important risk information was more reliably shared. The public protection team was working much more closely with case administrators and POMs, and there was now a sufficient level of assurance that risks to the public were identified on reception and followed up with appropriate action. POMs, including those without a probation background, were confident in discussing public protection issues. We saw evidence of both proactive and reactive work to address these issues and to communicate effectively with COMs.
- 6.16 Although these changes appeared to assure a safe and consistent management of risk, issues remained. Firstly, the violent and sexual offenders register was not being used enough to share information with partner agencies. Secondly, a monthly 'interdepartmental risk management meeting' considered many of the high-risk cases, but was not interdepartmental, being attended by OMU staff and often a psychologist, but no one else. The information flowed through other channels, and other departments may have submitted material for the meetings, but the status and purpose of this core meeting needed review.
- 6.17 Monitoring of mail and telephone calls was kept up to date, and was now carried out by staff who were trained and experienced in spotting evidence of risk. This was running better than at the time of the previous inspection, not least because other offender management staff now helped public protection staff at times of high pressure.
- 6.18 Multi-agency public protection arrangements (MAPPA) in the community were well supported, and prison staff and managers contributed well to these, although several of the reports provided by POMs did not give a sufficiently clear picture of custodial behaviour or current assessment of risk, motivation and compliance.

### **Categorisation and transfers**

- 6.19 Recategorisation reviews were carried out in a timely and fair way, although a few prisoners found the process impersonal because they only received brief information in writing. As a result of the pandemic, some prisoners who needed to undertake specific programmes in order to progress through recategorisation or parole had not been able to be transferred to an establishment where they could complete this

programme, and this had delayed their progression. This had recently begun to change, with the wider focus on reconfiguration. Although some prisoners still felt stuck at Doncaster and unable to progress, most category C prisoners could move on quickly, and the situation was improving for those who were category B, long-sentenced or convicted of sexual offences, as transfers were being facilitated more readily to support the change in the prison's function.

- 6.20 A monthly interdisciplinary meeting considered, individually and in depth, the progress of those on indeterminate sentences for public protection (IPP). This had recently shown success, enabling the progression of some IPP prisoners.
- 6.21 The work of a skilled member of staff in support of veterans had been appreciated; he had recently left, leaving a considerable gap for the large number of veterans at the establishment.

## Interventions

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

- 6.22 The psychology team had been strengthened and added considerable value to the work of the prison, especially having been present and active throughout the pandemic. In addition to programme delivery, they made valuable contributions in informing approaches to individual day-to-day behavioural management, especially of those presenting complex and harmful patterns of behaviour.
- 6.23 Thorough needs analyses had been carried out in 2020, with annual updates from statistical information subsequently. A flexible approach was being taken, with cooperation and support from regional staff, especially because the Horizon programme for those with a history of sexual offending was having to adapt to reducing numbers of potential starters in the prison as reconfiguration progressed.
- 6.24 A range of programmes was offered, in groups and one to one, addressing needs related to custodial anti-social behaviour and violence (Timewise), sexual offending (Horizon), cognitive deficits (the Thinking Skills Programme), gang affiliation (Identity Matters) and self-harm (Breaking the Cycle).
- 6.25 One-quarter of the prison population were aged under 30, and the planned young adult wing promised to be a positive contribution to offender management (see paragraph 4.37). A staff member had responsibility for care leavers, and good liaison had been built up with the local authorities and the individual personal advisers.
- 6.26 Restorative justice interventions were provided by Remedi, (a restorative justice charity). Its work had continued throughout the pandemic, with 156 individual interventions in 2021, including delivery of the Restorative Choices programme.

- 6.27 Help with benefits was provided by the Jobcentre Plus worker attending the prison daily, and our survey showed an improved experience in this area. However, the help previously given under contract by Nacro on finance and debt matters, such as opening bank accounts and obtaining evidence of identity, had been withdrawn following the reunification of probation services in mid-2021, and not fully replaced, although the staff onsite were working hard to fill this gap.
- 6.28 Although release on temporary licence was not in use, plans were being made, in cooperation with HMP Hatfield, to introduce it within a few months, as some local employers were keen to offer employment to suitable serving prisoners.

### **Recommendation**

- 6.29 **There should be a comprehensive service giving support and advice to all those facing issues with finance, benefits and debt.**

### **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.

- 6.30 Resettlement needs on arrival were captured well by OMU staff and the custodial integration team, and often followed up with practical plans. The plans we inspected were of a good standard, with actions identified to promote resettlement. In some cases, the court was contacted to suspend outstanding fines.
- 6.31 A weekly multidisciplinary meeting discussed forthcoming releases. Release planning for high-risk prisoners approaching discharge began three months before the date, an improvement since the previous inspection.
- 6.32 Despite a dip in service delivery following the reunification of probation services, which had involved the withdrawal of the Nacro staff (see also paragraph 6.27), the OMU and the custodial integration team had worked hard to sustain support for those without a release address. The percentage of sentenced prisoners released with sustainable or temporary accommodation had remained at around 80%, which compared well with many local prisons but remained too low. Additional accommodation in the local area, provided as part of the 'Community Accommodation Service Tier 3' national pilot programme to reduce homelessness among those released from prison, was proving helpful in this.
- 6.33 Specific discharge packs were available for those released to the local authority areas in South Yorkshire, with local details and contact numbers.

- 6.34 The new 'departure lounge' contract had produced a far better service on the day of release than existed at the time of the last inspection. There was a large number of practical items, mainly donated by large retailers, for the basic needs of those leaving the prison, including food, toiletries and clothing. The two skilled staff, helped by volunteers, were also able to give personal help, such as direct telephone access to statutory housing and benefits teams, as well as liaison with COMs.



**Departure lounge**

## 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 (1.45): The prison was overcrowded and almost 700 prisoners were doubled up in cells designed for one prisoner.

**Key recommendation: Two prisoners should not be held together in cells designed for one.** (Repeated recommendation S57)  
(To the director)

- 7.2 Key concern (1.46): There was no tailored equality strategy setting out a clear vision to improve outcomes for prisoners with protected characteristics. The analysis of data was limited and engagement with protected groups was not frequent enough for the prison to fully understand and address their needs, especially given the high turnover of the population.

**Key recommendation: Equality data and effective consultation should inform a tailored strategy that leaders drive proactively to address disproportionate outcomes for prisoners from protected groups.** (To the director)

- 7.3 Key concern (1.47): Prisoners needing a transfer to secure mental health inpatient services continued to wait far too long for a bed.

**Key recommendation: Patients requiring admission to hospital under the Mental Health Act should be transferred expeditiously, and within current Department of Health guidelines.** (Repeated recommendation 2.76)  
(To the director)

- 7.4 Key concern (1.48): There was insufficient activity or time unlocked for most of the population. Many prisoners spent around 21 and a half hours in their cells, and some even longer. There was too little purposeful activity for the population and too many prisoners were under-employed in wing-based work.

**Key recommendation: Leaders should urgently prioritise increasing time unlocked and the provision of regular education, skills and work activities to enable a larger number of prisoners to attend them.**  
(To the director and HMPPS)

## Recommendations

- 7.5 Recommendation (3.28): Quality assurance procedures for use of force should include regular scrutiny of incidents, to identify concerns and good practice.  
(To the director)
- 7.6 Recommendation (4.12): Showers should be clean, well ventilated and in good repair. (Repeated recommendation 2.11)  
(To the director)
- 7.7 Recommendation (4.66): Health care managers should ensure that there is adequate clinical oversight for the triage service.  
(To the director)
- 7.8 Recommendation (4.93): Prisoners should have access to a pharmacist for clinical advice and medicines use reviews.  
(To the director)
- 7.9 Recommendation (5.36): Leaders should increase the number of full-time spaces and offer more workshop spaces that better reflect the needs of the local economy, provide better preparation for self-employment and increase the proportion of prisoners who participate in education skills and work.  
(To the director)
- 7.10 Recommendation (5.37): Leaders should work with the education provider to improve the relationship and, as a priority, fill vacancies for English instructors, so that more prisoners are able to access the teaching that they need.  
(To the director)
- 7.11 Recommendation (5.38): Leaders should ensure that teachers and trainers in education and work receive training to enable them to support prisoners on English for speakers of other languages courses and those with identified learning difficulties more effectively.  
(To the director)
- 7.12 Recommendation (6.29): There should be a comprehensive service giving support and advice to all those facing issues with finance, benefits and debt.  
(To the director)

## Section 8 Progress on recommendations from the last full inspection

### Recommendations from the last full inspection

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

#### Safety

##### Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, prisoners were generally well informed and supported during their early days. A wide range of actions had been taken to make the prison safer, and levels of violence had reduced over recent months. Despite this, overall levels of violence were higher than in similar prisons, and levels of serious assaults were rising. Levels of use of force had increased but oversight was good. Too many adjudications were not proceeded with. Security processes were generally proportionate, and the number of incidents of disorder was low, although poor supervision and a lack of control on some wings were problematic. Drug availability had reduced and was lower than in similar prisons. Levels of self-harm had risen, and were high, and measures to support prisoners at risk of self-harm were weak. Outcomes for prisoners were not sufficiently good against this healthy prison test.

#### Key recommendations

Actions and processes to understand and reduce violence should be embedded and their effectiveness regularly monitored. (S54)

##### Achieved

Effective, well-coordinated action should be taken and sustained to reduce levels of self-harm. (S55)

##### Partially achieved

#### Recommendations

Reception staff should use professional telephone interpreting services to communicate with newly arrived foreign national prisoners who speak little English, to ensure that their needs are identified quickly. (1.9)

##### Achieved

All newly arrived prisoners should complete induction at the earliest opportunity. (1.10)

##### Achieved

The victims of violence and perpetrators of antisocial behaviour should be managed effectively. (1.19)

**Achieved**

Prisoners on the social responsibility unit should have access to a full regime. (1.20)

**No longer relevant**

The incentives and earned privileges scheme should be effective in addressing individual prisoners' poor behaviour and encouraging them to behave well. (1.21)

**Achieved**

The adjudications system should provide an effective deterrent to antisocial behaviour. (1.26)

**Achieved**

An effective level of support should be available for prisoners in crisis, provided by appropriately trained peer supporters. (1.46)

**Partially achieved**

## **Respect**

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

At the last inspection, in 2019, prisoners were reasonably positive about relationships with staff but many staff failed to exert their authority. Communal areas and cells were in a reasonably good state but too many prisoners lived in overcrowded conditions. Access to basic essentials was good. The food provided was satisfactory. Prisoner consultation arrangements were effective. Responses to applications were mostly timely, and complaints were well managed. Equality and diversity arrangements were adequate overall but the needs of young adults and some prisoners with disabilities were not being met. Faith provision was good. Health care had improved overall but mental health services were stretched. Outcomes for prisoners were reasonably good against this healthy prison test.

### **Key recommendations**

Wing staff should have the authority and confidence to challenge inappropriate conduct on, and maintain full control of, all wings. (S56)

**Achieved**

Two prisoners should not be held together in cells designed for one. (S57)

**Not achieved** (recommendation repeated, 1.45)

Action should be taken to understand and address the potential disproportionate treatment of younger prisoners. (S58)

**Partially achieved**

Prisoners with disabilities should be identified and given good, consistent and organised support based on their needs. (S59)

**Partially achieved**

Mental health services should provide timely, stepped care support through an appropriate range of therapeutic interventions that is sufficiently resourced to meet the high level of demand. (S60)

**Achieved**

Patients should receive prescribed medicines without delay, and effective monitoring procedures should assure the integrity of stored medicines. (S61)

**Achieved**

## **Recommendations**

Showers should be clean, well ventilated and in good repair. (2.11)

**Not achieved** (recommendation repeated, 4.13)

Cell call bells should be responded to within five minutes. (2.12)

**Partially achieved**

Staff should always supervise mealtimes, to ensure that serving queues are well ordered and that food is given out fairly and hygienically. (2.18)

**Achieved**

Comprehensive equality data should be analysed, to identify and act on any disproportionate treatment of prisoners. (2.33)

**Not achieved**

Patients should attend health care appointments inside the prison and externally, as advised by clinicians. (2.67)

**Achieved**

Patients requiring admission to hospital under the Mental Health Act should be transferred expeditiously, and within current Department of Health guidelines. (2.76)

**Not achieved** (recommendation repeated, 1.46)

There should be sufficient professional pharmacy presence to ensure efficient medicines delivery systems, follow-up of patients failing to attend for medicines administration, and the monitoring of in-possession risk assessment rationales. (2.91)

**Achieved**

## **Purposeful activity**

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

At the last inspection, in 2019, many prisoners had too little time unlocked. Library and PE provision was adequate. The range of education, skills and work had improved but there were too few activity places for the population and many prisoners were unemployed. Attendance at purposeful activities required improvement. The quality of teaching and learning was good. Prisoners generally behaved well. Qualification achievement rates were variable and too many prisoners failed to complete their courses. Outcomes were not sufficiently good against this healthy prison test.

### **Key recommendations**

Leaders and managers should reduce unemployment, improve attendance and provide sufficient and purposeful high-quality learning, skills and work that meet the population's needs. (S62)

**Not achieved**

Leaders and managers should gather up-to-date information on prisoners' destinations, so that they can evaluate the impact of the curriculum on prisoners' rehabilitation. (S63)

**Partially achieved**

Leaders and managers should increase the proportion of prisoners who achieve a qualification in English and mathematics at levels 1 and 2, and, on vocational courses, the proportion who successfully complete their studies. (S64)

**Achieved**

### **Recommendations**

Prisoners should be unlocked for at least 10 hours a day. (3.5)

**Not achieved**

Teachers should pay careful attention to their own spelling when delivering teaching and learning sessions, and mathematics teachers should improve prisoners' understanding of mathematical concepts better by demonstrating their relevance and application to everyday activities. (3.25)

**Achieved**

## 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 2019, support for prisoners to maintain relationships with their children and families was excellent. There was an improved focus on prisoners convicted of sexual offences but outcomes were inconsistent. Most prisoners had an up-to-date offender assessment system (OASys) assessment. Contact with offender supervisors was regular but they were not sufficiently well trained to manage the large high-risk population. Home detention curfew processes were inefficient and too many prisoners were released late. Public protection processes were poor, potentially putting the public at risk. Programmes provision was reasonably good overall. There was good support to help prisoners with their housing and finances, but too many were released without being able to access sustainable accommodation. Release planning had improved and was good. Outcomes for prisoners were reasonably good against this healthy prison test.

### Key recommendations

High-risk prisoners and all those convicted of sexual offences should be managed by a well-supported offender supervisor who is trained in risk and can effectively drive their sentence progression. (S65)

**Achieved**

Prisoners should be subject to rigorous and comprehensive public protection measures which address their risk, both in custody and on release. (S66)

**Achieved**

### Recommendations

The reducing reoffending strategy should be based on a comprehensive analysis of the needs of the different types of prisoner held at the establishment and should be supported by a detailed action plan which is regularly reviewed to evidence the progress made. (4.18)

**Achieved**

Prisoners eligible and approved for home detention curfew should be released on their eligibility date. (4.19)

**Not achieved**

Category B prisoners requiring progression should be moved promptly to an appropriate training establishment. (4.28)

**Partially achieved**

All prisoners convicted of sexual offences should be assessed, to determine their suitability for an intervention. (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 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 II: Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

### **Inspection team**

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Jade Richards	Inspector
Martin Kettle	Inspector
Paul Rowlands	Inspector
Natalie Heeks	Inspector
Sally Lester	RRP support Inspector
Liz Calderbank	RRP support Inspector
Shaun Thomson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Richard Chapman	GPhC
Bev Grey	Care Quality Commission inspector
Martin Ward	Lead Ofsted inspector
Mary Devane	Ofsted inspector
Charles Searle	Ofsted inspector
Cath Jackson	Ofsted Inspector
Charlotte Betts	Lead researcher
Elenor Ben-Ari	Researcher
Sophie Riley	Researcher
Rachel Duncan	Researcher
Rahul Jalil	Researcher

## Appendix II Glossary

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 management in custody (OMiC)**

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

**Protected characteristics**

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

**Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Recovery plan**

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

**Secure video calls**

A system, commissioned by HM Prison and Probation Service (HMPPS), that 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 [delete as required]:

### **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.

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