



Report on an unannounced inspection of

HMP The Mount

by HM Chief Inspector of Prisons

14 and 21–25 March 2022



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Introduction

At our last inspection in 2018 of The Mount, a category C prison near Hemel Hempstead, we found a prison that was deteriorating to the extent that in every healthy prison test the establishment was judged poor or not sufficiently good. The prison held about 1,000 adult men at the time of the visit, with more than two-fifths assessed as either high or very high risk of harm to others. At this inspection, we found an improvement in the test of safety, which was now reasonably good, and a slight improvement in rehabilitation and release planning, but no improvement in outcomes for respect and purposeful activity. The senior leadership team had an appropriate vision that included improving safety, the maintenance of decent standards and developing progression opportunities for the men held there, but there remained some basic and persistent barriers to success.

Ofsted, our partners who joined us at this inspection, judged the provision of education, work and skills to be inadequate, their lowest judgement. The prison did not have a comprehensive overview or evaluation of the strengths and weaknesses of education provision and had not provided enough purposeful activity places for the population. Those prisoners who did have a place were not always fully or usefully occupied when they attended. Such failings were completely undermining The Mount's stated purpose as a training establishment.

Despite some improvements in core functioning, rehabilitation and resettlement planning was not sufficiently good overall and was the main area of complaint to us by prisoners during our inspection. We found an insufficient focus on and opportunities for sentence progression, which is crucial to men in a category C training prison. There were few interventions, besides accredited offending behaviour programmes, to help prisoners reduce their risk and make progress. Transfers to open prisons often took far too long.

Officer shortages had been a problem well before the COVID-19 pandemic and at this inspection, 40% of staff could not be deployed to operational duties. As such, the regime remained severely restricted, and time out of cell was poor, with many men locked up for 22 hours a day. Prisoners were very frustrated by limited access to key areas of support, such as the library and the gym, social visits, and the ongoing suspension of corporate worship. The staff shortages caused additional pressure on those who were left to deliver the day-to-day regime, and many felt they did not have enough time to support prisoners.

Leaders had taken proactive steps to improve safety, and these were beginning to take effect. Most prisoners now said they felt safe, a sentiment backed up by the data - the rate of assaults was lower than in 2018 and fewer were serious. The site had been divided into two, which allowed for much better supervision of prisoner movements around the campus, and leaders had further improved supervision with the introduction of escorted moves which had, we were told, contributed to improved safety outcomes. However, there were also some disadvantages to this arrangement, including difficulties for prisoners on one site accessing activities on the other. Steps to disrupt the supply of drugs were

also having a positive impact and far fewer men said they were easy to get hold of, but drug testing was yet to restart and less than half of the requested cell searches were completed; both major gaps. Support for those at risk of self-harm was limited and many were left locked in cell for most of the day which was not conducive to positive emotional wellbeing.

The prison continued to deal with some significant weaknesses including staff shortages, but our findings showed some signs of encouragement around safety. The prison had benefitted from some investment by HMPPS to make it clean and decent, and prisoners were more positive about many aspects. It was disappointing that some of the cells and communal areas, especially on the older site, were tired and in need of refurbishment if outcomes were to improve further. Clearly, addressing the weaknesses in purposeful activity and rehabilitation and release planning is a critical priority for a training prison - leaving men locked in a cell for most of the day surely does not lead to better citizens on release.

Charlie Taylor

HM Chief Inspector of Prisons

April 2022

About The Mount

Task of the prison

Male adult category C training and resettlement prison.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 992

Baseline certified normal capacity: 1,010

In-use certified normal capacity: 1,007

Operational capacity: 1,028

Population of the prison

- 20 new prisoners received each week.
- 19.7% foreign national prisoners.
- 53.4% prisoners from black and minority ethnic backgrounds.
- 46 prisoners released into the community each month.
- 244 prisoners receiving support for substance misuse.
- 55 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Forward Trust

Prison education framework provider: PeoplePlus

Escort contractor: Serco

Prison group

Hertfordshire, Essex and Suffolk

Brief history

Situated in Bovingdon near Hemel Hempstead on the site of a former RAF station, The Mount opened in 1987 as a young offender institution and has since been converted to a category C training prison.

Short description of residential units

Bottom site (older units)

The Annexe – pre-release wing for 44 prisoners

Brister – induction wing/reverse cohort unit (see Glossary) on 2 spurs, 116 prisoners

Ellis – general population, 117 prisoners

Fowler – general population, 112 prisoners

The Lakes (also known as the Wellbeing unit) – drug support wing, 111 prisoners

Care and separation (segregation) unit – 18 prisoners.

Top site (newer units)

Dixon – general population, 120 prisoners

Howard – general population, 110 prisoners
Narey – wing for older prisoners (over-50s), 48 prisoners
Nash A – general population, 125 prisoners
Nash B – general population, 125 prisoners.

Name of governor and date in post

Katie Price, June 2019

Leadership changes since the last inspection

Kevin Leggett, 2016-19
Katie Price from June 2019.

Prison Group Director

Simon Cartwright

Independent Monitoring Board chair

Raymond Little

Date of last inspection

30 April – 18 May 2018

Section 1 Summary of key findings

- 1.1 We last inspected HMP The Mount in 2018 and made 69 recommendations, six of which were about areas of key concern. The prison fully accepted 48 of the recommendations and partially (or subject to resources) accepted 17. It rejected four 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 from the full inspection

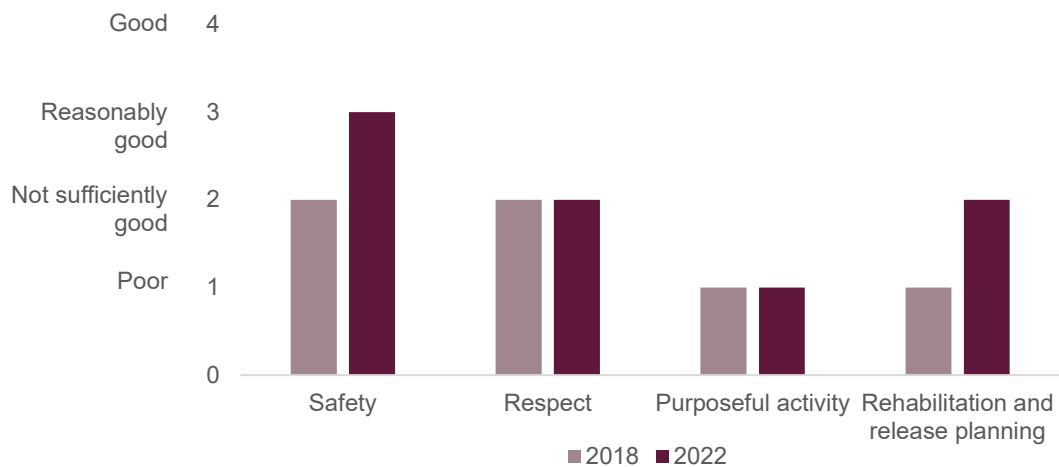
- 1.3 Our last inspection of The Mount took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus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

Figure 1: HMP The Mount healthy prison outcomes 2018 and 2022



Safety

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

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

- 1.11 Most prisoners said they felt safe at The Mount. The rate of assaults was lower than in 2018 and fewer were serious. A small number of prisoners were self-isolating in their cells because of threats from others, some for a very long time and more needed to be done to engage with these prisoners, ensure their safety and promote reintegration.
- 1.12 The strategy for managing violence was not informed by local data and there was no action plan or means of measuring progress. Challenge, support and intervention plans (CSIPs) lacked meaningful targets. 'Belong', a restorative justice charity, provided good one-to-one support and conflict resolution, but there were few other tools to encourage prisoners to change their behaviour.
- 1.13 The number of adjudications had decreased since the last inspection and most hearings were now held on the wings rather than in the segregation unit, which was positive, but too many were remanded or delayed.
- 1.14 The number of times force was used against prisoners had decreased. Most incidents that did occur were spontaneous and often stemmed from prisoners' frustrations that day-to-day issues were not dealt with. There had been significant improvements in the overall supervision and oversight of force, but special accommodation was still used too often.

- 1.15 The use of segregation had reduced since our last inspection and supervision by leaders was beginning to improve. The day-to-day regime was very limited but reintegration planning getting better. Cells were austere with no in-cell electricity and unscreened toilets. Communal areas were, however, clean, although the outside exercise yard was bleak.
- 1.16 The management of intelligence information was very good. More controlled movement of prisoners around the two sites had enabled better supervision by staff and an improved sense of order and control. Drug availability was being addressed through a variety of steps and in our survey, fewer prisoners than previously said it was easy to obtain them. Drug testing, however, had not yet resumed and less than half of the requested cell searches were completed, both major gaps.
- 1.17 The recorded level of self-harm was slightly higher than at the last inspection. There had been two self-inflicted deaths since 2018 and some learning from the Prisons and Probation Ombudsman (PPO) investigation into the first of these had been implemented. Work to reduce self-harm was not driven by or measured against an action plan. There was too little support for prisoners in crisis and staff had struggled to implement the new case management support process, which sometimes ended without having addressed the prisoner's risks and needs.

Respect

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

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

- 1.18 In our survey, two-thirds of prisoners said staff treated them with respect, although this figure fell to 43% for Muslim prisoners compared with almost three-quarters of non-Muslims. The quality and quantity of key working (see Glossary) were poor. We saw some good individual interactions between staff and prisoners, but some prisoners told us they felt staff were dismissive and could not be relied upon to attend to their basic requests. We saw many examples of staff not challenging rule-breaking on the wings.
- 1.19 The prison was split into two sites, locally referred to as the top and bottom sites. The bottom site had older units originating from when the prison was first built whilst the top site had more modern units which had been added as the prison expanded. Outdoor areas on both sites were generally well kept but some cells and communal areas, particularly on the bottom site, were tired and needed refurbishment. Many cells were not fully equipped and some had insufficient or broken furniture. In our survey, prisoners were more positive than at our last inspection about some important aspects of their daily experience, including access to clean bedding and clothing, and the cleanliness of

communal areas. Staff did not always respond to cell bells quickly enough. In our survey, only 29% of prisoners thought the quality of the food was good compared with 45% in similar prisons.

- 1.20 The prisoner 'unity team' provided an innovative approach to consultation by undertaking checks against the HMIP expectations and feeding back their findings to leaders. The applications system was poor, and prisoners had little confidence in it. The number of complaints was high, but responses were generally prompt.
- 1.21 The promotion of equality and diversity was generally good, supported by a comprehensive strategy and action plan, but data were not always analysed and acted on systematically. The number of discrimination complaints was high but it was positive that there was quality assurance of complaint responses by the Ipswich & Suffolk Council for Racial Equality.
- 1.22 Our surveys showed few significant differences in outcomes across the protected characteristic groups and, in contrast to our last inspection, black and minority ethnic prisoners did not indicate more negative perceptions than white prisoners. However, far more prisoners with disabilities felt unsafe at the time of our inspection. Support to meet the needs of foreign national prisoners was generally good but there was insufficient use of telephone interpretation services. The recovery of faith services following COVID-19 restrictions had been slow.
- 1.23 There had been no population health needs assessment since 2017. Health and well-being champions offered valued peer support. There was an appropriate range of primary health care services and waiting times were reasonable for most. Patients with long-term conditions received good care, but attendance at external hospital appointments did not always take place as planned.
- 1.24 Mental health services had improved. The integrated substance misuse team and clinical prescribers provided evidence-based care. Pharmacy and medicines management had been professionalised and were very good. Patients waited far too long to see the dentist and the dental suite was not suitable to carry out aerosol-generating procedures (see Glossary).

Purposeful activity

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

At this inspection we found that outcomes for prisoners remained poor.

- 1.25 Staff shortages continued to impact on the delivery of a meaningful regime. Many prisoners had very little time out of cell, being locked up for 22 hours on a weekday and longer at weekends. A range of recreational activities were in the early stages of development but

needed to expand quickly. Library and gym provision also needed to increase.

- 1.26 Leaders and managers had a clear view of how education, skills and work could contribute to prisoners' success but had been too slow to realise this vision. The curriculum did not fully meet all prisoners' needs and there were too few activity places. Allocations to work on the wings over-relied on the decisions of officers rather than being determined by the needs and aspirations of the prisoner. There were delays in allocation when prisoners needed to relocate between the two sites. There were long waiting lists for some activities. The prison did not have a comprehensive overview and evaluation of the strengths and weaknesses of the overall provision. Available data were not always used well enough to make improvements, and quality assurance was limited.
- 1.27 Education achievement rates were generally low. Teachers responded positively to prisoners' different abilities and needs. Individual coaching in workshops and vocational training was good. Many prisoners in workshops and work developed useful practical skills and knowledge, but these were not recognised or recorded. Outside of education, prisoners did not receive support to develop their English and maths skills. The relatively small number of prisoners with self-declared learning difficulties and disabilities received appropriate support in education, but very limited support elsewhere.
- 1.28 Prisoners in jobs on the wings were underemployed. Prisoner attendance was good in industries and vocational training but required improvement in education. In workshops and work, prisoners did not routinely start work on time and too often sessions ended early. Pre-release arrangements to prepare prisoners for resettlement were weak.

Rehabilitation and release planning

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

At this inspection we found that outcomes for prisoners were now not sufficiently good.

- 1.29 Visits entitlement had deteriorated, and in our survey, only 15% of prisoners said staff encouraged them to keep in touch their family and friends. Family courses such as parenting skills had yet to resume, but there were plans to restart family days, which was a positive step.
- 1.30 Prisoners had too few opportunities to progress through their sentence and achieve their targets. Oversight of the delivery against all the resettlement pathways was not yet sufficiently robust.
- 1.31 The backlog of offender assessments (OASys) had reduced and completed assessments and sentence plans were of good quality. Prison offender manager (POM) contact with prisoners was poor in too

many cases and some POMs felt that their caseloads were too high to complete regular meaningful one-to-one work, although we also saw some examples of outstanding work. Public protection arrangements were applied reasonably well.

- 1.32 Over 50 men were waiting to move to open prisons, and some had waited for more than six months. In some cases, category D status was not given due to the fact that an accredited programme had not been completed but failed to take into account other risk reduction work successfully done.
- 1.33 The prison offered a wider range of accredited offending behaviour programmes than at our last inspection but some prisoners waited too long to transfer to another prison to access accredited programmes not on offer at The Mount. Other than accredited programmes, there were few other interventions available to help prisoners progress their sentence plan targets.
- 1.34 Work to prepare prisoners for release was reasonably good. Data on prisoner accommodation outcomes on release were unreliable. Almost a quarter of releases on home detention curfew were late. Prisoners received reasonably good support to prepare for release. Too many HDCs were approved after the eligibility date and data to monitor prisoners' accommodation outcomes after release was not robust.

Key concerns and recommendations

- 1.35 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.
- 1.36 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.
- 1.37 Key concern: The shortage of officers available to deliver a meaningful day-to-day regime or ensure prisoner access to activities or appointments, meant many prisoners remained locked up most of the day and their needs unmet. Staff shortages were caused by several factors, including the high proportion of officers not deployable to operational duties and the significant percentage of new officers who had resigned within their first year.

Recommendation: Leaders should improve staff retention and significantly reduce the proportion of officers not deployable to operational duties.

(To the governor)

- 1.38 Key concern: Continuous improvement was difficult to evidence as too many workstreams lacked a coherent strategy and action plan against which to monitor progress made.

Recommendation The focus on continuous improvement should be strengthened by having clear plans, against which progress can be monitored. These plans should be subject to rigorous oversight.

(To the governor)

- 1.39 Key concern: Many prisoners at risk of self-harm or suicide were left locked in cell for almost the entire day with little access to support, interventions or activities to help them manage their crisis. Care plans were sometimes closed without prisoners having been given the help they needed. The Samaritans phone number was incorrectly advertised and the Listener (see Glossary) suite was not in use.

Recommendation: Prisoners at risk of self-harm or suicide should have access to a broad range of support, interventions and activities, which are delivered through well-coordinated care plans.

(To the governor)

- 1.40 Key concern: Many residential units needed major refurbishment. Cells were often poorly furnished, and many had broken furniture, unscreened toilets and no curtains for the windows.

Recommendation: There should be a programme of refurbishment of the residential units, prioritising the worst.

(To the governor)

- 1.41 Key concern: The dental needs of the population were not being met due to the lack of aerosol-generating procedures, too few dental sessions and the overwhelming requirement for urgent rather than routine treatments. As a result, many patients were left in pain for several months.

Recommendation: Leaders from the prison and the health partnership board should make sure that the dental needs of prisoners are addressed immediately.

(To the governor and the healthcare provider)

1.42 Key concern: Many prisoners continued to be locked in their cell for 22 hours on a weekday and longer at weekends, which affected their well-being. Prisoners were very frustrated by their limited access to some key areas of support, such as the lack of opportunities to go to the library and the gym, few social visits and the ongoing suspension of corporate worship.

Recommendation: Prisoners should have far more time out of their cell each day and be able to engage in a meaningful range of constructive activities to promote their well-being.

(To the governor)

1.43 Key concern: Leaders and managers had not provided enough purposeful activity places or made sure that all prisoners were fully occupied when attending them. Allocation to activities was often delayed as the prisoner needed to move from living on one side of the prison to the other to take up the activity, and work allocation on residential units was not subject to adequate managerial oversight.

Recommendation: Leaders and managers should provide enough purposeful activity places to engage all prisoners and keep them fully occupied. Allocation arrangements should include effective scrutiny of decisions and minimise any delay in prisoners starting activities.

(To the governor)

1.44 Key concern: Leaders and managers had not established a curriculum that supported prisoners' development needs, including those serving longer sentences. Prisoners, particularly in work and workshops did not routinely receive the help they needed to improve their English, mathematics and digital skills or gain recognition for the other skills and knowledge they had acquired. Managers did not have a sufficiently comprehensive oversight of the training quality in workshops and work.

Recommendation: Leaders should review and develop the curriculum so that it meets the needs of the prison population, including an effective literacy, numeracy and digital skills strategy. They need to make sure that arrangements to record and recognise prisoners' skills and knowledge development is subject to effective quality assurance and improvement processes.

(To the governor)

1.45 Key concern: Leaders and managers had not ensured that prisoners were fully prepared for education, training or employment on release, including receiving effective information, advice and guidance to make informed plans. Too few prisoners could use the 'virtual campus' (see Glossary) to research career opportunities and make applications as part of their resettlement plan.

Recommendation: Leaders and managers should make sure that prisoners receive suitable and effective pre-release preparation, including use of the virtual campus, where relevant.

(To the governor)

- 1.46 Key concern: In our survey, only 15% said staff encouraged them to keep in touch with family and friends. The visits provision was still not good enough and the prison had not yet consulted prisoners or their visitors on how it could be improved. There were no additional visits for prisoners on the highest incentives level, which reduced the opportunities to motivate positive behaviour. Problems with the booking system meant that some visitors were turned away at the prison gate on the day of the visit.

Recommendation: Leaders should prioritise and encourage prisoners to maintain relationships with their family and friends and make sure they have easy access to regular visits.

(To the governor)

- 1.47 Key concern: There was insufficient focus on, and opportunities for, sentence progression. Many prisoners waited far too long to receive a sentence plan, contact between (POMs) and prisoners was too infrequent and there was little evidence that POMs carried out structured one-to-one work with them. There were few interventions, other than accredited offending behaviour programmes, to help prisoners reduce their risk and make progress.

Recommendation: Prisoners should have a range of opportunities to demonstrate a reduction in their risk of harm and likelihood of reoffending and progress through their sentence, including structured contact with prison offender managers.

(To the governor)

Notable positive practice

- 1.48 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.
- 1.49 Inspectors found four examples of notable positive practice during this inspection.
- 1.50 The prison's continued investment in commissioning 'Belong', a charity promoting restorative justice, provided a service that worked to bring together prisoners and staff, and promoted family ties. (See paragraph 3.14.)
- 1.51 Most adjudications were now held on the wing, which was an improvement and meant that the majority of prisoners did not spend

unnecessary time on the segregation unit waiting for their hearing to be held. (See paragraph 3.20.)

- 1.52 The participation of the prisoner unity representatives in the senior leadership team meetings through videoconferencing allowed them to feed back the views of prisoners directly to senior leaders. (See paragraph 4.17.)
- 1.53 A senior mental health nurse spoke to all prisoners in the segregation unit every day, which enabled an assessment of vulnerabilities and contributed to independent scrutiny of care in the unit. (See paragraph 4.66.)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The senior leadership team had an appropriate vision for a category C training prison, that addressed prisoner safety, the maintenance of decent standards and prisoner sentence progression. However, day-to-day staff shortages had limited progress in achieving many of these ambitions. Time out of cell was poor for many prisoners, there was a lack of face-to-face support from prison offender managers (POMs) and key workers, and Ofsted judged the provision of education, work and skills to be inadequate, all of which undermined the core functions of a category C training prison.
- 2.3 Leaders had not tackled the shortages of officers, which had been a problem well before the COVID-19 pandemic. The proportion of 'non-effective' officers meant that over 40% were not able to be deployed to operational duties and this led to the severely restricted regime continuing. Despite some attention by leaders to the well-being of staff, retention of new staff was poor and too many officers left within a year of taking up the post. (See key concern and recommendation 1.37.)
- 2.4 Communication between leaders, staff and prisoners was good. In our staff survey, most of those who responded felt that the Governors priorities had been clearly communicated to them. Consultation with prisoners was effective, including the use of a team of prisoners to undertake observations based on HMIP expectations and report back their views to senior leaders (see paragraph 4.17).
- 2.5 It was good that the decision by leaders to divide the prison into two sites and restrict prisoner movement between them had contributed to the reduction in violent incidents. However, this model meant that prisoners had to move across the sites and relocate into a new residential unit to access some of the purposeful activities, which often caused delays and a reluctance by prisoners.
- 2.6 Leaders and managers were not providing adequate management of staff in their teams to improve their confidence and skills. A large proportion of officers and middle managers were inexperienced; 43% of officers had been in the job for under two years and many custodial managers and supervising officers were temporarily promoted into the role. In our staff survey, only 36% said they had met a manager or mentor about once a month and 17% said they had never been offered

the chance to meet someone to discuss their progress. This was a particular risk for leaders if they wanted to improve retention rates. Leaders recognised this and had volunteered to be a pilot site for a HMPPS staff supervision project that was due to start.

- 2.7 There was not yet a needs-based training programme to enhance the skills of officers and the lack of training was the main comment from those completing our staff survey.
- 2.8 Leaders had put in place or maintained ways of promoting staff well-being during the pandemic and beyond, including regular well-being committee meetings. A 2020 report on the prison by the HMPPS tackling unacceptable behaviour unit had identified a wide range of concerns about the staff culture; leaders were taking appropriate actions to address these, including the introduction of staff 'ambassadors' to support others in their day-to-day work. Despite this, in our staff survey, 31% said the establishment was supporting staff well-being quite well and 15% very well, but 28% thought this was quite poor and 5% very poor. Almost a quarter also described their morale at work as low and 9% as very low.
- 2.9 There needed to be up to date plans to guide progress made by leaders, supported by comprehensive collection and analysis of data. (See key concern and recommendation 1.38.)
- 2.10 At the time of the inspection, the prison was at stage 2 of the national regime recovery (see Glossary). There had been four COVID-19 outbreaks over the last two years and leaders had managed these well, with no deaths of prisoners associated with the virus.

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 When intelligence suggested the need, a body scanner was used to detect illicit items and the prisoner could dispose of them before moving to the first night centre. This was a pragmatic and sensible approach that reduced the supply of drugs and other illicit items getting into the prison.
- 3.2 There were too few staff undertaking reception duties and the small size of the reception area meant it was difficult to organise the procedures efficiently. Reception staff were friendly, but there was not enough support given to new arrivals. Listeners (see Glossary) in reception were not actively providing support and had nowhere private to see prisoner. Prisoner Insiders were only used to move new arrivals' property to first night cells rather than provide active support.
- 3.3 A nurse saw all new arrivals in reception. The area did not have a suitable room for a safety interview with staff so this happened on the first night centre. New arrivals waited too long for this interview, with the first receiving it nearly three hours after arrival. Some new arrivals were locked in their cells before their safety interview could be completed, which was poor practice. There were not enough staff on the first night centre to make the process efficient, but the officers were kind and helpful and made sure that all arrivals eventually received their interview and a shower. Safety interviews, when conducted, were private and supportive.
- 3.4 New arrivals were checked regularly throughout their first night, but their cells were bleak and poorly decorated; many had broken furniture and lacked curtains.
- 3.5 Staff gave arrivals an induction booklet, a new development that looked promising, but it contained some incorrect information about how to call the Samaritans (see paragraph 3.41) and the induction timetable. In our survey, only 34% of prisoners who had been on an induction said it covered everything they needed to know, against the comparator of 51%. Induction took place the day after arrival, although its timing and format could be unreliable. There was no induction programme across the week, as advertised, and most prisoners received a truncated version in a single session. We saw 11 peer workers in attendance to

speak to three new arrivals, which was overwhelming and distracted from the messages delivered, and the peer workers were not always supervised by staff, who had left the room. Departments such as the offender management unit (OMU) and the chaplaincy were only represented by prisoners, which was a missed opportunity for prisoners to start building relationships with staff from different departments.

- 3.6 The induction passport was a well-designed booklet to track completion of all elements of the programme, but the follow-up checks meant to be done three days after arrival were generally not recorded as completed.
- 3.7 New arrivals on the first night centre received only one hour a day out of their cells and were still subject to a period of COVID-19 isolation. They generally moved promptly to another wing when this period ended.

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

- 3.8 In our survey, most prisoners said they felt safe. The rates of assaults on both staff and prisoners were lower than at our last inspection in 2018, and the proportion deemed to be serious had dropped from 25% to 14%. The rate of assaults between prisoners was lower than the average in other category C prisons, but assaults on staff, although reduced since the last inspection, were slightly higher than in similar prisons and had been increasing.
- 3.9 In our survey, prisoners' perceptions about bullying and victimisation had not changed significantly since 2018 and were similar to the comparators. However, prisoners told us about high levels of frustration caused by the very limited time allowed out of cell and difficulties in getting some basic things done.
- 3.10 The overarching safety strategy addressed violence reduction but was not informed by data specific to the causes of violence at The Mount. While leaders had some idea of what was leading to violence, the data were vague, and we were not assured that all incidents were recorded accurately. The safer custody team included operational staff who were often redeployed to other duties, which made delivery against priorities more difficult.
- 3.11 There had been some decisive steps to reduce violence and make the prison safer, which were having a positive impact. The site had been divided into two, which reduced the number of prisoners moving from one area to another, and leaders had further limited free movement by prisoners with the introduction of supervised or escorted moves.

- 3.12 A small number of prisoners were hiding away in their cell and some of them were in fear of reprisals from other prisoners. Staff recorded whether they had daily access to exercise and showers, but there was no active longer-term management of these prisoners to address the causes of their anxieties. One had been isolating for as long as two years (see paragraph 3.44).
- 3.13 There was insufficient support to victims, who often were merely moved to another location in the prison to get away from the perpetrator. The prison used challenge, support and intervention plans (CSIPs, see Glossary) to manage those who behaved violently or had multiple complex needs, and they were reviewed at a weekly multidisciplinary meeting. However, some plans had gaps, including a lack of meaningful targets. Quality assurance had identified some of these issues, but improvements had not been made.
- 3.14 'Belong', a restorative justice charity, continued to provide good one-to-one support and conflict resolution work. It had worked with prisoners, including victims, as well as with staff and family members. It also supported the delivery of 'Facing up to conflict', an in-cell course addressing conflict resolution, problem solving and communication (see paragraph 6.26). However, Belong had too few resources to support all those in need.
- 3.15 There was few rewards or incentives for prisoners to progress and engage meaningfully. In our survey, only 36% of prisoners said the current rewards and incentives encouraged them to behave well. They told us that being able to spend more of their money was not an effective incentive, and that under COVID restrictions they could not have the additional visits previously open to them (see paragraph 6.1).
- 3.16 Prisoners had to be of enhanced status if they wanted to live on The Annexe pre-release wing or Narey, the over-50s wing. These units provided more time out of cell and better self-catering facilities, but there were too few spaces for all the enhanced prisoners. The basic level of the incentives scheme was not used widely. Decisions to remove a prisoners in-cell television following poor behaviour was an exceptional measure with justification recorded in each case.

Recommendation

- 3.17 **The prison should develop and introduce a comprehensive model of rewards and incentives to motivate prisoners' good behaviour and give them a clear pathway for progression while there.**

Adjudications

- 3.18 The number of adjudications had reduced since the last inspection to 2,554 in the previous 12 months. Around 30% had been dismissed or discontinued. In the sample we viewed, awards were appropriate, and adjudicators sought evidence from sources such as body-worn camera footage before proceeding with charges. However, around 100 cases

were remanded, some dating back for two months, which prevented prompt action following poor behaviour.

- 3.19 The deputy governor conducted monthly quality assurance checks of around 10% of adjudications. This had identified areas for improvement, such as acknowledging honesty and accurately recording discussions with prisoners. This feedback was discussed at the adjudication assurance meeting and was leading to some gradual improvements in practice.
- 3.20 Most hearings were held on the wing, which meant that prisoners did not spend unnecessary time in the segregation unit waiting for their adjudication to be heard.

Use of force

- 3.21 Use of force had been very high following our last inspection but had been gradually decreasing over the last two years. There had been 340 incidents in the previous 12 months. Around 80% were spontaneous and often stemmed from prisoners' frustrations about unresolved issues and the lack of access to some of the very basics of prison life.
- 3.22 Around 45% of incidents involved the use of rigid bar handcuffs. These were often used to enable staff to gain control quickly in an incident and prevent a full restraint, which was proportionate. However, in some of the footage we viewed, handcuffs had been applied when prisoners were passive, compliant and talking calmly with staff. In such instances, the use of handcuffs was not necessary unless supported by a robust assessment of the risks. The prison had identified this issue through quality assurance and staff training was planned to improve the management of incidents.
- 3.23 There had been major improvements in governance. The custodial manager, deputy governor and control and restraint coordinator reviewed every incident each week and took robust action to identify and address poor practice. Three officers had been suspended and five investigations had been commissioned following incidents in the last year. The monthly use of force committee meeting discussed data and overall use of force in comparison to previous years and months, as well as wider issues of staff training. The custodial manager also followed up incidents with officers on the wing for short coaching sessions to improve their confidence and decision making when considering the use of force. Despite these improvements in oversight, too few incidents were recorded on body-worn video cameras.
- 3.24 Batons had been drawn 10 times in the last 12 months and used five times, which was high compared to similar prisons. Special accommodation was not always used as a last resort. Or for the shortest possible time. There had been 11 uses in the last 12 months, with prisoners spending an average of four hour 45 minutes in there. One prisoner, who was also on an ACCT, spent around 17 hours in a special accommodation cell but records did not evidence that this was necessary or proportionate to risk.

Segregation

- 3.25 The use of segregation had reduced since the previous inspection to 316 instances in the last 12 months compared to 211 in just six months before our last inspection. Reintegration planning was starting to become more robust and 134 prisoners had returned to the main wings at The Mount over the last 12 months. This was an improvement since the previous inspection when most prisoners were transferred from the segregation unit to other establishments.
- 3.26 Oversight by leaders was beginning to improve; the quarterly segregation, monitoring and review group meeting looked at a range of data and the reasons why prisoners were located on the unit and took appropriate action when needed.
- 3.27 The daily regime on the unit was limited and did not include access to education or interventions to address the underlying reasons for segregation. Prisoners received around 90 minutes a day out of their cells, which included a shower, telephone call, time on the exercise yard and collection of food from the servery. There were no opportunities for prisoners to take part in recreational activities away from the unit. Recordings on Nomis (prison information recording system) showed that there were daily welfare checks from the chaplaincy, health care and also, where necessary, the mental health team, and a senior mental health nurse saw each prisoner every day (see paragraph 4.66), which was good.
- 3.28 Communal areas and showers were clean and functional, although the outside exercise yard was a bleak, caged, concrete space. Cells on the unit were austere with no in-cell electricity and unscreened toilets.



Segregation unit exercise yard

- 3.29 Relationships between staff and prisoners on the unit were positive. In our survey, the majority of prisoners who had spent one or more nights in the unit in the last six months said they had been treated well by staff. The three prisoners we spoke to in the unit described a good rapport with officers.

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.

- 3.30 Since our last inspection, the free-flow movement of prisoners around the prison had been stopped and controlled movement around the outside areas now enabled better supervision by staff. This had contributed to a reduction in violence and made the prison feel safer, but there were also some disadvantages to this arrangement, including difficulties for prisoners from one site accessing activities on the other.
- 3.31 Work to improve security and reduce the supply of illicit items had led to some reasonably good outcomes for prisoners. In our survey, 29% said that it was easy to get illicit drugs in the establishment, compared with 50% at the previous inspection, which was more in line with other category C prisons. However, 67% of prisoners on the drug therapeutic wing (The Lakes) said it was easy to get illicit drugs, and this needed urgent attention. Drugs and illicit items were the main ongoing concerns for the establishment and were monitored well at the monthly security committee meeting.
- 3.32 Leaders had taken additional steps to disrupt the supply of drugs. Links with the police to share information were good and greater use of CCTV around the perimeter wall of the prison had recently helped to identify suspicious behaviour by members of the public planning to throw drugs and other illicit items into the prison. There was also extensive netting over the exercise yards on the bottom site and good use of the body scanner to identify illicit items on new arrivals (see paragraph 3.1). The prison photocopied all prisoners' incoming mail, as this was a main route for the entry of drugs, and took action when drugs were identified. This photocopying of mail was proportionate and reviewed every three months to make sure it was still necessary. Drug detection dogs were also at the prison every day; during our inspection, they had identified visitors attempting to bring drugs into the prison.
- 3.33 Intelligence-led drug testing and random mandatory drug tests (MDTs) were yet to restart and less than half of the requested cell searches were completed, which were both major gaps to the effectiveness of supply reduction.

- 3.34 The management of intelligence information was very good, and prompt analysis helped to identify current and emerging threats. The security department received around 1,083 intelligence reports a month. They were collated, analysed and triaged to prioritise action on high-risk issues, such as possession of weapons or drugs, and there was no backlog at the time of our inspection.
- 3.35 There were three prisoners on closed visits, for reasons related to behaviour while on a visit. Reviews took place monthly and decisions to remain on closed visits were based on intelligence and information relevant to risk.

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

- 3.36 The prison had recently identified problems in the incorrect recording of self-harm incidents because of staff inexperience and were taking steps to address this. Once previously omitted data were included, there had been 381 incidents in the previous 12 months, against 345 incidents in the year before our 2018 inspection, which was a little lower than other category C prisons.
- 3.37 There had been two self-inflicted deaths since the last inspection, one taking place only three weeks previously. The prison was disputing aspects of the Prisons and Probation Ombudsman (PPO) investigation into the first death, but some learning from this draft report had been implemented. Local investigations of serious self-harm were not thorough enough to improve care or learn lessons.
- 3.38 Work to reduce self-harm was not driven by or measured against an action plan to help managers understand the progress they were making. The safety team was mostly focused on delivering support to prisoners in crisis through assessment, care in custody and teamwork (ACCT) case management, rather than working with other prison departments to enhance safety work, and safer custody team members were routinely redeployed to other duties because of staff shortages. The weekly safety intervention meeting did not focus sufficiently on prisoners at risk of suicide or self-harm.
- 3.39 There was too little support and hardly any interventions for prisoners in crisis. Many who had a history of self-harm or were currently at risk spent 22 hours a day in their cells with little or no purposeful or meaningful activity. Leaders had devised some good initiatives to involve all prisoners in crafts, clubs and hobbies, but these had yet to

feature in prisoners' care plans. (See key concern and recommendation 1.39.)

- 3.40 Staff had struggled to implement the latest version of ACCT and needed more training to make sure they targeted support appropriately. Support through ACCT sometimes ended without the prisoner's needs being addressed, only for staff to have to restart support within weeks when the same problems recurred. Care plans described prisoners' frustrations with being unable to access work or education or get help from the OMU, but there was too often no evidence that they had then been able to access purposeful activity or see their prison offender manager. ACCT documents were not always taken into case reviews to inform the discussion with the prisoner and update the care map. Constant supervision cells on residential units were not kept ready for use and appeared not to have been cleaned since their last use. (See key concern and recommendation 1.39.)



Constant supervision cell on Nash wing

- 3.41 The prison had 10 Listeners with more due to be trained. There was only one Listener suite, located on The Lakes unit, but it was not used. Listeners could not always speak to prisoners confidentially and sometimes had to do so at the cell door. There was an unusually low number of calls to the Samaritans, only about 50 since the start of 2022. Information to help prisoners use the service listed a confusing variety of telephone numbers and PIN (personal identification number) access numbers, not all of which worked. (See key concern and recommendation 1.39.)



Listeners suite on The Lakes unit

- 3.42 The prison ran a safety hotline with a voicemail facility for friends and families to call with any concerns. This was generally well logged and responded to, but the answer machine was faulty and one of the two messages we left for staff was not responded to as a result.

Protection of adults at risk (see Glossary of terms)

- 3.43 There were no systems to identify and support prisoners at risk of abuse or neglect. There was no manager with clear overall responsibility for coordinating this work. Managers did not attend the local safeguarding adults board or seek advice from it. Staff had not been trained to identify prisoners who might be at risk and there was no clear pathway for referrals within the prison.
- 3.44 This gap in provision was especially evident among some prisoners who had been self-isolating due to fear of violence or intimidation (see paragraph 3.12). Their care needed better coordination and had so far mostly relied on ad hoc support through ACCT or CSIP case management.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 In our survey, 65% of all prisoners said staff treated them with respect, but Muslim prisoners were far more negative, and the prison needed to explore this (see paragraph 4.28). We saw some caring and friendly individual interactions between staff and prisoners, and most staff we spoke to had a good understanding of individual prisoners and their backgrounds.
- 4.2 Despite this, staff shortages caused additional pressure on those who were left to deliver the day-to-day regime, and many felt they did not have enough time to support prisoners. Some prisoners felt that staff were dismissive of them and their basic requests. In our survey, only 29% of prisoners felt that they were treated as an individual.
- 4.3 Supervision of some wings was limited, and some staff stayed in the wing offices rather than managing the prisoners. The layout of the wings on the bottom site made visibility of prisoners difficult, which affected supervision.
- 4.4 Staff did not always challenge rule-breaking and some prisoners said that the application of rules was inconsistent. Some staff tried to challenge prisoners but struggled to do so, and lacked confidence in, for example, locking up large numbers of prisoners for a roll count.
- 4.5 Line managers were not as visible on the wings as they could be. In our survey, only 15% of prisoners said they could talk to managers or governors if they wanted to and only 21% who said they had shared a problem with a manager or governor said they tried to help them.
- 4.6 There was some effective peer working, including health and well-being champions (see paragraph 4.47). Most peer workers were visible and identifiable, but the present regime did not give them sufficient opportunity to do their work, and their movement across the units and the two sites was too restricted.
- 4.7 Prisoners were allocated a named key worker (see Glossary) on their unit and had sessions with them but recording on Nomis (prison information system) showed that these were mostly brief and relatively superficial: there was little evidence that key work promoted their sentence progression. Quality assurance picked up some of these

issues but was not yet effective in improving the standard of this contact.

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

- 4.8 Despite efforts, some of the cells and communal areas, especially on the bottom site, were tired and needed refurbishment. (See key concern and recommendation 1.40.) Many cells were not fully equipped, some had insufficient or broken furniture, and many did not have curtains for the windows or screening for the toilet. Some communal showers had been refurbished but those that had not were in very poor condition. The over-50s wing, Narey, was in better condition and had in-cell showers. The Annexe, where prisoners were not locked in their rooms, contained sofas, a communal television and self-catering facilities, which were well used.



Showers

- 4.9 The prison had had some investment from HMPPS to improve conditions. In our survey, prisoners were more positive than at our last inspection about some important aspects of decency, including access to clean bedding, clothing and the cleanliness of communal areas.

However, we noted that some staircases on the wings needed deep cleaning.

4.10 We found that responses to cell bells were not always prompt and there was no electronic system for monitoring this. In our survey, only 21% of prisoners said their cell bell was answered within five minutes, against the comparator of 33%.

4.11 Communal areas varied in quality. Most had some association equipment, such as table football or table tennis, but many of the side rooms held nothing apart from very limited cooking equipment (see paragraph 4.14). The outdoor areas of the prison were generally well kept. Effective action had been taken to address the problems with rubbish building up and an infestation of rats.



Table tennis and table football

4.12 The management of prisoners' property was a cause of many of the complaints. Prisoners and staff told us that this mostly related to property which had been delayed or lost on transfer from other prisons. In our survey, only 15% said they could get access to their stored property if they needed to, and weaknesses in the applications process compounded prisoners' frustrations (see paragraph 4.18). Most prisoners, except those on the enhanced level of the incentives scheme or within 28 days of being sentenced, could not have parcels sent in by family or friends, which was poor given the long sentences that many were serving.

Residential services

- 4.13 Only 29% of prisoners in our survey said the food was good, against 45% for similar prisons. Consultation about food had dwindled and many prisoners told us the menu options were too limited; the menu had not had a full review since the start of the pandemic. The serving of meals was supervised well by staff and all wings had microwaves, fridges and toasters, which were well used, but some of these rooms were bare and left in a messy state.



Microwave and toaster

- 4.14 Prisoners were not consulted regularly about the items they could buy from the prison shop. In our survey, 57% of prisoners thought the shop catered for them but many said they would like to have more options to buy food particularly those living on The Annexe. The catalogue ordering service was not working well and orders took too long to arrive.

Prisoner consultation, applications and redress

- 4.15 Consultation arrangements had changed since our previous inspection and there was no longer a prisoner council, although there were plans to resurrect it.
- 4.16 During the pandemic, the governor and leaders had met regularly with prisoner representatives to present information about restrictions and to gather, and respond to, their feedback. Since the easing of restrictions, some custodial managers had organised consultation meetings with prisoners, but these were not held on every wing, concerns and responses were not always noted and there was no system to progress issues that could not be addressed on the wing to a higher level.

- 4.17 In 2021, the prison had created the 'unity team', a group of prisoners responsible for supporting the consultation of their peers. As well as organising consultation meetings, the unity team developed, undertook and analysed surveys of prisoners based on HMIP expectations. It currently included representatives from only three residential units, which limited its usefulness, although it had recently been agreed that team members could visit and undertake activities on other wings. The unity team provided a summary of findings to the monthly senior leadership team, via teleconferencing, and the issues were discussed and had led to some action, such as the reintroduction of association equipment and the provision hot evening meals.
- 4.18 Prisoners lacked confidence in the application system. They still made applications through completing paper forms and there was no central oversight or monitoring of the system. Prisoners reported waiting several weeks for a response to routine applications or received no response at all. We saw examples of delayed responses and applications ending up with the wrong department. The prison was due to provide prisoners with computer tablets that would allow them to submit applications electronically, which would help resolve some of these problems.
- 4.19 The number of complaints was very high at 3,487 in the previous year. Positively, the prison was actively tracking and analysing the types of complaints made and taking steps to reduce them. For example, it had identified that delays in processing routine applications by the finance department had led to a large number of complaints and it had taken steps to address the backlog.
- 4.20 Responses to complaints were generally prompt and those we reviewed showed appropriate investigation, including interviews with relevant staff and prisoners. Members of the senior leadership team quality assured around 10% of complaints, which was reasonable. Feedback was given to staff where weaknesses were identified.
- 4.21 Legal visits took place two mornings a week. The four closed visit booths used for these were not soundproofed so most legal visitors opted to meet prisoners in different parts of the open visits area. As at our previous inspection, prisoners said that it was still difficult to arrange legal visits and the pandemic had compounded this problem. However, most prisoners had in-cell telephones and could call their lawyers if they had sufficient funds.
- 4.22 As at our last inspection, two-thirds of prisoners in our survey said that privileged correspondence with lawyers had been opened. Despite our previous recommendation, the prison had not investigated this.

Equality, diversity and faith

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

Strategic management

- 4.23 Work to promote equality had improved markedly since our last inspection. A diversity and inclusion manager and an officer were in post. The prison had an up-to-date strategy and action plan and there were well attended meetings that monitored progress against the plan. Equality data were produced although some reports were not presented to the meeting, and the available data were not always systematically analysed or acted upon.
- 4.24 Senior managers acted as champions for specific protected characteristics groups and undertook a range of relevant celebratory, commemorative and awareness-raising events, as well as other activities. Despite the intermittent restrictions, the prison had maintained a busy schedule of consultation meetings with prisoners with protected characteristics, mostly facilitated by the relevant champion. These meetings had given the prison a good understanding of the views and needs of prisoners and had led to some actions.
- 4.25 There were prisoner representatives for each residential unit, who were clear about their responsibilities, were active on their wings and met monthly as a group.
- 4.26 The prison received about 12 discrimination incident report forms (DIRFs) a month and these were investigated and responded to appropriately. The Ipswich & Suffolk Council for Racial Equality (ISCRE) quality assured all of these and the deputy governor reviewed all responses. Our review of DIRF investigations found that most included interviews with the complainant and relevant staff and prisoners, and responses were generally reasonable.

Protected characteristics

- 4.27 ISCRE had facilitated some consultation meetings with black and minority ethnic prisoners, which was positive. Our survey and discussions with prisoners did not disclose many more negative perceptions among black and minority ethnic than white prisoners.
- 4.28 However, our survey did identify that fewer Muslim prisoners thought that staff treated them with respect (see staff prisoner relationships) Leaders suggested that ongoing restrictions on corporate worship might be the reason for this, but we found no evidence to bear this out.

- 4.29 Around 20% of prisoners were foreign nationals and it was positive that the prison had taken steps to address their needs. There was a policy, and the diversity and inclusion officer had specific responsibility for work with foreign national prisoners and liaised closely with the onsite Home Office immigration officials.
- 4.30 Although the prison had a contract with an interpreting and translation service this was not used a lot, even when confidentiality and clarity were essential. Many staff said they preferred to use a colleague with the relevant language when communicating with prisoners who could not speak English well. There were 13 prisoners held under immigration powers and the D and I officer made sure they were aware of their right to initial free legal advice and provided details of immigration lawyers.
- 4.31 In our survey, 36% of prisoners with disabilities said they currently felt unsafe, compared with 14% of those without disabilities. The prison suggested that this perception might relate to concerns about the pandemic, but we were not able to establish the causes despite speaking with several prisoners with disabilities. The D and I officer drew up personal emergency evacuation plans (PEEPs) for prisoners who would need one. Positively, they included laminated cards with information about each prisoner and were passed to the relevant wings. The PEEPs were kept appropriately in the wing offices and staff were aware of them.
- 4.32 Many older prisoners resided on the Narey unit. Although they benefited from more time unlocked than on most other wings, there was limited other provision to meet their needs. In particular, there was a lack of recreational activities for them.
- 4.33 There were around 120 young adult prisoners. Consultation had been undertaken, but little had been done to meet their needs. Key workers were due to be trained to work with this population.
- 4.34 There was currently one transgender prisoner. They were provided with individualised support and indicated that their needs were being met. There had been some consultation with the small number of prisoners who identified as gay, bisexual or other sexual orientation.

Recommendation

- 4.35 **Professional interpreting services should be used more frequently, particularly where disclosure and confidentiality are central considerations.**

Faith and religion

- 4.36 The chaplaincy had a large chapel and multifaith rooms as well as the use of several smaller rooms. Unfortunately, despite the easing of restrictions across the prison, these faith spaces remained closed for corporate worship. The main reason for this was the lack of prison staff to escort prisoners to and from the chaplaincy. Faith-related activities,

such as Bible study and Muslim prayers, did take place on the wings but were not very frequent, and prisoners were uncertain when they would take place.

- 4.37 In our survey, only 49% of prisoners said that they were able to speak privately to a chaplain of their own faith against the comparator of 65%.
- 4.38 Positively, it had now been agreed that chaplains could resume seeing prisoners in the chaplaincy.

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.

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

Strategy, clinical governance and partnerships

- 4.40 The health needs assessment was out of date. Although the prison health partnership board met regularly, dental and some psychological services were not adequately resourced to meet the needs of patients. Incident trends were identified, investigated and changes in practice were implemented with outcomes monitored via the clinical governance process, which was effective.
- 4.41 Practice Plus Group (PPG) provided primary care and mental health services and coordinated the work of other providers. We observed conscientious staff who knew their patients well. Training and regular clinical supervision supported safe practice, although they had been interrupted during COVID-19 restrictions.
- 4.42 The health centre and wing treatment rooms were clean, although the Ellis medicines administration room required decoration. Regular cleaning after each clinic had been embedded, which was good.
- 4.43 Patient health consultation meetings had not been taking place during the pandemic, although PPG took some feedback from health and well-being champions (see paragraph 4.47) about issues. Health care managers attended the prisoner consultation meetings, which addressed a range of prison matters including health, although this yielded only limited feedback.
- 4.44 There were SystemOne IT clinical records for all patients. Forward Trust substance misuse service staff recorded patient contacts on a separate system. Using two systems was inefficient and presented an avoidable risk that key information might not be shared.

- 4.45 Health care application forms and complaints forms were not available on every wing. The health care complaints system was separate from general prisoner complaints and confidential. The responses we sampled were prompt, respectful and fully addressed the concerns highlighted.

Promoting health and well-being

- 4.46 There was no prison-wide approach to promoting health and well-being. PPG followed the NHS health promotion calendar and we saw visually engaging materials on display that addressed the current campaign aimed at preventing suicide and self-harm. Forward Trust also displayed a range of health promotion and well-being materials across the prison.
- 4.47 Forward Trust health and well-being champions (peer workers) encouraged prisoners to adopt healthier ways of living. Prisoners told us the champions were useful sources of help.
- 4.48 Patients benefited from national and local prevention screening programmes, including bowel and retinal screening. Referral from sexual health screening to consultant-led services was prompt and the waiting time was short. Mass testing for hepatitis C had identified patients who required further investigation and treatment, which was positive. The offer of NHS age-related health checks had been inconsistent due to COVID-19 outbreaks, although health checks had resumed in January 2022.
- 4.49 The COVID-19 booster vaccination programme had achieved an 80% take-up, which was good, and health care continued to offer the vaccine to patients who had previously declined it. Routine immunisations and vaccinations had been continued throughout the pandemic but were delayed due to the outbreaks. The lead nurse for immunisations reviewed all patient vaccination lists to make sure the offer was appropriate and timely.

Primary care and inpatient services

- 4.50 All new arrivals received an initial health screening from the primary care team. Secondary health assessments were comprehensive, timely and ensured prompt access to specialist follow-up services.
- 4.51 Patients were supported with their health needs by staff who were passionate and caring. Staff were very flexible and routinely delivered community-based services on the wing, alongside an appropriate range of primary care services in the health care centre. Applications were clinically triaged, with patients allocated an appointment or placed on a waiting list. Access to the health care centre was variable, depending on the availability of prison officer escorts. Waiting times were mostly short, apart from podiatry and optometry, which were too long.
- 4.52 Patients requesting a routine GP appointment had to wait up to two weeks, although urgent appointments were facilitated more quickly,

based on clinical need. A newly appointed advanced nurse practitioner also saw patients and helped reduce the time they waited to see the GP. There was out-of-hours GP provision, equivalent to that in the community.

- 4.53 Patients who had long-term conditions and/or complex health needs benefited from a nurse-led service. Comprehensive case notes showed that they received their individual annual reviews and that their existing care needs were met. Not all prisoners with long-term conditions had a personalised care plan to help maintain continuity of care, although this was being addressed to reflect current national clinical guidance.
- 4.54 A multidisciplinary initiative helped patients to manage and overcome the challenge of suffering with long-term pain and receive the most appropriate pain relief.
- 4.55 The administrative oversight of external hospital appointments was good, but too many appointments were cancelled because community hospitals were unable to facilitate the appointment or because of prison operational issues, including lack of prison officer escorts.
- 4.56 Health staff saw prisoners before their release and supplied medication as required, but condoms were not automatically offered, which was a missed opportunity to minimise harm.

Social care

- 4.57 The prison had well-established links with Hertfordshire County Council, supported by a memorandum of understanding (MoU) about social care. A dedicated advanced practitioner completed assessments promptly for prisoners identified as having a social care need.
- 4.58 No prisoner was currently receiving personal care support. However, a range of specialist equipment was provided to help promote independence and enable safe care and treatment.
- 4.59 There was a need to raise prison officer awareness on how to identify a social care need and make a referral, and prisoners should also be able to self-refer.
- 4.60 A well-coordinated multidisciplinary care pathway helped ensure continuity of care on the prisoner's release.

Mental health care

- 4.61 PPG offered integrated mental health services, which had developed since 2018. In our survey, only 13% of prisoners, against the comparator of 24%, said it was easy to see a mental health worker, but we found improved access to a wider array of services so this perception was difficult to understand.
- 4.62 Mental health nurses offered services from 8am to 5pm seven days a week, with a visiting psychiatrist for two days a week, due to become full time. Training and supervision of the team were good. Psychology

vacancies had proved difficult to fill and there was a gap in services. This was partly offset by chaplaincy counselling services (although these were suspended due to COVID-19 restrictions), prison forensic psychology and Forward Trust improving access to psychological therapies (IAPT) services (see paragraph 4.76).

- 4.63 There were around 70 referrals a month to the mental health service through an open system, including self-referral. While too few prison officers had been trained during the pandemic in identifying when to refer, mental health staff confirmed that most referrals were appropriate and accompanied by reasonably completed assessments.
- 4.64 A duty nurse received referrals and promptly undertook triage within a working day, and attended ACCT meetings. Mental health services assessment, if necessary, now occurred within four working days, rather than the 14 days we found in 2018.
- 4.65 About 70 patients at a time were in mental health services care. Patients had access to a range of therapeutic approaches. Most were delivered on the wings, and subject to distraction from background noise and interruptions. Group work had yet to be reinstated following the pandemic restrictions. Psychiatric, supportive and solution-based methods were complemented by IAPT cognitive and trauma-therapy approaches. Patients receiving antipsychotic medicines had regular essential physical health checks to identify and minimise side effects.
- 4.66 Unusually, a senior mental health services nurse offered dedicated daily support to all prisoners in the segregation unit (not only those under mental health care). This enabled an assessment of vulnerabilities and contributed to independent scrutiny of care in the unit. Patients with neurodevelopmental disorders were managed well, although the prison had yet to develop pathways for neurodiversity fully.
- 4.67 SystemOne held appropriate patient records and care plans. Mental health services, Forward Trust teams, prison safer custody and programmes coordinated their activities effectively through prison and health weekly multi-departmental meetings. Patients with dual diagnosis (mental health and substance misuse needs) were well managed.
- 4.68 The care programme approach was used to ensure care in complex cases and plan continuity of care with external mental health teams. There were usually four to six Mental Health Act transfers in hand at a time, all of which exceeded the 28-day transfer guideline, even though mental health services were assertive in progressing transfers.

Recommendation

- 4.69 **All transfers under the Mental Health Act should be completed within the current NHS England and NHS Improvement guidelines.**

Substance misuse treatment

- 4.70 Forward Trust provided psychosocial substance misuse and IAPT services, and PPG clinical treatment for prisoners with addictions. Forward Trust contributed to the prison strategy to reduce demand for drugs and therapy for substance misuse. The Forward Trust teams were well managed and motivated, suitably trained and supervised. They responded effectively to the needs of clients in therapy.
- 4.71 The Forward Trust psychosocial staff team comprised staff health and well-being practitioners assisted by peer health and well-being champions (see paragraph 4.47). The team saw every new arrival, either by referral or during induction. The practitioners were busy with around 39 referrals a month, the majority by self-referral, and were supporting 230 prisoners. They offered one-to-one and group motivational therapies, successfully adapted to work within COVID-19 restrictions, with most support delivered on wings, which was not optimal for therapeutic activities. The 10 champions (seven in post) were supervised by a dedicated practitioner and offered valued support and advice to their peers, as well as co-facilitating therapy groups with practitioners.
- 4.72 Following our last visit, two spurs of The Lakes had been in development as a 'well-being' or drug recovery unit. This development had been curtailed due to the pandemic, but with plans to reinvigorate it as a recovery and drug-free living environment in the future.
- 4.73 PPG clinicians prescribed opiate substitution therapy, which now included buprenorphine as well as methadone. About 85 patients were regularly on opiate substitutes, of whom around 25% were suitably on reducing regimes. New standard operating procedures reflected national guidelines. The frequency of joint clinical reviews reflected the evidence-base and included both the Forward Trust and PPG teams. Patients we spoke to, once stable in treatment, valued the substance misuse services.
- 4.74 Patients with dual diagnosis were well managed and monitored at weekly multidisciplinary team meetings, which were attended by mental health services, Forward Trust, safer custody personnel and others. The most complex cases were managed by the psychiatrist.
- 4.75 Mutual aid organisations, such as Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous, had been suspended during the pandemic, but were ready to recommence when permitted to do so.
- 4.76 The IAPT team offered therapy for anxiety and depression, emotional distress and intensive therapy for trauma-related illnesses and post-traumatic stress disorder. Demand for the service far exceeded its capacity to respond with around 70 patients in treatment and 130 on the waiting list, some of whom had waited for over a year. The IAPT service was under-resourced.

- 4.77 There was good coordination of support for prisoners being released. Resettlement staff attended the weekly mental health/Forward Trust meetings and practitioners ensured that community support services were in place. Those at risk were trained to use and given supplies of naloxone (to reverse the effects of opiate overdose) and advice on minimising risks.

Medicines optimisation and pharmacy services

- 4.78 PPG provided an improved, professionalised pharmacy services. A pharmacist was on site every weekday, supported by experienced and highly competent technicians. Training and supervision of the team were appropriate. The senior pharmacist was also a prescriber, and she ensured medicine use reviews and consistency in repeat prescriptions.
- 4.79 Storage of medicines, stock control and auditing were good. Stock items were listed (unlike 2018), accessible when needed and regularly audited to avoid delays in supply of critical medicines out of hours. Nurses could administer a suitable range of medicines and over-the-counter remedies using minor ailments medicines and patient group directions, so waiting times to receive common medicines were short. These items were stored separately and regularly audited.
- 4.80 Medicines reconciliation for new arrivals was prompt, with 98% completed within 72 hours. All patients in receipt of medicines had an easily accessible risk assessment, which was recalculated following any change in circumstances. Around 75% of patients held medicines in possession, which was appropriate. There were at least six random cell searches a month to ensure compliance with the in-possession agreements.
- 4.81 Pharmacy technicians administered medicines efficiently at 8am and 4pm from hatches on Ellis and Nash wings. The Nash administration room was a good quality environment, but the one on Ellis was only just adequate and lacked air conditioning to regulate the temperatures during hot weather. We observed impressive administration of medicines, backed up by safe officer supervision of queueing patients. It was possible for patients to discuss their medicines confidentially with technicians at the hatches, which was good. Patients could also access pharmacists if they wished to discuss their treatment. Controlled drugs were well managed.
- 4.82 Medicine administrations were recorded contemporaneously on SystmOne and paper copies of prescriptions were kept as a back-up. Patients failing to attend for their medicines were followed up using the in-cell telephones and brought to the attention of the GP, as necessary.
- 4.83 The medicines management committee met regularly and was attended by a pharmacist, a GP and relevant others. A range of standard operating procedures had been approved and the PPG formulary was in use. The committee received good trend data to

inform discussion, which included prescribing of tradable medicines and analgesics, so the oversight of abusable medicines was very good.

Dental services and oral health

- 4.84 The dentist provided a reactive and flexible service, but not all NHS dental treatments were offered. This was because aerosol-generating procedures (AGPs, see Glossary) could not take place in the dental suite due to delays in fitting safety equipment mandated because of the pandemic. The dentist did not give routine advice on effective oral hygiene and disease prevention due to prioritising the urgent needs of patients.
- 4.85 There was not enough commissioned dental service to meet the needs of the population. Waiting times were excessive with many patients waiting over a year to receive treatment, and those requiring AGPs would not be seen. The dentist triaged the waiting list to see the most urgent patients, but too many prisoners were left in pain. Patients who got to see the dentist were positive about their treatment, but many prisoners expressed their frustration and anger at not having their dental needs met. (See key concern and recommendation 1.41.)
- 4.86 The dental suite was clean and met infection prevention control standards. Patients benefited from a high-quality environment, and the equipment was well maintained and serviced regularly. There were two separate decontamination rooms; this was exemplary and complied with best practice.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Many prisoners continued to be locked in their cell for 22 hours on a weekday and longer at weekends. This was unacceptable and was due to staff shortages rather than COVID-19 restrictions. (See key concern and recommendation 1.42.) In our spot checks, 38% of prisoners were locked up during the core working day and only 32% were in purposeful activity. Those in part-time employment were unlocked for up to 5.5 hours a day. Prisoners on Narey unit had slightly more time out of cell and those on The Annexe were never locked in their cell.
- 5.2 When prisoners were unlocked for their two hours of domestic time, the exercise yard was kept open and they had access to the open air during this period. Exercise yards had some gym equipment, although some on the bottom site were small.



Exercise yard on top site of jail

- 5.3 The prison had started to develop a range of recreational activities, such as a debate club. While positive initiatives, these were in their very early stages and not yet fully developed.
- 5.4 The well-stocked library had been closed for most of the previous two years because of the pandemic and, as in other prisons, its staff had provided a remote service. It had reopened in the previous month. At the time of the inspection, there were four sessions a day (two on Fridays), during the working week, for a maximum of 12 prisoners at each session. Sessions lasted between 45 minutes and one hour. Those in education had two sessions a week each for an hour at each. There were disparities in attendance between wings, with some using all their slots while others sent few or no prisoners, indicating that the service was not being promoted on some wings or that staff were not available to escort prisoners.
- 5.5 The library had worked with Shannon Trust during the pandemic to provide support for prisoners learning to read. The Storybook Dads scheme, in which prisoners record a story for their children, was about to resume.
- 5.6 The prison had two well-equipped gyms and a playing field, but staff shortages limited the activities taking place. Only three of the eight physical education instructors were in post, although the prison benefited from two more working on detached duty from other prisons. The prison was currently offering most prisoners only a fortnightly gym session, although this could be supplemented with an additional session during the same week if staffing allowed. These sessions took place when prisoners were on association. Many we spoke to were very frustrated by this limited access.
- 5.7 There was ongoing cooperation with the Saracens Rugby Club and the rugby team had continued to play during the restricted regime, but no other team games took place. The large sports hall had previously been used for football and other games, but was currently set up for circuit training.

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.

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate

5.9 Leaders and managers had a clear view of how a high-quality education, work and skills curriculum could contribute to prisoners' successful rehabilitation and resettlement. However, they had been too slow to realise this vision, and few recommendations from the previous inspection had been achieved.

5.10 There were not enough activity places to occupy prisoners fully. The proportion of unemployed prisoners was too high for a training prison. The process of allocating prisoners to activities rightly considered their career aspirations on release, but there were very long waiting lists for some activity places. Allocation to work on the wings over-relied on the decisions of officers. The activity a prisoner could undertake depended on which site they were on, and allocation was delayed when prisoners needed to move accommodation to participate in a chosen activity. (See key concern and recommendation 1.43.)

5.11 The curriculum did not meet the requirements of the prison population, such as all their English, mathematics and digital skills development needs. This was particularly the case for the large majority of prisoners who did not attend education classes. In education, insufficient cover for staff absences limited the number of sessions offered. Progression routes were too limited; prisoners had few opportunities to study beyond level 2. Insufficient accreditation opportunities were available in workshops and work. For example, prisoners engaged in waste management could not gain the sector-relevant qualifications valued by employers. (See key concern and recommendation 1.44.)

5.12 Leaders and managers had not considered sufficiently the development needs of the sizeable proportion of long-term prisoners when designing the curriculum. For example, prisoners could not progress beyond level 1 motor vehicle maintenance and repair, despite having the time to do so. In bricklaying and plastering, prisoners were keen to enhance their skills but were unable to progress to a high level. (See key concern and recommendation 1.44.)

- 5.13 The prison did not offer enough activities to help prisoners develop their wider personal interests. It was too early to judge the effectiveness of plans to introduce enrichment activities such as knitting and life coaching.
- 5.14 Leaders and managers had recently completed a needs analysis of the employment and skills needs in prisoners' resettlement areas. They used this to propose appropriate curriculum changes, such as the introduction of a dry-lining and scaffolding course. It was too early to judge the impact of these planned curriculum developments. Leaders and managers made insufficient use of employer links to inform the curriculum's content and delivery.
- 5.15 Leaders and managers did not have a sufficiently comprehensive overview of the curriculum's key strengths and weaknesses. Data were not always scrutinised effectively to monitor and improve the curriculum. A large proportion of the provision was not subject to adequate quality assurance arrangements. This hampered leaders' and managers' ability to identify areas for improvement and make sure that all prisoners participated in high-quality learning.
- 5.16 Teachers and instructors in education and vocational training planned learning activities appropriately. Assessment was used effectively to identify gaps and increase prisoners' knowledge. In education sessions, teachers presented information clearly and checked prisoners' understanding thoroughly. Teachers ensured that learning activities considered prisoners' needs and interests. For example, in business ventures sessions, prisoners developed business plans to use in establishing their own business on release.
- 5.17 In classroom sessions, teachers set prisoners appropriately challenging work using computers, textbooks or worksheets. In a few cases, prisoners were left waiting for verbal feedback from teachers, which slowed the pace of their learning. Prisoners enrolled on Open University and distance learning courses received helpful support to complete their studies.
- 5.18 Instructors in vocational training gave clear advice to enable prisoners to perform tasks to the required standard. For example, in information technology recycling, instructors worked with prisoners to make sure that they understood fully which metals required recycling or discarding. Learning resources and facilities in vocational training workshops were good.
- 5.19 Prisoners developed a range of useful personal and employability skills within education, industrial and vocational training workshops. However, the skills they developed in the industrial workshops were not adequately recognised and recorded. Prisoners' progress was not subject to a systematic review that included the setting of improvement targets to accelerate attainment. They were not challenged sufficiently to develop their task-related knowledge.

- 5.20 Most prisoners approached completion of planned tasks in a focused and productive manner. This contributed to the calm and orderly learning environment within classrooms and workshops. In a small minority of cases, prisoners lost concentration in education lessons and used inappropriate language. This was swiftly and effectively dealt with by teachers.
- 5.21 Attendance at education sessions was not consistently high enough and required improvement. Attendance in industries and vocational training workshops was good, but prisoners were not routinely ready to start work at the agreed time and often, they stopped activities well before the finish time.
- 5.22 Prisoners working on the wings were underemployed. Regime restrictions limited their hours of working, often to around half of those expected in a normal working week. This curtailed the development of a sound work ethic. Prisoners working in the servery and cleaning areas did not have access to the appropriate training and accreditation for their role.
- 5.23 Not all prisoners were aware of how the correct use of personal protective equipment (PPE) helped keep themselves and others safe. Inspectors observed incidents where prisoners failed to adhere to appropriate PPE use. For example, not all prisoners used protective boots during bricklaying; in plastering, they did not wear overalls.
- 5.24 Too few prisoners completed and achieved their accredited qualifications. Achievement rates were particularly low in the certificate in barbering course and level 1 functional skills English and mathematics.
- 5.25 The small number of prisoners identified with learning needs and/or disabilities achieved at a similar rate to other prisoners. Managers had ensured that teachers were suitably trained and competent to support prisoners' diverse needs in education classes. Elsewhere, support arrangements required improvement so that all prisoners were helped to overcome barriers to learning.
- 5.26 Prisoners felt safe when involved in activities and exhibited positive attitudes towards participating. They had a good awareness of what constituted acceptable behaviour and demonstrated mutually respectful relationships.
- 5.27 Leaders and managers acknowledged that the careers information, advice and guidance required improvement, particularly where links with allocations did not make sure that prisoners received this at the appropriate time. Consequently, prisoners did not always get the help they needed to make informed and realistic choices about their career next steps.
- 5.28 Pre-release arrangements were weak. Prisoners could attend education classes that effectively improved their skills, for example, in preparing for self-employment. Following the easing of COVID

restrictions, leaders and managers had plans to reintroduce more face-to-face activities, including interview and job search sessions. Leaders were accelerating the greater use of the 'virtual campus' (see Glossary), but it was currently underused to prepare prisoners for resettlement. (See key concern and recommendation 1.45.)

- 5.29 Leaders had developed good links with a range of employers for release on temporary licence (ROTL), but currently only one prisoner was participating.

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 Social visits were available six days a week, with the weekday sessions held in the evening. Prisoners could only have two one-hour social visits a month, with additional visits no longer available for those on the highest level of the incentives system, which was a missed opportunity. Visits could only be booked by email. Some visitors told us they had not received a confirmation message and had arrived at the prison only to be turned away at the gate. (See key concern and recommendation 1.46.)
- 6.2 Visitors were met at the visitors' centre by a family engagement worker from PACT (a charity that supports prisoners and their children and families) and volunteers from HACRO (Hertfordshire Association for the Care and Rehabilitation of Offenders). The prison had credible plans to resume family days from April 2022.
- 6.3 The visits hall had been refurbished, removing the fixed tables and chairs, and now looked more relaxed and welcoming. The change of furniture had reduced the capacity of the hall by about 50% and, as most visit sessions were almost fully booked, the prison needed to introduce additional sessions to allow more prisoners to have more visits. However, the prison did not currently have enough staff to schedule further sessions.
- 6.4 All prisoners had access to an in-cell phone and it was positive that there were no restrictions on use, so they could phone their family and friends at any time. However, wider support was limited. In our survey, only 15% of prisoners said staff encouraged them to keep in touch with family and friends, against the comparator of 26%.
- 6.5 The family engagement worker provided casework support to about 20 prisoners, assisting with issues such as family court hearings. The family course previously offered by the education department had not yet resumed, although some prisoners had been offered in-cell family workbooks by PACT.

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.

- 6.6 The majority of prisoners (74%) were serving sentences of four years or more, including 136 serving life or an indeterminate sentence for public protection (IPP). More than two-fifths (42%) of prisoners were assessed as either high or very high risk of harm.
- 6.7 There were few interventions, other than accredited offending behaviour programmes, to help prisoners reduce their risk and make progress. (See key concern and recommendation 1.47.) A prisoner needs analysis completed in 2021 had only covered learning, skills and employment. The reducing reoffending policy described the services available to support resettlement, but there was no clearly defined strategy setting priorities to improve this work in the future and no current action plan to monitor progress. The head of reducing reoffending chaired a quality improvement group meeting every two months, although this did not consider outcomes in relation to contact with children and families, finance, benefit and debt, or accommodation needs.
- 6.8 The offender management unit (OMU) was still short of staff. Less than half of the eight prison offender managers (POMs) funded by the probation service were in post, although a further three appointments were due to join the team. There were eight prison POMs, who were all non-operational, so the department was no longer affected by their redeployment.
- 6.9 POMs had an average caseload of over 80 prisoners each. They told us they prioritised their work on time-bound tasks, such as categorisation reviews and parole report writing. As a result of the shortage of probation officers, some prison POMs were managing high-risk cases, contrary to guidance under offender management in custody (OMiC, see Glossary) model. However, we reviewed a selection of these cases and found they had been managed relatively well.
- 6.10 The lack of ongoing support from the OMU was one of the main complaints to us from prisoners. POMs felt that they had little time to complete meaningful one-to-one offending behaviour work. In the cases we reviewed, levels of recorded contact were generally poor, in one case there were only two recorded POM contacts with the prisoner since they arrived in October 2020. (See key concern and recommendation 1.47.) However, in a few cases we noted some excellent one-to-one work. For example, in one case, the prisoner had a diagnosis of dissociative personality disorder and the POM had sought advice from medical professionals about how this might affect

communication and what might be done to improve interactions, including the use of trauma-informed therapy. The POM's regular and continued support helped the prisoner secure a prison job, involved his family in sentence planning and encouraged his participation in restorative justice work.

- 6.11 In a few cases, the low level of POM contact was offset through frequent, good-quality key work (see Glossary). For example, in one case we reviewed, the key worker had discussed anger-reduction techniques with the prisoner, who told us this had helped him manage his emotions better. However, while most prisoners had been seen by the same key worker, sessions were not frequent enough and most only consisted of basic welfare checks.
- 6.12 All prisoners were eligible for a full offender assessment (OASys), including a sentence plan. Overdue OASys had reduced since the previous inspection, although still numbered over 100 prisoners, including one who had waited for almost two years. In our survey, only 53% of respondents said they had a custody plan.
- 6.13 The prison told us that prisoners were given interim targets by their POM, but the examples we saw merely amounted to advice to adhere to the prison regime, maintain good behaviour and secure employment or education, and could not be considered an interim sentence plan.
- 6.14 The cases we reviewed where the prison had completed the initial assessment were generally of good quality and tailored to the individual, with a clear outline of work to be completed linked to specific identified risks.
- 6.15 Almost half of prisoners who had an assessment had not had these reviewed in the previous 12 months. We saw records where POMs had told prisoners their sentence plan review would have to be delayed as the POM had to focus on parole reports for other prisoners. In our survey, only 24% of prisoners who had a custody plan said that staff were helping them meet their targets, against the comparator of 40%. In most of the cases we reviewed, sentence progression was not sufficiently good and had been particularly affected by the reduction in places on accredited offending behaviour programmes due to COVID restrictions. (See key concern and recommendation 1.47.)
- 6.16 Prisoners told us that they were not routinely offered in-cell workbooks covering areas such as drug awareness and victim work. Prisoners told us that they were not routinely offered in-cell workbooks covering areas such as drug awareness and victim work.

Public protection

- 6.17 Public protection arrangements were reasonable. All new arrivals were screened to identify and record potential risks, including information from the sending establishment. At the time of the inspection, 25 prisoners were subject to child contact restrictions, of whom three were subject to phone and mail monitoring, which was up to date.

- 6.18 Over 500 prisoners were eligible for management under multi-agency public protection arrangements (MAPPA) when released into the community. Although the prison routinely sent a request to community offender managers (COMs) to agree their management levels, there was no systematic follow up or escalation when there was no reply. Over 90 prisoners due for release in the next six months had not had their level agreed, indicating a lack of information-sharing between the POM and the COM. Records did not always show that the POM had held a handover meeting with the COM, which would have been a good opportunity to confirm MAPPA management levels. Written reports by POMs to community MAPPA meetings were generally of reasonably good standard.
- 6.19 Minutes from the monthly inter-departmental risk management team meeting indicated little attendance by, and information-sharing with, other departments. However, the meeting focused on prisoners who presented the greatest risk, and actions to address this prior to their release were followed up and completed.

Categorisation and transfers

- 6.20 Most recategorisation decisions were timely. Some prisoners had to wait for a decision on whether they were suitable for open conditions as their OASys had not been completed. In some cases, the decision not to grant category D was based solely on the fact that an accredited programme had not been completed, with no consideration of other risk reduction work the prisoner had done.
- 6.21 In the previous 12 months, 165 prisoners had been assessed as suitable for open conditions, but the prison was not offered enough spaces to transfer them all. At the time of the inspection, over 50 category D prisoners were still held, some waiting for more than six months to transfer.

Interventions

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

- 6.22 The prison offered a wider range of offending behaviour programmes than at the previous inspection. The four programmes addressed: the development of cognitive skills to help reduce risk; those convicted of an offence involving intimate partner violence; individuals whose risk was linked to gang affiliation; and prisoners convicted of a violent offence.
- 6.23 Despite COVID restrictions, the prison had been able to deliver a programme to 35 prisoners in 2021, about a third of the target for completions pre-pandemic. A prison rule limiting access to programmes to those located on the top site of the prison led to some prisoners refusing to take up a place on a programme rather than move unit.

- 6.24 An accredited programme needs analysis was completed in October 2021 and used to inform plans for delivery of programmes in the coming year. Waiting lists were manageable and indicated that most prisoners assessed as needing one of the programmes available at the prison should have the opportunity to complete it before their release. The delivery plan was monitored at the monthly accredited interventions meeting attended by the programmes team and psychology and OMU staff.
- 6.25 The prison held some high-risk prisoners who were more likely to require a high-intensity offending behaviour programme only available at another establishment. These prisoners were referred to a national waiting list, although only considered for a transfer when they had less than 12 months left to serve. We were told that in the previous year only one prisoner has been transferred through this referral process. Some prisoners waited too long at The Mount for the opportunity to complete a key target in their sentence plan and told us they were concerned this might hamper their move to open conditions or get parole.
- 6.26 There were few interventions to address offending behaviour other than the accredited programmes, although some prisoners had completed the six-week in-cell 'Facing up to conflict' course to increase skills in conflict resolution, problem solving and communication (see paragraph 3.14).
- 6.27 The business community engagement officer had developed links with local employers, which had already directly led to the offer of employment for a few prisoners, and some promising opportunities for serving prisoners to access work on ROTL.

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.

- 6.28 Over 600 prisoners had been released into the community in the previous 12 months. They included 125 on home detention curfew (HDC), although 30 were released late, the majority due to delays by the Probation Service in confirming approval or waiting for a space at a bail accommodation and support service (BASS) address.
- 6.29 In our survey, only 44% of prisoners who expected to be released in the next three months said someone was helping them to prepare for this. The release of high-risk prisoners was managed by the COM and many were released to an approved premises. We saw examples of conference calls arranged between the COM, the POM and the prisoner to discuss release plans, but records were not always clear about the action taken, for example to address concerns about finance, benefit and debt needs.

- 6.30 The resettlement workers saw the remaining low- and medium-risk prisoners 12 weeks before release. The support provided was reasonable in the cases we reviewed. Until our inspection, much of the work by resettlement workers had been carried out without face-to-face contact and some prisoners told us they were not aware of what had been done to help them.
- 6.31 Requests for support in finding accommodation from prisoners of all risk levels had to be made by the COM to a service provider in the community. The prison did not routinely collect and monitor data on accommodation outcomes for prisoners, but some data available suggested that at least 20% were released without suitable or sustainable accommodation to go to in the last year.

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 1.37: The Mount's purpose as a category C training prison was being undermined by the shortage of officers to deliver a meaningful day-to-day regime or to escort prisoners to activities or appointments, leaving many locked up most of the day, which was unacceptable. Staff shortages were caused by several factors, including the high proportion of officers not deployable to operational duties and the significant percentage of new officers who resigned within a year.

Recommendation: Leaders should improve staff retention and significantly reduce the proportion of officers not deployable to operational duties to provide prisoners with far more time out of cell and better access to activities and support.

(To the governor)

- 7.2 Key concern 1.38: Continuous improvement was difficult to evidence as too many workstreams lacked a coherent strategy and action plan against which to monitor progress made.

Recommendation: The focus on continuous improvement should be strengthened by having detailed strategies and action plans where appropriate, against which progress can be monitored. Such strategies and plans should be subject to rigorous oversight.

(To the governor)

- 7.3 Key concern 1.39: Many prisoners at risk of self-harm or suicide were left locked in cell for almost the entire day with little access to support, interventions or activities to help them manage their crisis. Care plans were sometimes closed without prisoners having been given the help they needed. The Samaritans phone number was incorrectly advertised and the Listener (see Glossary) suite was not in use.

Recommendation: Prisoners at risk of self-harm or suicide should have access to a broad range of support, interventions and activities, which are delivered through well-coordinated care plans.

(To the governor)

- 7.4 Key concern 1.40: Many residential units on the bottom site needed major refurbishment if living conditions were to improve to an acceptable standard. Cells were often poorly furnished and many had broken furniture, unscreened toilets and no curtains for the windows.

Recommendation: There should be significant refurbishment of the residential units on the bottom site to make sure that all prisoners live in cells that are fully equipped and decent.

(To the governor)

- 7.5 Key concern 1.41: The dental needs of the population were not being met due to the lack of aerosol-generating procedures, too few dental sessions and the overwhelming requirement for urgent rather than routine treatments. As a result many patients were left in pain for several months.

Recommendation: Leaders from the prison and the health partnership board should make sure that the dental needs of prisoners are addressed immediately.

(To the governor and the healthcare provider)

- 7.6 Key concern 1.42: Many prisoners continued to be locked in their cell for 22 hours on a weekday and longer at weekends, which affected their well-being. Prisoners were very frustrated by their limited access to some key areas of support, such as the lack of opportunities to go to the library and the gym, few social visits and the ongoing suspension of corporate worship.

Recommendation: Prisoners should have far more time out of their cell each day and be able to engage in a meaningful range of constructive activities to promote their well-being.

(To the governor)

- 7.7 Key concern 1.43: Leaders and managers had not provided enough purposeful activity places or made sure that all prisoners were fully occupied when attending them. Allocation to activities was often delayed as the prisoner needed to move from living on one side of the prison to the other to take up the activity, and work allocation on residential units was not subject to adequate managerial oversight.

Recommendation: Leaders and managers should provide enough purposeful activity places to engage all prisoners and keep them fully occupied. Allocation arrangements should include effective scrutiny of decisions and minimise any delay in prisoners starting activities.

(To the governor)

- 7.8 Key concern 1.44: Leaders and managers had not established a curriculum that supported prisoners' development needs, including those serving longer sentences. Prisoners, particularly in work and workshops did not routinely receive the help they needed to improve their English, mathematics and digital skills or gain recognition for the other skills and knowledge they had acquired. Managers did not have a sufficiently comprehensive oversight of the training quality in workshops and work.

Recommendation: Leaders should review and develop the curriculum so that it meets the needs of the prison population, including an effective literacy, numeracy and digital skills strategy. They need to make sure that arrangements to record and recognise prisoners' skills and knowledge development is subject to effective quality assurance and improvement processes.

(To the governor)

- 7.9 Key concern 1.45: Leaders and managers had not ensured that prisoners were fully prepared for education, training or employment on release, including receiving effective information, advice and guidance to make informed plans. Too few prisoners could use the 'virtual campus' (see Glossary) to research career opportunities and make applications as part of their resettlement plan.

Recommendation: Leaders and managers should make sure that prisoners receive suitable and effective pre-release preparation, including use of the virtual campus, where relevant.

(To the governor)

- 7.10 Key concern 1.46: In our survey, only 15% said staff encouraged them to keep in touch with family and friends. The visits provision was still not good enough and the prison had not yet consulted prisoners or their visitors on how it could be improved. There were no additional visits for prisoners on the highest incentives level, which reduced the opportunities to motivate positive behaviour. Problems with the booking system meant that some visitors were turned away at the prison gate on the day of the visit.

Recommendation: Leaders should encourage prisoners to maintain relationships with their family and friends and make sure they have easy access to regular visits.

(To the governor)

- 7.11 Key concern 1.47: There was insufficient focus on, and opportunities for, sentence progression. Many prisoners waited far too long to receive a sentence plan, contact between (POMs) and prisoners was too infrequent and there was little evidence that POMs carried out structured one-to-one work with them. There were few interventions, other than accredited offending behaviour programmes, to help prisoners reduce their risk and make progress.

Recommendation: Prisoners should have a range of opportunities to demonstrate a reduction in their risk of harm and likelihood of reoffending and progress through their sentence, including structured contact with prison offender managers.

(To the governor)

Recommendations

- 7.12 Recommendation 3.17: The prison should develop and introduce a comprehensive model of rewards and incentives to motivate prisoners' good behaviour and give them a clear pathway for progression while there.
(To the governor)
- 7.13 Recommendation 4.35: Professional interpreting services should be used more frequently, particularly where disclosure and confidentiality are central considerations.
(To the governor)
- 7.14 Recommendation 4.69: All transfers under the Mental Health Act should be completed within the current NHS England and NHS Improvement guidelines.
(To the governor and the healthcare provider)

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, reception peer support was good, but first night interviews to identify risk and vulnerability were not consistent. Levels of violence were relatively high and systems to manage perpetrators and victims were underdeveloped. Use of force had increased. Governance of both force and segregation was poor. Segregation staff related well to prisoners in their care, but reintegration planning was underdeveloped. Security was generally proportionate, but drugs supply reduction work was weak. Most recommendations from the Prisons and Probation Ombudsman following deaths in custody had been met. Levels of self-harm were lower than in similar prisons and ACCT processes were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

An effective violence reduction strategy should be implemented. It should include ongoing prisoner consultation, thorough investigation of violence, antisocial behaviour and unexplained injuries, systematic challenge and monitoring of perpetrators, and support for victims. (S42)

Not achieved

Managers should ensure that poor accountability and oversight in relation to the use of force is addressed through filming of all planned use of force and routine use of body-worn cameras during spontaneous incidents, systematic scrutiny of video footage, and thorough review of paperwork. Where necessary staff should be challenged and lessons learned. (S43)

Achieved

Recommendations

All newly-arrived prisoners should have a confidential interview as soon as possible on the day of arrival, at which any risks, vulnerabilities or immediate needs are identified and addressed, using professional interpretation when needed. (1.10)

Not achieved

Staff should oversee the induction process to ensure that accurate and consistent information is provided to all new arrivals. (1.11)

Not achieved

Formal written warnings under the incentives scheme should be issued to prisoners, together with written information on how to appeal when a prisoner is downgraded. (1.21)

Not achieved

Adjudication investigations should be thorough and fair and lead to evidence-based decisions. Well attended standardisation meetings should support this objective. (1.27)

Achieved

All prisoners should be held in decent conditions while awaiting adjudication. (1.28)

Achieved

The special cell should only be used as a last resort and for the shortest possible time. All documentation should be fully completed and scrutinised by managers to ensure legitimate use. (1.33)

Not achieved

Systematic management oversight of the segregation unit should ensure that prisoners do not stay on the unit any longer than necessary, and should include routine monitoring of segregation records for completeness and quality. (1.40)

Achieved

Each segregated prisoner should have a care plan, with a clear focus on identified risks and reintegration planning. (1.41)

Not achieved

The segregation regime should be purposeful with a greater range of constructive activities to occupy prisoners. (1.42)

Not achieved

Prisoners with serious mental health conditions should not be held in the segregation unit. (1.43)

Not achieved

Strip-searching should only be used where it is clearly justified by evidence of effectiveness or individual risk. (1.51)

Achieved

Closed visits should be imposed only for visits-related activity, with restrictions lifted during monthly reviews if they are no longer supported by intelligence. (1.52)

Achieved

Following the receipt of intelligence reports, all actions should be carried out promptly. (1.53)

Not achieved

An integrated drug strategy should be designed to reduce the demand and supply of drugs. An adequately resourced drug testing programme should ensure that all necessary random and intelligence-based tests are carried out promptly. (1.54)

Not achieved

The well-being unit should be developed as a genuinely therapeutic environment that provides consistent help for vulnerable men with support needs. (1.59)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, relationships between staff and prisoners had deteriorated since our previous inspection. Staffing levels and experience remained a significant challenge. Living conditions varied considerably. Most cells were in reasonable condition but communal areas had deteriorated. The food was low quality and meal times were very early. Consultation had recently improved. Weaknesses in the applications and complaints systems were being addressed. Equality and diversity work was poor. Faith provision was good. Health services were good overall, but primary mental health services were underdeveloped. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

The distinct needs of prisoners with protected characteristics should be identified and systematically addressed. In particular, systematic equality monitoring data that cover all key areas of prison life should lead to thorough investigation and action where necessary. (S44)

Achieved

Recommendations

Staff should encourage and support prisoners to take responsibility for their rehabilitation. This contact should be regular and recorded. (2.3)

Not achieved

Units should be clean and decorated to a good standard. Outside areas should be free of litter and vermin. (2.7)

Partially achieved

Prisoners should be able to shower in hot water every day. (2.8)

Achieved

All cells should have a lockable cupboard. (2.9)

Not achieved

All cells should have a screened toilet fitted with a seat and lid. (2.10)

Not achieved

Prisoners should be able to retrieve their property from reception promptly.

(2.11)

Achieved

Staff should respond to emergency cell bells within five minutes. Response times should be recorded electronically and monitored by managers. (2.12)

Not achieved

Meal times should match those in the community. (2.17)

Not achieved

Breakfast packs should be issued on the day of consumption. (2.18)

Not achieved

The bakery should be used to its full potential. (2.19)

Not achieved

All catering equipment should be maintained to a reasonable standard and quickly repaired when necessary. (2.20, repeated recommendation 2.91)

Achieved

Staff should supervise wing food preparation and storage facilities to help ensure consistent levels of safety and hygiene. (2.21)

Achieved

Prisoners should receive timely and focused responses to their applications.

(2.28)

Not achieved

The reason for the high number of complaints submitted should be investigated and action taken to ensure that issues are dealt with at the appropriate level.

(2.29, repeated recommendation 2.38)

Partially achieved

Prisoners should have unrestricted access to a computer for the purpose of addressing legal issues. (2.30)

Not achieved

Investigations should be carried out into prisoners' perceptions about the difficulty of attending legal visits and the opening of privileged correspondence. This should be done in consultation with prisoners and action taken to address the findings. (2.31)

No longer relevant

Investigations into discrimination incident reports should always include talking to the complainant. Underlying patterns of discrimination of which the complainant gives prima facie evidence should also be investigated. (2.35)

Achieved

Each protected characteristic should have its own prisoner forum to provide opportunities for consultation, support and information. (2.43, repeated recommendation 2.22)

Achieved

Prisoners with disabilities should be kept safe, particularly in emergency situations, and reasonable accommodation should be made for their needs. (2.44)

Achieved

Managers should explore why it is difficult for prisoners to identify as gay or bisexual at The Mount and take action to address this problem, including provision of appropriate services and facilities. (2.45)

Partially achieved

Prisoners should not routinely wait in health care for excessive periods before and after appointments. (2.57)

Achieved

All health care practitioners should receive regular, documented clinical supervision. (2.58)

Achieved

Prisoners should have timely access to podiatry services equivalent to community waiting times. (2.73)

Not achieved

Escort arrangements should meet the health care needs of the population effectively. (2.74)

Not achieved

The memorandum of understanding between the governor and local authority should be extended to include resources for social care when it is required. Social care assessments should be completed without delay. (2.77)

Achieved

Prisoners with mental health conditions should have prompt access to an evidence-based range of support which meets their identified needs. (2.87)

Partially achieved

All patient information should be clearly recorded on SystemOne, the main patient record. (2.88)

Achieved

Transdermal patches should be applied in line with the manufacturer's instructions and recorded in the patient's medical record. (2.99)

Achieved

Patients should have access to routine dental appointments within six weeks. (2.101)

Not achieved

Cleaning and maintenance arrangements should support dental staff in the provision of dental care to prisoners. (2.102)

Achieved

Purposeful activity

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

At the last inspection, in 2018, time out of cell was poor and unacceptable for a training prison. Library and gym resources were good, but access to the library was poor. There was too little meaningful activity and only enough full-time equivalent places for fewer than two-thirds of the population. Many of those places were not being used. Attendance at activities was poor and few prisoners were completing courses or achieving qualifications. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

All prisoners should have the opportunity to participate in a full, purposeful and predictable regime, including association and exercise. Managers should ensure that the prison has sufficient staff and activity places to achieve this objective. (S45)

Not achieved

Prisoners should be enabled and encouraged to attend activities that meet their assessed education and resettlement needs, and receive coordinated support to enter employment or education and training on release. (S46)

Not achieved

Recommendations

The library and PE departments should gather sufficient data to understand trends, identify non-users and ensure delivery of a service that meets the needs of all prisoners. (3.11)

Not achieved

The PE department should be sufficiently resourced to deliver a balance of accredited courses and recreational gym, including support for prisoners in need of health and well-being interventions. (3.12)

Not achieved

Managers should ensure that the functional skills of all prisoners are assessed on induction, and that prisoners with lower-level skills in English and mathematics are encouraged to improve these skills. (3.22)

Partially achieved

The prison should develop links with external employers to assist with curriculum development and employment opportunities, enable prisoners to use the virtual campus and monitor job outcomes after release. (3.23)

Not achieved

The prison should provide, and enforce the use of, personal protective equipment. (3.24)

Not achieved

Teachers should ensure that the range of class activities reflects the needs of all learners and can be adapted to large or small classes. (3.31)

Achieved

The promotion of equality and diversity should be embedded in all areas. (3.32)

Achieved

Instructors in work areas should set and monitor performance targets for prisoners, to help them develop their employability skills. (3.37)

Not achieved

Prisoners employed in workshops should be able to obtain industry-recognised qualifications. (3.42)

Not 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 2018, there was very little work to help prisoners maintain links with their families. Visits provision was adequate. The offender management unit was under-resourced and the lack of a whole-prison commitment to rehabilitation and release planning had severely undermined outcomes for prisoners. There was a very large offender assessment system (OASys) assessment backlog, including for higher risk prisoners. Along with a lack of programmes, this seriously affected prisoner progression. Prisoners assessed as low and medium risk had very little support. The timeliness of home detention curfew had improved considerably. Some aspects of public protection procedures were weak. Pre-release work was not good enough. About a quarter of prisoners were released homeless. Outcomes for prisoners were poor against this healthy prison test.

Key recommendation

The prison should implement a whole-prison approach to offender management and reducing reoffending, which effectively supports prisoners to progress through their sentences. Prisoners should have up-to-date sentence plans and

sufficient opportunities to meet their objectives, with support from dedicated staff. (S47)

Not achieved

Recommendations

Family visits should be available to all prisoners. (4.8, repeated recommendation 4.56)

Not achieved

People booking visits should be able to do so in a single transaction without undue waiting, through a second telephone line, a call queuing system or other practical solution. (4.9)

Not achieved

The recategorisation process should be transparent and consider all relevant information, including from prisoners, and lead to consistent decision-making. (4.21)

Not achieved

The interdepartmental risk management team (IRMT) meeting should be attended by representatives from all key departments across the prison. All high-risk prisoners due for release should be reviewed through the IRMT and there should be consistent quality assurance to improve the usefulness of MAPPA F reports. (4.22)

Achieved

Sufficient, appropriate offending behaviour programmes should be delivered to meet the needs of the whole population. (4.28)

Not achieved

The use of in-cell work books should be reviewed to determine their effectiveness. (4.29)

Not achieved

Outcome data on debt management and sustainable housing should be routinely made available, analysed by the reducing reoffending strategy group and used to determine the most effective interventions for prisoners. (4.30)

Not achieved

All sentenced prisoners should have a clear resettlement plan outlining work that has been undertaken by all departments to reduce the risk of reoffending and what is outstanding. (4.34)

Not achieved

Offender supervisors should play an active role in pre-release planning with resettlement staff and community based responsible officers. (4.35)

Not achieved

Appendix I About our inspections and reports

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

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to 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 |
| Sandra Fieldhouse | Team leader |
| Sumayyah Hassam | Inspector |
| David Owens | Inspector |
| Christopher Rush | Inspector |
| Rebecca Stanbury | Inspector |
| Jonathan Tickner | Inspector |
| Dionne Walker | Inspector |
| Elenor Ben-Ari | Researcher |
| Amilcar Johnson | Researcher |
| Emma King | Researcher |
| Alec Martin | Researcher |
| Paul Tarbuck | Lead health and social care inspector |
| Sarah Goodwin | Health and social care inspector |
| Gary Turney | Care Quality Commission inspector |
| Nigel Bragg | Ofsted inspector |
| Diane Koppit | Ofsted inspector |
| Allan Shaw | Ofsted inspector |
| Helen Whelan | Ofsted inspector |

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.justiceinspectors.gov.uk/hmiprison/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.

Listeners

Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

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.

Reverse cohort unit (RCU)

Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

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.

Virtual campus

Internet access to community education, training and employment opportunities for prisoners.

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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