



Report on an unannounced inspection of

HMP Spring Hill

by HM Chief Inspector of Prisons

18 April – 6 May 2022



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Introduction

Spring Hill was making a good recovery from the pandemic restrictions that had made the operation of this open prison in Buckinghamshire difficult for the last two years. When I visited briefly in March 2021 during our scrutiny visit of neighbouring HMP Grendon, the prisoners I spoke to were bored and frustrated with being stuck on site, unable to be released on temporary licence (ROTL) either to go to work or to see their families. It was a pleasure to return just over a year later to find a much more productive and happier place.

Everyone at the prison was given work or allocated to education on arrival, although many of the jobs were somewhat contrived and a lot of prisoners were underemployed, with two or three appearing to be doing the work of one. They were at least getting into the good habits of working that they will need on release, such as getting up in the morning.

Once prisoners had navigated the extensive bureaucratic process and many delays caused by outside agencies, they were able to go off site to work. During the inspection week, an average of 64 prisoners were working or studying outside the prison and another six were attending medical appointments, out on overnight release, or seeing their families. When the regime reaches its final, settled state, more than half of prisoners should be out at work every day, especially in a part of the country that has that has job vacancies in many areas.

The accommodation in the prison was awful, showing a woeful lack of investment from the prison service. Prisoners slept in pre-fabricated house blocks built in the 1960s and designed to last for 20 years. Half a century later, they were beyond repair: holes in the walls; erratic plumbing; floors that were coming up and windows that did not open. There were signs everywhere of the remedial repairs that had been needed over many years to extend the life of buildings that should have been replaced years ago.

Three larger accommodation blocks had been condemned because they no longer met fire safety standards, and as a result, the jail was operating well below its usual capacity of 335, holding only 241 men at the time of the inspection. The prison service had provided 40 temporary sleeping pods that were popular with prisoners, but these in time will begin to wear. Meanwhile, the plan to provide another 80 sleeping pods had been delayed by more than a year because of unfathomable contractual issues between the prison service and the contractors.

Ultimately, the prison service must find the money to rebuild all the accommodation on site to provide sustainable, decent facilities for these prisoners. In category C prisons across the country, prisoners who have met the criteria are stuck waiting to move to category D prisons because there are not enough spaces.

The governor and her team had done well to restore a sense of purpose at this well-run prison, but their work continued to be hampered by inadequate infrastructure. Our 2014 inspection report of Spring Hill noted "... very good

arrangements to enable many prisoners to use their skills on projects in the prison... Construction projects included the new gym facilities, the 'eco' building (built using sustainable materials and energy saving methods), and renovation of the old gym". With a bit of imagination from the prison service, there is surely no reason why new accommodation could not be built by prisoners at the jail, who would leave with skills that would get them into well-paid work on release.

Charlie Taylor

HM Chief Inspector of Prisons

June 2022

What needs to improve at HMP Spring Hill

During this inspection we identified 11 key concerns, of which three should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **The quality of accommodation for prisoners was poor.** There had been insufficient investment in repairing or maintaining the huts over an extended period.
2. **Prisoners did not receive a sufficiently detailed plan outlining what education, skills or work they needed to do to make progress during their time at the prison or to prepare them for their release.** Leaders did not make sure that the curriculum pathways were effectively communicated. This meant prisoners, particularly those who were off site all day, did not receive appropriate information, advice or guidance to make informed choices about their education, skills and work activities. Staff had not made sure that prisoners were better prepared for their transition out of the prison.
3. **Many prisoners waited far too long for opportunities to test or reduce their risks through release on temporary licence.** This was due to very long waiting times for information from community agencies, particularly probation services in London, to inform a risk assessment, in addition to a lack of suitable accommodation for prisoners returning from offsite activities and insufficient approved premises for overnight stays.
4. **Many prisoners working on site were underemployed and unmotivated.** This was exacerbated by limits on the numbers able to access ROTL and the low rates of pay for prison work.

Key concerns

5. **Prisoners lacked confidence in the complaints process.** Only 51% said it was easy to make a complaint, and only 52% said that complaints were dealt with fairly. Thirty-five per cent said they had been prevented from complaining, which was significantly more than in other open prisons (15%).
6. **Consultation with prisoners from protected groups had not been re-established after the pandemic, and work to promote equality was only just beginning.**

7. **There were weaknesses in the social care pathway, which caused significant delays and affected prisoners' well-being.** Prisoners transferring from other prisons with social care needs were not identified early enough. There were delays at each stage of the process – from referral and assessment to receiving equipment following assessment.
8. **Leaders and managers had not provided sufficient places for those with low levels of English and mathematics.** They did not make sure there were sufficient English and mathematics places for those prisoners who needed them the most.
9. **There was too much variation in the quality of teaching across education, skills and work.** Leaders and managers did not make sure that teaching was consistently good or that support was provided to tutors to help them improve.
10. **There was little support to help prisoners build healthy relationships and family ties.** Domestic violence and dysfunctional relationships were a factor in the offending patterns of many prisoners, so it was unfortunate that nothing was available other than the Storybook Dads project (which helps prisoners to record a story for their children to listen to at home).
11. **Prisoners did not receive sufficient practical resettlement support.** This was chiefly because a team of five resettlement workers had been reduced to one person.

About HMP Spring Hill

Task of the prison/establishment

HMP Spring Hill is an adult male category D open establishment with a resettlement function.

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

Prisoners held at the time of inspection: 227

Baseline certified normal capacity: 335

In-use certified normal capacity: 241

Operational capacity: 241

Population of the prison

- 200 new prisoners received each year (about 16 per month).
- 48% of prisoners from black and minority ethnic backgrounds.
- 15 prisoners released into the community each month.
- 40 prisoners receiving support for substance misuse.
- 20,000 release on temporary licence events per year.
- 70 prisoners involved in full-time paid work, training or education.

Prison status and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group (primary care), Barnet, Enfield and Haringey Mental Health NHS Trust (secondary care)

Substance misuse treatment provider: Midlands Partnership NHS Foundation Trust

Prison education framework provider: Milton Keynes College

Escort contractor: Serco

Prison group

South Central

Brief history

The establishment, opened in 1953, is the oldest of the open prisons. It forms part of a two-establishment cluster with HMP Grendon.

Short description of residential units

Accommodation was spread across 11 units. Two units, huts Y and Z, had been closed since the previous inspection due to fire safety concerns. Hut X was only operating at half capacity, again because of fire safety concerns.

Nine huts (J to S) held 22 prisoners in shared and single accommodation. All units had a communal lounge, kitchen, showers and separate toilets.

Two single-room huts (X and W) each contained 40 rooms and had en suite facilities. W was used for those working outside the prison.

Hut T was a 16-bed dedicated unit for prisoners with substance misuse support needs.

Name of governor/director and date in post

Rebecca Hayward, January 2019

Changes of governor/director since the last inspection

Dr Jamie Bennet, 2012–2019

Prison Group Director

Andy Lattimore

Independent Monitoring Board chair

Christoff Lewis

Date of last inspection

4–15 December 2017

Section 1 Summary of key findings

- 1.1 We last inspected HMP Spring Hill in 2017 and made 29 recommendations, two of which were about areas of key concern. The prison fully accepted 23 of the recommendations and partially (or subject to resources) accepted five. It rejected one of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

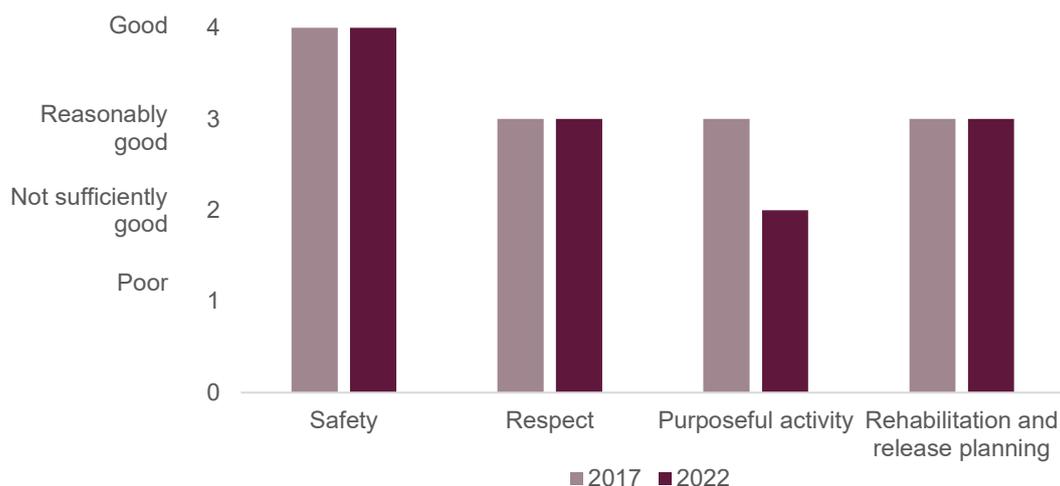
Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP Spring Hill took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 We made one recommendation about key concerns in the area of respect. At this inspection we found that this recommendation had not been achieved.
- 1.5 We made one recommendation about key concerns in the area of rehabilitation and release planning. At this inspection we found that this recommendation had been achieved.

Outcomes for prisoners

- 1.6 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).
- 1.7 At this inspection of HMP Spring Hill, we found that outcomes for prisoners had stayed the same in three healthy prison areas and declined in one.
- 1.8 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Spring Hill healthy prison outcomes 2017 and 2022



Safety

At the last inspection of Spring Hill in 2017 we found that outcomes for prisoners were good against this healthy prison test.

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

- 1.9 The small reception area was busy, but staff were welcoming. New arrivals now had a health care interview in private. Prisoners were taken directly to the hut they would live in, rather than to an induction unit but rooms had not been prepared well enough. Each prisoner was now issued with an ‘early days passport’, which monitored their welfare and their participation in the induction process. The process had been redesigned to focus on open conditions, to which prisoners had responded well.
- 1.10 We observed good behaviour at the prison. Violence was rare and only 7% of prisoners said they felt unsafe at the time of our inspection. The key incentive to behaving well for most prisoners was to remain in open conditions and progress to release on temporary licence (ROTL). The safety strategy was not sufficiently focused on some of the main issues, and challenge, support and intervention plans (see Glossary of terms) were not always used to investigate or address bullying or violence when it did occur.
- 1.11 Some of the adjudication records we examined were brief and did not fully explore the issues. However, prisoners were given time to prepare for hearings and took an active part in proceedings.
- 1.12 Use of force remained infrequent and oversight was good. The room used to hold prisoners for short periods before being returned to closed conditions was not suitable.
- 1.13 Managers were aware of key security threats, which consisted of mobile phones, drugs and absconding prisoners. Staff conducted

regular patrols of the extensive open perimeter to offset the risk of parcels being dropped and prisoners going out of bounds.

- 1.14 Over the last year, five prisoners had absconded, which was lower than in previous years. All instances were investigated fully, and the prison had an appropriate action plan. There were also useful review boards, involving security, offender management and residential managers, where prisoners who were presenting a concern were discussed and appropriate action was taken.
- 1.15 The positive mandatory drug testing rate was 9.2%, which was higher than at the last inspection. Managers worked well with the regional team to conduct additional searches, many of which had led to illicit items being found.
- 1.16 The rate of self-harm remained very low. The standard of assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm was good and care plans were tailored to the individual.

Respect

At the last inspection of Spring Hill in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

- 1.17 In our survey, more prisoners (85%) reported that staff treated them with respect than at the previous inspection (56%), which was now in line with other open prisons. The personal officer scheme was functioning well. Records we reviewed showed that most prisoners had regular contact with their personal officer, although entries were of varying quality.
- 1.18 Accommodation for most prisoners continued to be poor. There had been little refurbishment of the old and deteriorating accommodation huts, and two had been condemned and closed. Despite prisoners' efforts to keep rooms clean, they were in urgent need of refurbishment, as were many of the huts' kitchens, toilets and showers. The new pods, installed during the pandemic, provided much better accommodation for 40 prisoners, and 80 more were being installed during the inspection.
- 1.19 Food was reasonably good. Kitchen facilities had been upgraded since the last inspection and menus improved to include more healthy options. Pandemic restrictions had prevented prisoners from eating together in the dining hall, but they had been removed in the week of the inspection.
- 1.20 The prison council had met regularly and enabled senior managers to talk to prisoner representatives. However, few of the requests and

suggestions made by prisoners led to change. The complaints and application systems worked well but prisoners' perceptions of the complaints process were negative.

- 1.21 Managers had begun to rebuild their equality work following pandemic restrictions. A new action plan set out realistic expectations and plans to review and monitor all provision. Efforts were being made to involve prisoners in promoting diversity. Data monitoring and investigations into disproportionality were better than we usually see. However, findings could have been circulated more widely. Only four complaints about discrimination were submitted in the last year. Investigations were thorough and responses polite and appropriate.
- 1.22 Prisoners continued to have access to religious services during the pandemic, and corporate worship had recently been restored, although staff shortages limited some activities.
- 1.23 Prisoners had poor perceptions of health care, but we found a well-led service delivering a good standard of care. Primary care services were good and had waiting times that were comparable to the community. We identified weaknesses in the social care pathway, which caused significant delays and affected prisoners' well-being. Prisoners with mental health needs were identified early, and suitable interventions were provided, including two evening sessions so patients could be seen on their return from work. The drug and alcohol recovery team provided good, individual patient-centred care. The need for clinical substance misuse support remained low, but treatment was flexible and in line with national guidelines. Medicines were managed reasonably well, but patients had no access to a pharmacist. Prisoners were positive about dental services, which were responsive and well managed.

Purposeful activity

At the last inspection of Spring Hill in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

- 1.24 Prisoners were never locked in their rooms and had relatively free access around the site until 10pm. Opportunities to take part in enrichment activities were limited, but leaders told us that plans were in place to reintroduce them.
- 1.25 The gym was good and much of the equipment had recently been replaced. Prisoners could book up to eight sessions of indoor exercise a week, including in the evening and at weekends. The library provision was good, and a wide range of material was available. Shannon Trust staff had returned to the prison to support prisoners who had difficulties reading.

- 1.26 Leaders and managers had re-introduced an almost full range of education and vocational courses and work opportunities that helped prisoners gain new knowledge and skills. There were enough activity places for the population, but delays in the ROTL process contributed to prisoners' lack of motivation during onsite activities. Too few prisoners had benefited from ROTL and those who had were not adequately prepared for the transition to work.
- 1.27 Leaders and managers had been slow to introduce a full range of accredited qualifications in work. Only prisoners in the kitchen had access to a clear pathway of qualifications that would have enabled them to gain employment. Most prisoners in work gained valuable skills, such as team working or communication skills. But there was a need for a better range of onsite work opportunities, and staff did not focus on developing prisoners' skills or recording them.
- 1.28 Tutors used a range of strategies to help prisoners commit key concepts and knowledge to their long-term memory. This contributed to achievement rates being good. However, achievements on English and mathematics courses needed to be better. Leaders and managers did not provide prisoners with entry level English and mathematics with enough opportunities to improve.
- 1.29 Staff did not use the information they had about prisoners' aspirations and prior knowledge to put prisoners on a clear pathway that would have helped them move forward. As a result, prisoners attended a mix of courses without always understanding why.
- 1.30 The relationship between prison and education managers was good, but the quality of education continued to require improvement. Leaders and managers had not provided prisoners with sufficient incentives to participate in education, skills and work.
- 1.31 Prisoners in work and education were respectful to each other and staff, and most stayed focused on the tasks they had been set, despite often lacking motivation.

Rehabilitation and release planning

At the last inspection of Spring Hill in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

- 1.32 Visits had resumed in April 2021, and supervised play was available for children. The visits hall was uninviting, although some improvements had recently been made to brighten it up, and the outside areas were good. There were few structured activities to support family life or relationships, but the visits coordinator offered good personal support. There were often delays in mail reaching prisoners, owing to staff shortages.

- 1.33 Work to reduce reoffending was well planned and coordinated, although a more thorough needs analysis was needed to provide the prison's work with men with a clearer focus. The offender management unit (OMU) was well led and concentrated on making sure the quality of prisoners' risk and needs assessments was consistent.
- 1.34 Initial risk assessment processes were often seriously delayed while waiting for responses to requests for information from community agencies, especially probation offices and the police in some areas. This was causing frustration among prisoners who wanted to progress to ROTL. The impact of the delays, was, however, in part offset by the frequent level of contact with prisoners and support from prison offender managers and other OMU staff.
- 1.35 Effective additional support was available for those with the highest risk, through the psychology-led enhanced behaviour monitoring and pathway enhanced resettlement service (PERS) schemes. A number of non-accredited interventions were offered, including Choices and Changes (for young adults), Sycamore Tree (a victim awareness course) and some community programmes addressing domestic violence.

Notable positive practice

- 1.36 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.
- 1.37 Inspectors found one example of notable positive practice during this inspection.
- 1.38 The Gable multidisciplinary team had been established as part of the PERS project across five open prisons, working with 20 prisoners who presented a high risk and had complex needs. It aimed to help them prepare for release as well as to settle in to open conditions. The team had created an excellent environment, supporting prisoners' well-being and those involved spoke very highly of it. (See paragraph 6.27.)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources, including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had been in post since January 2019 and was responsible for HMP Grendon, a closed prison run as a therapeutic community, as well as HMP Spring Hill. She had a good understanding of the strengths and weaknesses of Spring Hill and had set appropriate priorities, which focused on improving the dilapidated facilities and providing meaningful activities for the population.
- 2.3 The ability of the governor to make progress in these areas was undermined by national leaders who had ignored recommendations to improve living conditions made at every inspection since 2008. As a consequence, prisoners lived in buildings that were ramshackle. The unplanned closure of accommodation that had failed fire safety inspections reduced access to release on temporary licence (ROTL) because there were not enough suitable rooms for ROTL prisoners. This limited leaders' ability to support men as they prepared for life in the community.
- 2.4 The reduced capacity at Spring Hill prevented the prison system from operating effectively – it exacerbated delays in transferring category D prisoners at other establishments to open conditions, which meant they could not reduce their risk of reoffending by undertaking work and education in the community. Instead, these prisoners were held, at greater cost, in closed prisons with very limited time out of cell (see Glossary of terms).
- 2.5 Leaders and managers had communicated their priorities to the staff group effectively and, in our staff survey, most respondents (74%) agreed with them. Staff we spoke to were less positive about the visibility of senior leaders. Nearly all of the senior team were responsible for both sites, and staff and prisoners reported that senior leaders were less visible at Spring Hill than at Grendon.
- 2.6 Since the previous inspection, leaders had focused on improving relationships between staff and prisoners. In 2018, the prison received accreditation as an enabling environment (see Glossary of terms) from the Royal College of Psychiatrists. In addition, residential managers had restored the personal officer scheme. Relationships between staff and prisoners had improved since our last inspection.

- 2.7 Leadership in the security department and offender management unit was strong. The teams worked together effectively to monitor and manage the risks of the open site.
- 2.8 Health care was also well led and leaders from the prison and health service had worked well to manage significant outbreaks of COVID-19 during the pandemic.
- 2.9 Local leaders were frustrated about the inability of the Probation Service in some areas, most notably London, to respond to requests for information as a part of ROTL risk assessments. This meant too few prisoners could access ROTL. While it was positive most prisoners on ROTL were now in productive work, there was not enough meaningful work for the majority who remained on site. We observed many underemployed and unmotivated prisoners during the inspection.

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 The prison had received an average of 16 new prisoners a month in the year leading to our inspection. However, at the time of our inspection, new receptions had been suspended because two residential units had been taken out of commission, creating a lack of suitable accommodation.
- 3.2 The small reception area was busy, but the arrivals process was well-managed and staff were welcoming. New prisoners now had a private health care interview and safety screening to assess for any immediate risks. They spoke to a reception orderly who could answer any questions and direct them around the establishment. Property was searched in reception and immediately returned to prisoners. As an open establishment, new prisoners were able to go outside and move around the site during any waiting periods throughout the course of the reception process. In our survey, 86% of prisoners said they were treated well in reception.
- 3.3 New arrivals were now taken directly to the hut they would live in, rather than to a separate induction unit. Feedback from prisoners about this change was positive, indicating that it allowed them to settle in more quickly. However, in our survey, just 42% of prisoners said that the room they stayed in on their first night was clean, which was lower than at other similar prisons (75%) (see also paragraph 4.9).
- 3.4 Induction took place in a dedicated induction hut, and the programme had been shortened and more focused on life in open conditions, which prisoners appreciated. The process was comprehensive and well-paced, and new prisoners were introduced to staff from various departments across the establishment.
- 3.5 Managers had recently introduced an 'early days passport', which made sure that each prisoner completed their induction and allowed staff to monitor their well-being in their first few days at the establishment. The passport also made sure that relevant information was shared among staff. The monthly safer custody meeting reviewed all new arrivals and monitored any prisoners with vulnerabilities or complex needs.

- 3.6 Support for new prisoners during their first weeks in open conditions had improved. The personal officer scheme required officers to have structured monthly conversations with new arrivals during their first six months at the establishment to support them in their transition to the open estate. However, targeted support to guide prisoners serving life or indefinite sentences through their move to open conditions remained underdeveloped.

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

- 3.7 We observed good behaviour during our inspection. Violent incidents were rare, there had been five assaults in the past 12 months. Four had been prisoner-on-prisoner and one had been on staff. In our survey, only 7% of prisoners said they felt unsafe at the time of our inspection and 20% said they had felt unsafe at Spring Hill at some time.
- 3.8 The safety strategy was brief and not sufficiently focused on the key issues at Springhill. For example, it did not take into account the vulnerability of those on release on temporary licence (ROTL) who could have been pressured to bring items back into the establishment, or the availability of drugs (see paragraphs 3.17 and 3.18).
- 3.9 Challenge, support intervention plans (CSIPs) (see Glossary of terms) were not always used to investigate violence or to support perpetrators and victims of antisocial behaviour. For example, we found a prisoner should have been referred to the CSIP process for investigation but had not been. Responses to antisocial behaviour were appropriate, and support for victims was reasonable. There were no prisoner representatives to support the violence reduction process, but plans were in place to reintroduce them.
- 3.10 There was a local incentive and earned privileges scheme, which prisoners and staff understood. Almost all prisoners arrived with enhanced regime status, and during our inspection most prisoners remained on that level. Most prisoners understood the need for good behaviour to remain in open conditions and progress to ROTL.

Adjudications

- 3.11 There had been 233 adjudications in the previous 12 months. Some of the records we examined were brief and did not fully explore the issues. However, prisoners were given enough time to prepare for hearings and took an active part in proceedings.

- 3.12 Quarterly adjudication standardisation meetings had been reintroduced in August 2021. Some useful data was collated and analysed. However, there was no detailed analysis of those with protected characteristics, despite some concerns previously having been raised at the diversity and inclusion meeting about unequal outcomes for Muslim prisoners subject to adjudication. The deputy governor had recently introduced a quality assurance process for adjudications, which had identified some of the issues.

Use of force

- 3.13 Force was still rarely used. There had been two incidents in the year leading to our inspection. Body-worn video camera footage was available for one of them – it showed that force was used proportionately and that the incident was well-managed. Documentation included a proper justification for the use of force.
- 3.14 The oversight and scrutiny of the use of force were good. Quarterly meetings were well-attended, and incidents were rare enough for each incident to be reviewed. We saw evidence of managers identifying weaknesses and lessons to be learned in the footage or documentation and communicating them effectively to the staff involved.

Segregation

- 3.15 There was no segregation unit at Spring Hill, and the prison continued to manage well without one.
- 3.16 The room used to hold prisoners for short periods before being returned to closed conditions was small and unsuitable. During the inspection, it was being used for storage and prisoners were being held in an alternative room with no bathroom and little furniture, which was inappropriate.

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.

- 3.17 In our survey, 24% of prisoners said that it was easy to get illicit drugs and 19% said it was easy to get alcohol. Although the proportion of prisoners reporting the availability of alcohol was lower than at our last inspection (35%) it was higher than in other open prisons (5%).
- 3.18 Managers were aware of the key threats – mobile phones and the ingress of drugs. The monthly local tactical assessment was good and provided an overview of key security concerns from the previous month. About 140 intelligence reports were submitted every month and reports were analysed, collated and disseminated well. Responses to

these threats were proportionate. Staff conducted regular night time patrols of the grounds and room checks to guard against the risk of parcels being dropped and prisoners going out of bounds.

- 3.19 Over the previous year, five prisoners had absconded, which was lower than in previous years. The prison had an appropriate action plan. As at the previous inspection, managers conducted follow-up interviews with absconders and reviewed their early days at the establishment.
- 3.20 There were several useful review boards, involving security, offender management and residential managers, where prisoners who were emerging as posing a concern were discussed. Action from these meetings aimed to reduce concerns. Although this rightly led to a return to closed conditions for some prisoners, most others responded positively to local interventions, and every attempt was made to support them to remain in open conditions.
- 3.21 Random alcohol breath testing and swab testing for drugs was undertaken regularly across the site and on some prisoners returning from ROTL. However, managers told us that the use of swabs had been a pilot and there was no external funding available to continue with the work, despite drugs being a key concern.
- 3.22 There was an appropriate substance misuse strategy, which focused on some of the unique characteristics of the open prison. Due to COVID-19 restrictions, random mandatory drug testing had only taken place between August and December 2021 but had been reintroduced again shortly before the inspection, during which time the positive rate was 9.2%, higher than at the last inspection. It was positive that suspicion drug testing had been also been reinstated. Managers worked well with the regional team to conduct additional searches. Many of them led to illicit items being found. In the 12 months before the inspection, searches across the prison had led to the recovery of 101 mobile phones, 59 drugs, 14 weapons, and six alcohol finds.
- 3.23 Inter-agency work was good, and the police worked well with the security team. Work to tackle staff corruption was good.

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

- 3.24 There had been no self-inflicted deaths at Spring Hill since our last inspection, and levels of self-harm remained very low. In the year leading to our inspection, there had been three incidents of recorded self-harm, only one of which required hospital treatment. All self-harm

incidents were discussed at the monthly safer custody meeting, but there was no formal investigation process in place to learn lessons.

- 3.25 Six assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened in the year before the inspection. Documentation was good, and included individual care planning, high quality observations, and multidisciplinary reviews. The documentation showed that staff involved in the ACCT process were familiar with the prisoners in their care and were having detailed and sensitive conversations with them. Quality assurance of the ACCT process was adequate.
- 3.26 The safer custody policy was brief and did not adequately identify safeguarding issues specific to the open estate, such as prisoners' vulnerability to substance misuse, debt, or the illicit economy (see paragraph 3.8).
- 3.27 There had been some difficulties recruiting an adequate number of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), as the Samaritans did not train Listeners in the open estate. At the outset of our inspection, there was only one Listener working at the establishment. However, managers had identified more prisoners who were trained Listeners, and had recruited a team of five, which was ready to begin working.

Protection of adults at risk (see Glossary of terms)

- 3.28 The prison had a good safeguarding adults policy that outlined how vulnerable adults should be managed and how referrals could be made. During our inspection we identified several prisoners with complex needs who had been waiting for lengthy periods for outcomes from their referrals to the local authority (see paragraphs 4.67 and 4.68).
- 3.29 The prison's head of safety now attended the local safeguarding adults board and maintained appropriate links with the local authority.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships had improved since the previous inspection. In our survey, 85% of prisoners said that staff treated them with respect, and 84% that there was a member of staff they could turn to if they had a problem. Both of these figures were higher than at our last inspection (56% and 66% respectively).
- 4.2 The prisoners and staff we spoke to were positive about relationships. While some prisoners told us that individual members of staff could be unhelpful, most said staff were polite and approachable. A majority of prisoners also told us they had good relationships with staff in the offender management unit and could contact their offender manager easily.
- 4.3 The prison had a personal officer scheme, which was functioning well. In our survey, 74% of prisoners told us their personal officer was helpful. The online records we reviewed showed that most prisoners had regular contact with their personal officer, but records were mixed. While some showed regular, detailed conversations with prisoners, others were vague and brief.
- 4.4 The establishment had maintained its 'enabling environment' accreditation (see Glossary of terms), awarded by the Royal College of Psychiatrists, which required it to demonstrate standards of openness, empowerment, involvement, belonging and communication.

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

- 4.5 At our last inspection accommodation for most prisoners was poor, and there had been little refurbishment of the old and deteriorating wooden huts since then. Two accommodation units had been condemned as

unsafe and were closed, and a third was being cleared of residents following a recent fire safety inspection. Altogether these closures reduced the number of accommodation places by 120.

- 4.6 Most prisoners were housed in the nine remaining huts, each of which had about 22 single and shared bedrooms.



Accommodation hut

- 4.7 Each hut had toilets and showers, a kitchen and a small association room. These communal areas were in a poor state, made worse by pandemic restrictions, which had reduced repair and decoration work.



Association room

- 4.8 Toilets and showers were worn, and some suffered badly from mould. Plumbing problems, such as erratic water pressure and broken toilets, were common, and it took too long for repairs to be made. Prison managers had secured funding to refurbish some of these areas, but work had not yet started.
- 4.9 Prisoners maintained their rooms as well as they could, and most were reasonably clean, but living conditions were poor. Rooms were poorly decorated and furnished, often lacking a chair or table and with very limited cupboard space. Prisoners told us it was difficult to write, or to eat meals in their rooms, because of the lack of a table. Those who had back problems said they suffered because there were no chairs. Many were in shared rooms that were too small. Prisoners who worked off site were accommodated in single rooms, which were slightly less cramped. There were no adapted rooms for disabled prisoners. Telephone booths were located in the narrow corridor of each hut, which meant they did not allow for private conversations.
- 4.10 During COVID-19, 40 new prefabricated cells or 'pods' had been installed. They provided better accommodation – each pod had a reasonably sized bedroom and bathroom with a shower. They were reserved for men who attended work off site. Another 80 pods had been delivered and were being installed at the time of the inspection. Two of them would be suitable for use by disabled people.



Temporary 'pod' accommodation

- 4.11 Prisoners could shower every day. They had clean clothes and bed sheets every week. There were good supplies of outdoor clothing and workwear. Most prisoners wore their own clothes and could have them cleaned in the well-equipped onsite laundry. There were good stocks of cleaning materials in each hut.
- 4.12 The outside areas were reasonably well-maintained and litter free. There were some outdoor benches, and a large field where prisoners could exercise.



Outdoor area

- 4.13 Prisoners had easy access to their stored property, although many complained of delays in receiving items from their previous prisons. Appropriate secure storage was in place for valuable property.

Residential services

- 4.14 We found the prisoners' food to be reasonably good, and in our survey, 53% of prisoners said the food was good. Most of those we spoke to appreciated that it was freshly prepared and served immediately in the dining hall. The menu was varied and catered for a wide range of diets, and fresh fruit was available every day. Special meals were provided for festivals such as Eid and Easter, and prisoners' feedback about them was good. The catering manager regularly consulted a dietician about the nutritional content of the meals and had introduced more healthy options. During the pandemic the catering team had circulated questionnaires to find out what prisoners' views were, and they were about to re-start consultation meetings.
- 4.15 The kitchen needed refurbishment, but some equipment had been upgraded, and almost all staff posts were filled. Up to 24 prisoners were employed in the kitchen. They received training in food hygiene and could take further catering qualifications. During the COVID-19 restrictions, prisoners had not been allowed to eat together in the dining hall but had collected their meals and taken them back to their rooms to eat. This restriction had been removed in the week of the inspection. Self-catering facilities remained too limited for an open prison, consisting only of microwave ovens, boiling water and a small refrigerator in each hut.

4.16 Prisoners told us the prison shop was now operating well, although there had been problems with items missing from orders and late deliveries during the pandemic. The shop list was extensive and, in our survey, 62% of prisoners said they could buy the things they needed. When new arrivals could not access the shop immediately, they could apply for essential items to be issued on account.

Prisoner consultation, applications and redress

4.17 The prison council had met regularly throughout the pandemic. Monthly meetings were attended by the governor and senior managers, while prisoner representatives held chair and secretary roles. Minutes showed that it was a useful forum, with a wide-ranging agenda that focused on prisoners' concerns and suggestions, while enabling managers to provide information updates. Some prisoners' concerns, such as inadequate heating in the visits hall, received a positive response, but overall, few requests or suggestions that prisoners made led to any action. Prisoner representatives had not received any training for their role.

4.18 Other focus groups on specific topics had been suspended during the pandemic and had not been reinstated. However, managers had held informal focus groups when significant changes were proposed. For example, prisoners were invited to a consultation about arrangements for restarting family visits once restrictions were eased.

4.19 There were relatively few complaints (226 in the year to March 2022) and the process was well managed. Complaint forms were readily available and were processed promptly. The timeliness and quality of responses were tracked well. Replies were polite and respectful, offering apologies where appropriate.

4.20 Managers carried out detailed analyses of the nature of complaints to highlight common factors and identify any discrimination. About 40% of complaints were about property transfers from previous prisons. Managers had investigated the causes of these problems but had not successfully resolved them. Complaints from prisoners in protected characteristic groups were monitored to identify any potential discrimination – in the past year none of the complaints made related to the complainants' protected characteristic.

4.21 In our survey, only 51% of prisoners said it was easy to make a complaint, and only 52% of prisoners said that complaints were dealt with fairly. Thirty-five percent said they had been prevented from complaining, which was more than in other open prisons (15%). This figure rose to 46% for minority ethnic prisoners, despite this group having similar levels of confidence in the system compared with the rest of the population. Managers needed to investigate the causes of these negative perceptions.

4.22 Applications received prompt responses, mostly within two days. In most cases replies were polite and helpful. A custodial manager quality checked responses and reported the results to the residential governor.

Very few were found to need action. In our survey, 83% of prisoners said it was easy to make an application and 76% said they were usually dealt with fairly.

- 4.23 Arrangements for prisoners to receive legal visits had been improved. The legal visits room had been refurbished and was suitable, although it was little used. Prisoners could also use a video link facility for legal consultations.

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

- 4.24 During COVID-19 restrictions, most activities promoting equality had been suspended. However, monthly diversity and inclusion meetings, chaired by the governor, had continued. Minutes showed that they scrutinised equality data thoroughly, and that action was taken when disproportionate outcomes for prisoners with protected characteristics were identified. For example, an investigation had been carried out when data showed that black and minority ethnic prisoners were more likely than the general population to exceed the target period before being allowed release on temporary licence. However, findings were not circulated widely enough.
- 4.25 A new diversity and inclusion manager had been appointed in February 2022 to restore equality work. The manager was assisted by two diversity officers, and a full-time prisoner equality orderly. A new delivery plan had been published, setting out a specific programme of support for prisoners in each of the protected groups, including plans to establish dedicated forums for each group. A calendar of events for prisoners with protected characteristics was planned for 2022.
- 4.26 Meetings with prisoners from protected groups had not resumed after the pandemic. Although efforts were being made to recruit prisoner representatives, few prisoners were involved in consultation. The diversity orderly attended all prisoner inductions to offer support. He helped staff to identify individual prisoners' needs and raised prisoners' concerns with managers. Events such as Pride and Black History Month had been celebrated, and posters promoting diversity and inclusion were displayed in the huts and communal areas. The diversity manager planned to provide better guidance for staff about diversity issues and had published a strategy for the care of transgender prisoners.

4.27 Only four discrimination incident reporting forms (DIRFs) had been submitted in the last year. DIRFs were freely available in communal areas. The diversity and inclusion team collected and managed all DIRFs. Investigations were thorough and responses polite and appropriate. A senior manager quality assured outcomes, but there was no external scrutiny of DIRF responses.

Protected characteristics

4.28 Prison figures showed that 48% of prisoners were from black or minority ethnic backgrounds, and 25% were Muslim. In our survey, ethnic minority prisoners had similar perceptions to white prisoners in most areas. However, Muslim prisoners were less positive about many areas, and only 47% said they had not experienced any bullying, compared with 84% of others.

4.29 Translation services were available for the 10 foreign national prisoners, and some key documents, such as leaflets about reporting discrimination incidents and the drug testing policy, were available in the main foreign languages spoken in the prison. The equality orderly had held a discussion with the four Gypsy, Roma and Traveller prisoners to identify their concerns, and had suggested some changes to the kitchen menu, which had been implemented.

4.30 In our survey, 21% of prisoners were identified as having a physical or mental disability. The prison's facilities did not adequately address all these prisoners' needs. One prisoner was in constant pain from a back injury but had not been provided with a suitable chair or mattress, despite health care staff specifying the need for them. There were no adapted rooms for wheelchair users, but none of the prisoners used a wheelchair at the time of the inspection. The ground floor rooms in hut X were used for prisoners with mobility difficulties, but it was to be closed shortly. The two new pods, which were adapted for use by disabled prisoners, had not yet been installed (see paragraph 4.10.)

4.31 Prisoners with physical disabilities received assistance from prisoner buddies. Those we spoke to were content with the support, although the buddies had not received training for their role.

4.32 During the inspection, eight prisoners required personal emergency evacuation plans. They were completed well, were up to date and displayed centrally, so staff knew who would need assistance in an emergency.

4.33 There was a named staff representative for LGBT prisoners and plans to set up a dedicated forum to discuss sexual orientation. The prison had celebrated LGBT History Month and distributed leaflets and put up posters promoting understanding of gender and sexuality issues. Only two prisoners had identified as gay, and there were no identified transgender prisoners.

- 4.34 The prison aimed to establish a dedicated forum for older residents and to re-open the legacy hut to provide them with a quiet space where they could read and chat.

Faith and religion

- 4.35 Corporate worship had been suspended during the pandemic, although the chapel and mosque had remained open for private worship. Weekly services had recently been restored for Muslim, Anglican and Roman Catholic prisoners, but staff shortages limited some chaplaincy work. The lead chaplain post needed to be filled, and a vacancy for a part time Muslim chaplain sometimes affected formal Friday prayers. Despite these problems, 83% of prisoners in our survey said they could attend a service if they wanted to.
- 4.36 Chaplains provided good pastoral support. They visited the accommodation huts every day and offered to speak to prisoners of all faiths and none in private. Chaplains attended assessment, care in custody and teamwork (ACCT) case reviews for prisoners at risk of suicide or self-harm and frequently visited prisoners who were assessed as being at risk. They played a central role in coordinating the establishment's response to crises in prisoners' lives, such as a family bereavement. Two in the chaplaincy were trained bereavement counsellors, providing this service for prisoners and staff.
- 4.37 Prisoners had good access to religious items and faith books. During the pandemic, literature from all faiths was made available in the dining room. Christian religious classes and the Sycamore Tree course (victim awareness course) had recently re-started, and classes in Islam were about to start. Chaplaincy staff were also planning to provide training for officers in faith awareness when resources allowed.

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.

- 4.38 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary of terms) 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

- 4.39 The main health care provider, Practice Plus Group (PPG) subcontracted secondary mental health services to Barnet, Enfield and Haringey Mental Health NHS Foundation Trust (BEH) and drug and alcohol psychosocial support to Midlands Partnership NHS Foundation Trust (MPFT). A decision regarding the retendered contract was due to

be announced imminently, with the new provider starting in October 2022.

- 4.40 Regular local delivery quality board and partnership board meetings provided a strategic overview of the service and had continued throughout the pandemic. Joint working remained strong, and effective contingencies had been put in place to manage COVID-19 outbreaks, including screening.
- 4.41 Recommendations from the health needs assessment dated July 2019 and an equality health impact assessment, completed in December 2020, were being implemented.
- 4.42 Patients' views were sought through a variety of methods, including health staff attending the prison's monthly community council meeting and patient feedback surveys from all services. An independent patient consultation organisation had also produced two reports based on patients' feedback, which influenced service delivery.
- 4.43 In our survey, 60% of prisoners at Spring Hill compared with 90% at similar prisons thought the overall quality of health services was very or quite good. Our survey also showed prisoners had poorer perceptions of health care across a number of other areas compared with those in similar prisons, but many of the prisoners we spoke to were happy with the care they received.
- 4.44 The head of health care provided clear leadership and was supported by conscientious staff who were delivering a good standard of care, despite some staff shortages, which had put pressure on the service at times.
- 4.45 The small health centre was bright and welcoming and operated like a small community surgery. Prisoners appreciated the openness and community feel and could drop in to make their own appointments in person.
- 4.46 The health centre was clean, and most clinic rooms met infection prevention and control (IPC) standards. However, IPC audits had identified that the flooring in two rooms were not suitably sealed, and action was being awaited.
- 4.47 Completion of mandatory training for PPG staff was above the acceptable threshold in all but two areas (the National Early Warning Score and information governance) but this was being rectified. All substance misuse staff had received their mandatory training and had full compliance. Professional development was encouraged across all teams.
- 4.48 All staff received an annual appraisal, and clinical and managerial supervision took place throughout the year. However, the frequency and recording of supervision was inconsistent for PPG staff which the head of health care was addressing.

- 4.49 Incident reporting and management via Datix, the electronic clinical incident reporting system, was robust and lessons learned from incidents were shared with staff and discussed at local and regional levels.
- 4.50 A confidential process was in place to manage health care complaints. The complaints received an appropriate response, although we noted there was no written record for one complaint. We were assured this had been addressed and were given evidence of this.
- 4.51 Emergency resuscitation medication and equipment held in the health centre included an automated external defibrillator and oxygen. The equipment was checked regularly and was in good order.

Promoting health and well-being

- 4.52 The service had a health promotion strategy, and a calendar of health promotion events reflecting national programmes was implemented. Health information posters and leaflets were displayed in the health care centre. Information could be made available in easy read or different languages should the need arise. Telephone interpretation was available for health consultations.
- 4.53 The service had a policy on managing outbreaks of communicable diseases and followed national guidance on the management of COVID-19.
- 4.54 Group health education sessions had not taken place since the pandemic had started. However, the long-term conditions nurse regularly provided one-to-one training sessions for patients.
- 4.55 National health screening programmes, such as retinal and bowel cancer screenings, were available. Blood borne virus screening and treatment for hepatitis C were also offered and a nurse with a specialist interest in sexual health was available, as was barrier protection.
- 4.56 Patients had access to immunisations and vaccinations and uptake of the COVID-19 vaccine, including the booster, was good.
- 4.57 The health care team worked with the gym and kitchen to make sure patients' diets and medically required exercise promoted well-being. A quit smoking service was available to patients, although uptake was low.

Primary care

- 4.58 Registered nurses provided health screenings for new arrivals in a dedicated room in reception, and appropriate referrals were made to other services including the GP, mental health and substance misuse services.
- 4.59 A secondary health assessment took place within seven days of a prisoners' arrival. A weekly complex care meeting, attended by staff from all disciplines, prioritised patients with identified health needs.

Pertinent patient information and service updates were shared during daily handovers.

- 4.60 Nurses were available Monday to Friday from 7.30am to 4.30pm. There was a reduced service at weekends, during which medication could be dispensed and any urgent needs met. There were plans to reintroduce evening clinics as soon as suitable staffing arrangements were in place.
- 4.61 Patients were seen promptly for urgent GP or nurse appointments. Clinical triage made sure patients were directed to the most appropriate clinical professional. Patients' attendance at health care appointments was good for GP appointments, but there was a 15% non-attendance rate in March 2022 for nurse clinics, which staff were trying to improve. Out of hours, community services such as 111 or 999 were used in an emergency.
- 4.62 An appropriate range of primary care services, along with visiting specialists, including a physiotherapist, podiatrist and optician, had waiting times that were equivalent to the community. A long-term conditions nurse visited every fortnight and provided regular input that was recorded in patient records.
- 4.63 Patients with end-stage palliative care were referred for compassionate release. No prisoners with palliative care needs had been transferred to closed conditions since the previous inspection.
- 4.64 External hospital appointments were well managed, and referrals were prompt. Prisoners attended hospital appointments on their own or with an escort, subject to a risk assessment.
- 4.65 Prisoners were offered a pre-release appointment a week before their release, received a GP discharge letter detailing the care they received and were provided with any continuing medications.

Social care

- 4.66 A memorandum of understanding (MOU) and information sharing agreement between Buckingham County Council (BCC), the prison and PPG had been renewed in 2019. However, prison and health care staff were not sure about what was expected of each party, which meant the social care pathway did not work effectively.
- 4.67 The MOU detailed BCC's responsibility for working with the transferring prison's local authority when prisoners were sent to Spring Hill with an existing social care plan, to make sure continuity of social care was provided. The process had not worked effectively, causing unnecessary delays in prisoners receiving a social care package (see Glossary of terms) or equipment and had affected their well-being.
- 4.68 Health care and prison staff shared responsibility for referrals to BCC, but they had also been delayed, which meant there were knock-on delays in BCC assessments and prisoners receiving equipment to support their daily living. Self-referrals were not promoted.

Mental health care

- 4.69 Communication between mental health practitioners and other teams, including offender management and safer custody departments, was effective and patients received a good standard of care. Patient records showed that progress notes, risk assessments and interventions were clearly recorded and evaluated, and care plans were agreed with the patient.
- 4.70 On average about six referrals per month were received through reception screening, self-referral or referral from a staff member. Urgent referrals were seen promptly within 48 hours and routine referrals usually within five days.
- 4.71 A primary mental health nurse worked two days a week from 8am to 7pm to see patients returning from release on temporary licence (ROTL), which was positive. During the inspection, he was providing support to 11 patients with mild to moderate problems, such as anxiety and depression. On other days, if an assessment or attendance at an ACCT review was required, cover was provided by the primary mental health team manager based at HMP Grendon.
- 4.72 Groups, such as anxiety management, had been running before COVID-19 and the service was looking to reinstate them. There was still a lack of clinical psychology and occupational therapy, but mental health provision was under review.
- 4.73 A dual qualified mental health and learning disability nurse, based at Grendon, visited Springhill every week and when needed and was currently providing good support to three patients. A psychiatrist was available to run a clinic on a weekly basis when needed. Prescribing reviews and health monitoring took place for patients on mental health medication.
- 4.74 Patients on the care programme approach (mental health services for individuals diagnosed with a mental illness) were managed effectively. However, it sometimes proved challenging to involve community mental health services because of pressure on their resources.
- 4.75 No patients had been transferred to community mental health facilities or to closed prison conditions due to mental health problems since our last inspection.
- 4.76 Mental health awareness training for officers had been curtailed and needed to be re-established.

Substance misuse treatment

- 4.77 The drug and alcohol recovery team (DART) provided good, individual patient-centred care. The need for clinical substance misuse support remained low, but treatment was in line with national guidelines.

- 4.78 The DART manager contributed to the prison's drug strategy and regularly attended the drug strategy meetings. The team had good working relationships with key prison departments.
- 4.79 The Diamond Centre, where the DART and the primary mental health nurse were based, was welcoming. The primary mental health nurse supported patients who were receiving clinical substance misuse treatment, along with the GP. The need for opiate substitution treatment (OST) remained low but was patient-led and regular reviews were undertaken involving the prescriber, the patient and the recovery worker.
- 4.80 Recovery workers provided good support through a range of individual interventions. Group work had been curtailed due to the pandemic and subsidence in the group room, but other venues were being explored.
- 4.81 The DART now had access to SystmOne (the electronic clinical information system), which provided a unified view of the patient, enabling all practitioners to share information on their risks and progress. Comprehensive records, which were audited regularly, showed good prisoner involvement in their care.
- 4.82 There was an open referral system for psychosocial support and prisoners were seen promptly. A daily meeting was held to review all new referrals and discuss any concerns or matters arising.
- 4.83 All prisoners had a helpful induction session with the recovery workers and peer mentors so they could find out what they could expect from the team. They were also offered the opportunity to benefit from the service's clinical and psychosocial support. Only one person was receiving clinical care.
- 4.84 Interventions were informed by an initial assessment and care plan. The team was supporting about 45 patients, including one patient who was receiving clinical treatment.
- 4.85 The drug-free recovery unit (hut T) continued to provide a positive environment for prisoners committed to staying drug free, and the weekly unit meetings supported and challenged their thinking and behaviour appropriately.
- 4.86 Valued mutual aid groups, such as Narcotics Anonymous, had recently restarted, and Alcoholics Anonymous was scheduled to begin again shortly.
- 4.87 Pre-release planning was good and there was a focus on relapse prevention and harm minimisation advice. Arrangements were made to continue OST if required and naloxone (to reverse the effects of an opiate overdose) was provided as required.

Medicines optimisation and pharmacy services

- 4.88 A full-time pharmacy dispenser provided services to Grendon and Spring Hill. A vacant pharmacy technician post had been advertised.

The regional pharmacist visited quarterly, but prisoners still had no access to medicine use reviews or pharmacy advice.

- 4.89 Individually labelled medicines and stock supplies, including controlled drugs were supplied promptly. Medicines were usually available on the day following receipt of the prescription.
- 4.90 The pharmacy room in the health department was small but it was clean and well-organised, and medicines were stored appropriately. Since the last inspection, air-conditioning had been installed to maintain a suitable ambient temperature. It was checked every day, along with the refrigerators, which were storing heat-sensitive medicines. One of the fridges was faulty but a new one was on order.
- 4.91 Nearly all patients received their medicines in possession following an in-possession risk assessment that was completed on reception. Patients were encouraged to re-order their own in-possession medicines before returning to the community.
- 4.92 Medicine administration took place twice a day, including for controlled medicines, and was safe and confidential. Dosette boxes (a container with small compartments showing which pills need to be taken at what time of day for each day of the week) were used to support patients on multiple medicines and/or with memory difficulties.
- 4.93 Suitable medicines were available to treat minor ailments without a prescription and there were protocols to provide more potent medicines without the need to see a doctor.
- 4.94 Prescribing was informed by an agreed formulary (a list of medications used to inform prescribing) and there was little prescribing of abusable medicines. Not all prisoners had lockable cupboards, although single rooms could be secured. Spot checks of prisoners' medicines to identify inappropriate use or trading of medicines had recently restarted.
- 4.95 Prisoners on ROTL or being released received suitable supplies of their prescribed medicines.

Dental services and oral health

- 4.96 The dental surgery was based at HMP Grendon. A full range of dental treatments was available through four dental clinics every week, including allotted time for patients from HMP Springhill.
- 4.97 The health care and dental team triaged patients and offered pain relief and antibiotics if needed. Oral health advice was given during appointments. Urgent referrals were seen at the next available clinic and the average waiting time for a routine appointment was six weeks. Waiting lists were well managed for routine and follow-up dental appointments and prisoners were positive about dental services.
- 4.98 The dental suite was modern and had a separate decontamination room. Infection control standards were met, all equipment was sterile

and clinical waste disposed of appropriately. The service had an enhanced air purification capability, which reduced the risk of airborne virus transmission. Equipment certification and maintenance schedules were up to date with the exception of one item, for which a service had been scheduled.

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 Prisoners were never locked in their rooms. They could make a call or have a shower when they wanted to, had their own room keys and had relatively free access around the site until 10pm. There were limited opportunities for prisoners to participate in enrichment activities, but leaders told us that plans were in place to reintroduce them.
- 5.2 Access to the gym was good and had resumed in full following the lifting of COVID-19 restrictions. The gym, which had some new equipment, was in good condition. Prisoners also had access to an indoor sports hall and a large outdoor area where they could exercise.
- 5.3 Prisoners could book up to eight sessions of exercise each week, including four sessions in the gym and four in the sports hall for activities such as five-a-side football and basketball. Sessions in the early mornings and evenings as well as on weekends had recently resumed, which meant that prisoners who were out of the prison on release on temporary licence (ROTL) during working hours could also use the gym. A weekly outdoor park run was also organised at weekends.
- 5.4 Gym staff had good links with the health care department and ran a daily health club session for prisoners who had been referred because of specific health needs.
- 5.5 During the inspection, gym staff were preparing to introduce training courses in nutrition and gym instruction, which had been suspended during COVID-19.
- 5.6 Access to the library was good. In our survey, 86% of prisoners said they had access to it once a week or more, which was better than at other similar prisons (47%) and the previous inspection (67%).
- 5.7 The library was small but well-stocked – it had a good range of books, DVDs and video games for hire, including a selection of easy read books and materials in foreign languages. There was a good reference section, which had legal materials as well as books to support those who were undertaking courses. Computers were available for prisoners to use for educational purposes.

- 5.8 The Shannon Trust held sessions every weekday to support prisoners with poor literacy skills. Library staff also arranged activities, such as a weekly book club, chess club and quiz.

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 areas of concern, 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.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.10 Leaders and managers had implemented some of the recommendations from the previous inspection. However, changes made as a result of the COVID-19 pandemic had meant that some were no longer applicable.
- 5.11 Leaders had re-established a near full programme of education, skills and work activities, which made sure that there were sufficient places so all prisoners could participate in activities. Prisoners' attendance at education, skills and work was good, and punctuality was acceptable. However, as staff were shared with the neighbouring HMP Grendon, there were insufficient timetabled lessons for prisoners who needed to improve their English and mathematics. This meant that prisoners, while involved in education, skills and work, were not always in the

activities that would have helped them the most, based on their career aspirations and prior experience.

- 5.12 Throughout the pandemic, leaders had not been able to provide enough places for prisoners to participate in ROTL. This was primarily due to the lack of suitable accommodation for prisoners returning from offsite activities, who needed to be kept in single room accommodation, much of which had been closed for fire safety reasons. Unpredictable delays in the ROTL process, caused by community agencies, led to understandable frustration among those unable to access offsite work. As a result, prisoners who were employed in prison-based work, particularly in waste management and in the gardens, were not always motivated to work because of the perceived lack of equality.
- 5.13 Within a very short time of arriving at HMP Springhill, prisoners benefited from being allocated to education, skills and work activities. This was based on the need to keep essential prison services, such as the kitchens and waste management, fully staffed. However, the allocation of prisoners to these activities did not take into consideration, sufficiently well, their previous skills or career aspirations. Prisoners had to wait too long to be allocated to activities that were better suited to their aspirations.
- 5.14 Prisoners did not have access to sufficient careers education, information, advice or guidance. Staff shortages had resulted in delays in providing appropriate advice and guidance to help prisoners from the time they arrived at the prison through to their final release. Multiple organisations provided prisoners with support, depending on how close they were to their release date. However, poor communication between different organisations left prisoners unsure of the services available to them and what they should expect.
- 5.15 Prisoners who were working full-time off site did not have access to sufficient careers advice. Services were only available during the day when prisoners were not available. This contributed to prisoners' anxiety in the weeks before their release.
- 5.16 Pay rates were the same in work and education. However many prisoners told us that the low rates of pay impacted negatively on their motivation.
- 5.17 Leaders and managers had started to provide prisoners with opportunities to explore their interests outside work or education. For example, there had been a recent art competition and access to music and drama, as well as quizzes provided by the library. However, these activities were often in competition with each other because prisoners were occupied during the day. As a result, too few prisoners participated as they preferred to use the gym in the evenings.
- 5.18 Leaders and managers met frequently to make sure that the education subjects offered met the needs of prisoners. They considered where most men would be released and the employment opportunities available in those areas. This led to new courses in large goods vehicle

and forklift truck driving being introduced. However, delays in commissioning them meant that they had yet to start.

- 5.19 Leaders and managers had been slow to reintroduce accredited qualifications. At the time of the inspection prisoners who worked in the kitchens were the only ones who had access to a coherent programme of qualifications. As a result, too few prisoners in prison work gained qualifications that would help them during their time in prison or when released.
- 5.20 Prisoners valued the return to face-to-face education, skills and work. They particularly appreciated being able to refresh their basic information technology (IT) skills. Most prisoners in work completed tasks that enabled them to develop the skills that would help them during their time in prison or once released. For example, those employed in the kitchens learned how to work effectively as part of a team to meet deadlines. However, the skills that prisoners developed were not recognised or recorded. Leaders and managers had recently introduced a way of recording prisoners' skills, but it was not being used in all areas.
- 5.21 Prisoners were extremely respectful to each other and staff. In lessons, they remained focused on the tasks set for them. Tutors encouraged prisoners to support each other and provided helpful feedback on their work. As a result, prisoners achieved their qualifications.
- 5.22 In other education classes, prisoners gained new knowledge and skills. Tutors taught lessons using a range of techniques that helped prisoners to learn. A majority of tutors planned their lessons, taking into consideration what prisoners had learned already. As a result, most prisoners attending, gained a swift understanding of the new topics being taught. However, in a minority of lessons tutors did not check what prisoners knew already or where they needed to improve. Achievement rates were good in most subjects but needed to be better in English and mathematics.
- 5.23 Tutors provided effective support for prisoners with additional needs. The thorough screening of prisoners helped tutors to plan their lessons to meet their needs. For example, those with dyslexia were supported with coloured sheets to place over the text and line trackers to make it easier to read. This helped prisoners with additional learning needs to participate successfully in education.
- 5.24 Tutors and instructors were well qualified and experienced within their subjects and vocational areas. This meant prisoners received help to develop their practical skills to a good standard. For example, prisoners who studied bookkeeping were able to explain in depth what they had learnt. Those working in the staff café explained in detail the different types of coffee, including the proportions of milk to coffee in each type. As a result, prisoners developed useful skills that would help them once released.

- 5.25 Leaders and managers had a good overview of the quality of education courses offered. Tutors had accessed a range of continuing professional development that supported them in their jobs. However, where issues had been identified in a tutor's teaching, it was not clear what support was provided to help them improve. The quality of teaching needed to improve.
- 5.26 Leaders and managers were supportive of prisoners studying higher level qualifications. They had introduced a range of level 3 qualifications and a small number of prisoners were studying off site at a local university. Those who studied modules towards a degree would be able to continue at the university once released.
- 5.27 Tutors created a calm atmosphere, where prisoners could work and learn effectively. The environment was also calm in the accommodation huts and around the prison, which enabled prisoners to work attentively. Their work was neat and well-presented and written work was of a high standard.
- 5.28 Prisoners who had been on ROTL worked in jobs that would meet their career aspirations. They developed good practical skills and were valued by their employer. However, prisoners felt that they were not prepared well enough for the transition from the prison to work. As a result, prisoners were anxious and unsure of what to expect when working under their licence conditions.
- 5.29 Tutors planned tasks that enabled prisoners to gain helpful information about the values of tolerance and respect. However, further work was needed to make sure that prisoners understood the importance and relevance of them in their lives.

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 had resumed in April 2021. They were still limited to 25 slots on Saturday and Sunday but were soon to be expanded to 38 per session with the end of COVID-19 restrictions. Good use had been made of secure video calling (see Glossary of terms), and the facilities had recently been improved, although take-up was not high at 30%, partly reflecting the opportunities some prisoners had to see their families on day release.
- 6.2 The communal dining hall was used for visits. It was not decorated and was uninviting, but some refurbishments were in progress – the children's play area had already been made more suitable, and the outside areas, including a playground, were an asset. The play leaders employed by the Prison Advice and Care Trust were present during all visiting sessions, and the cafeteria served basic refreshments, which were soon to be expanded to include the former range of hot meals.
- 6.3 The visits booking process was working well, and in our survey 46% of prisoners said that they had received a visit in the previous month, against a comparator of 22%. The prison's location was relatively convenient for many visitors.
- 6.4 Managers had identified 31 prisoners who were not receiving visits and offered support, including drop-in sessions. A number of prisoners received visitors from volunteers, which the chaplaincy organised.
- 6.5 A full-time visits coordinator serving both Grendon and Spring Hill, who undertook some excellent work, had built relationships with many family members. However, apart from the Storybook Dads scheme, (which helps prisoners to record a story for their children to listen to at home), there were too few opportunities for prisoners to work on building personal family ties, despite domestic violence and dysfunctional relationships being a factor in the offending patterns of many prisoners.

- 6.6 All prisoners had good access to telephones, and the email-a-prisoner scheme worked well, but there were delays in mail being delivered owing to shortages of operational support staff, who were often redeployed. In our survey, 24% said they had had problems receiving letters, and managers had identified the issue but not yet resolved it.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 6.7 Work to reduce reoffending was well planned and coordinated. At the previous inspection, there had been weaknesses in the liaison, communication and strategic planning between the different teams involved in this work. These issues had been addressed and there was now good joint working, with senior managers closely supporting each other. This was seen also in the offender management unit, which was working very effectively on making sure the quality of assessment of prisoners' individual risks and needs was consistent.
- 6.8 Policies, strategy documents and regular meetings, including well-attended monthly reducing reoffending meetings, underpinned effective joint working. However, there remained no thorough or up-to-date needs analysis to inform the planning and prioritisation of resources to address the current population's risks and factors leading to offending.
- 6.9 The core function of an open prison is to support the transition from a closed prison to release into the community, testing the readiness of the individual at every stage. Prisoners should arrive at Spring Hill with a clear and comprehensive assessment of their risks and remaining unmet needs through the offender assessment system (OASys) process, which should enable them to start being temporarily released, under close supervision at first.
- 6.10 However, most prisoners arrived at the prison with an OASys report that was not up to date or complete, and some arrived with no report at all. Too often reviews of the reports for new arrivals took a long time while waiting for information. Community agencies, notably probation offices and the police, took too long to respond to routine requests for information about individuals and safeguarding issues, delaying risk boards for release on temporary licence (ROTL). Some probation offices might not respond at all, despite weekly reminders. Of the London cases that we examined in detail one demonstrated good practice – the prisoner had had the same community offender manager (COM) for three years, spoke to him over the phone and now had face-to-face contact with him during day release. Others, however, had not been able to establish contact with the COM. For example, one prisoner was in danger of losing his place on the rail industry personal

track safety course because the COM had not completed the ROTL checks within the accepted timescale.

- 6.11 Although some prisoners blamed the offender management unit (OMU), its staff were doing all they could to mitigate these issues. Some of the prison-employed prison offender managers (POMs), as well as professionally trained probation staff, were compiling excellent OASys and other reports, while administrative staff went above and beyond their normal role by engaging face-to-face with prisoners. OASys reports were completed as required in all cases examined – they had full risk management plans, setting out clear expectations of the work to be undertaken and identifying trigger factors and contingency arrangements should concerns arise on release.
- 6.12 In our survey, 80% said that staff were helping them to achieve their objectives or targets, against a comparator of 62% and 54% at the previous inspection. The reduction in the number of prisoners in the establishment meant caseloads were not too high, creating the opportunity for good quality work, and the challenge will be to sustain it when numbers grow.
- 6.13 At the previous inspection, there had been a major concern about the level of seniority at which risk board decisions were made in the cases of high-risk prisoners. This had been addressed, and, in line with new national guidelines, the governor or deputy governor confirmed decisions in the cases of the highest-risk prisoners.
- 6.14 The psychologist-led enhanced behaviour monitoring process also strengthened the risk management process for the highest-risk prisoners. The multidisciplinary team liaised closely with the pathway enhanced resettlement service (PERS) (see paragraph 6.27), which helped with prisoners' transition to open conditions, as well as preparation for release.
- 6.15 Few prisoners were eligible for home detention curfew – only 19 in the previous 12 months. OMU staff managed the process efficiently. Two of the cases had been released after their eligibility date in the past year, the delays having been unavoidable.
- 6.16 Managers had been a slow to focus on some areas, such as prisoners with neurodiverse needs, young adults and those who have been in care, as well as on the impact of trauma on prisoners' behaviour and reactions. There were a number of veterans in the population, and although one member of staff provided support in liaison with SSAFA, the armed forces charity, there was scope to do more.

Public protection

- 6.17 Public protection work had improved considerably since the last inspection because of a new governance structure led by the governor and the detailed attention that the head of offender management delivery paid to the work.

- 6.18 The monthly interdepartmental risk management meeting was also working much better than in 2017. Managers from all the relevant departments made informed contributions about the many individuals discussed, and there was especially strong input from the security department. All those within six months of their release, who were under multi-agency public protection arrangements (MAPPA), were considered in detail at each meeting.
- 6.19 Very few prisoners were subject to communications monitoring, but it was carried out well. The quality of POM reports that were shared at MAPPA meetings was good and, in several cases, very good.

Indeterminate sentence prisoners

- 6.20 Thirty-three prisoners were serving life sentences and 17 were prisoners serving indeterminate sentences for public protection. All were well known to their offender managers, who were working to help them prepare for consideration by the parole board, but special activities for lifers had been paused during the pandemic. A short lifer strategy document had recently been issued and a visits day for lifers held but take-up had been low. Invitations had gone out to attend a forum, but there had been no response. More imaginative work was required to connect with those serving indeterminate sentences and involve them in meaningful activities that addressed their specific situation.

Interventions

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

- 6.21 No accredited offending behaviour programmes were delivered in the prison, but useful psychological input was offered through the PERS (see paragraph 6.27), enhanced behaviour monitoring and the multidisciplinary risk management process. Some prisoners benefited from unaccredited programmes such as Sycamore Tree (a victim awareness course), delivered three times a year and the Choices and Changes one-to-one programme for young adults. A few had access to the Healthy Relationships toolkit or programmes in the community such as Building Better Relationships.
- 6.22 ROTL had restarted in September 2020 and since October 2021, the number of prisoners participating had been steady. A shortage of places in approved premises had restricted prisoners' opportunities for overnight release, which meant they could not experience the hostel environment or be prepared for that first phase of their life after prison. About 15 were waiting for overnight release. The number released on any day was limited to 70 (see also paragraphs 5.12 and 6.10).
- 6.23 Prisoners approaching release could now open bank accounts after a partnership between the resettlement worker, the activities team and a high street bank had led to the service being restored after it had

previously failed. The two departments also helped prisoners to obtain documentation, such as identification and birth certificates. A Money Matters course had not been delivered for some time but was due to resume shortly. In the sample of cases examined in detail, very little work appeared to have been undertaken on financial issues, despite several serving sentences for acquisitive crime.

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.

- 6.24 The risk of releasing a prisoner in error had been reduced, after staff received advanced training, and new checks were introduced two months ahead of their release date. Careful planning for release included a monthly discharge board, but only one member of staff remained in the resettlement team out of five who had been in post before probation unification in mid-2021. It was not possible for her to see new arrivals for an initial screening of their resettlement needs, which was a gap in provision.
- 6.25 The resettlement worker gave as much support as possible to those seeking accommodation on release, but the new national system depended on action by the COM to pursue housing options. Probation offices were not able to appoint COMs promptly enough to undertake the work (sometimes not at all). There was limited evidence of the commissioned rehabilitation service's impact on outcomes. The service's role focused on those released in the local probation region, which was less than half of the total number.
- 6.26 Almost 83% of those released in the last year were recorded as having gone to sustainable accommodation, although the data were not wholly clear. The closure of some approved premises was making the problem of accommodation more difficult. A small number were being released without any address to go to.
- 6.27 The Gable multidisciplinary team had been established as part of the PERS project across five open prisons. It worked with 20 prisoners who posed a high risk and had complex needs to help them prepare for release and to settle in to open conditions (see paragraph 1.38). The team created an excellent environment in which to support well-being, and prisoners participating in the project spoke highly of it.
- 6.28 On the days leading up to release, practical support was offered to prisoners, and a local charity provided grants for basic necessities on release, including tools for work.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **The quality of accommodation for prisoners was poor.** There had been insufficient investment in repairing or maintaining the huts over an extended period.
2. **Prisoners did not receive a sufficiently detailed plan outlining what education, skills or work they needed to do to make progress during their time at the prison or to prepare them for their release.** Leaders did not make sure that the curriculum pathways were effectively communicated. This meant prisoners, particularly those who were off site all day, did not receive appropriate information, advice or guidance to make informed choices about their education, skills and work activities. Staff had not made sure that prisoners were better prepared for their transition out of the prison.
3. **Many prisoners waited far too long for opportunities to test or reduce their risks through release on temporary licence.** This was due to very long waiting times for information from community agencies to inform a risk assessment, in addition to a lack of suitable accommodation for prisoners returning from offsite activities and insufficient approved premises for overnight stays.
4. **Many prisoners working on site were underemployed and unmotivated.** This was exacerbated by limits on the numbers able to access ROTL and the low rates of pay for prison work.

Key concerns

5. **Prisoners lacked confidence in the complaints process.** Only 51% said it was easy to make a complaint, and only 52% said that complaints were dealt with fairly. Thirty-five per cent said they had been prevented from complaining, which was significantly more than in other open prisons (15%).
6. **Consultation with prisoners from protected groups had not been re-established after the pandemic, and work to promote equality was only just beginning.**
7. **There were weaknesses in the social care pathway, which caused significant delays and affected prisoners' well-being.** Prisoners transferring from other prisons with social care needs were not

identified early enough. There were delays at each stage of the process - from referral and assessment to receiving equipment following assessment.

8. **Leaders and managers had not provided sufficient places for those with low levels of English and mathematics.** They did not make sure there were sufficient English and mathematics places for those prisoners who needed them the most.
9. **There was too much variation in the quality of teaching across education, skills and work.** Leaders and managers did not make sure that teaching was consistently good or that support was provided to tutors to help them improve.
10. **There was little support to help prisoners build healthy relationships and family ties.** Domestic violence and dysfunctional relationships were a factor in the offending patterns of many prisoners, so it was unfortunate that nothing was available other than the Storybook Dads project (which helps prisoners to record a story for their children to listen to at home).
11. **Prisoners did not receive sufficient practical resettlement support.** This was chiefly because a team of five resettlement workers had been reduced to one person.

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.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, reception procedures were good and induction was comprehensive, but ongoing support for prisoners in their first few months in open conditions required improvement. Few prisoners felt unsafe. Levels of recorded violence were very low and the few incidents that had occurred had been well managed. There had been an increase in the number of absconds but analysis had led to some good work to try to address and reduce this. Security arrangements were proportionate and there was a focused drug supply reduction action plan. The few men at risk of self-harm were managed well. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners, including ISPs, should be given more proactive support from staff during their first few months in open conditions, to enable them to settle in and be engaged with their progression while awaiting the outcome of their ROTL risk assessment. (1.7.)

Achieved

All requested suspicion drug tests should be completed. (1.23.)

Achieved

The prison should be represented at the local safeguarding adults board. (1.31.)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, measures to improve staff–prisoner relationships were encouraging but needed to be further developed. Communal and outside areas were clean but residential huts were dilapidated and some had decayed to an unacceptable degree. Although broken kitchen equipment was having an impact on the quality of the food provided, over half of the prisoners in our survey said that the food provided was good. Consultation with prisoners was reasonably good but trends in complaints were not monitored. The strategic management of equality and diversity was strong but support for some prisoners with protected characteristics was inconsistent. Faith provision was very strong. Health services were good overall. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Urgent and long-term investment should be made to replace the dilapidated residential units and ensure that all facilities are in good working order. (S63.)

Not achieved

Recommendations

The prison should continue their initiatives to improve staff–prisoner relationships and ensure that all aspects of daily life reflect an enabling environment ethos. (2.4.)

Achieved

Prisoners working in the kitchen should be able to achieve formal vocational qualifications. (2.15.)

Achieved

Self-catering facilities should be extended, to help prepare prisoners for resettlement. (2.16.)

Not achieved

Applications should be monitored, to ensure timely responses. (2.23.)

Achieved

Complaints analysis should monitor trends across time and identify clear actions to address recurring problems. (2.24.)

Partially achieved

The legal visits area should be fit for purpose. (2.25.)

Achieved

Equality representatives should receive training and structured support to assist them in carrying out their role. (2.32.)

Not achieved

The negative perceptions expressed by black and minority ethnic prisoners should be investigated, to establish if there are underlying reasons for them. (2.37.)

Achieved

Disabled men should have access to practical support such as a buddy scheme which supports them in their day-to-day life at the prison. (2.38.)

Achieved

There should be a regular structured opportunity for prisoners to voice their views and inform health services through a dedicated forum or consistent health representation at the prison community council. (2.65.)

Achieved

A memorandum of understanding and information sharing agreement should be established between the prison and Buckinghamshire County Council. A formal social care referral pathway should be developed, to ensure that prisoners with such needs are identified promptly and accurately, and that their needs are addressed. (2.80.)

Not achieved

Prisoners should have access to therapeutic and life skills interventions that are informed by psychology and/or occupational therapy expertise, to prepare them for reintegration into the community. (2.91.)

Not achieved

Substance misuse workers should have access to SystmOne, to provide a unified view of the patient and enable all practitioners easily to share information on risk and progress. (2.102.)

Achieved

The pharmacy room should provide adequate space to store medicines safely and enable nurses to prepare medicines appropriately. There should be sufficient oversight by pharmacy staff, to ensure effective and positive stock management and provide pharmacy advice. (2.115.)

Not achieved

Purposeful activity

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

At the last inspection, in 2017, the regime was delivered reliably and prisoners could spend a large amount of time out of their rooms. Access to the library and the gym was reasonably good overall. The leadership and management of education, learning and skills were good, but there were a number of challenging areas for further development. Partnership working was developing and attendance at activities had improved. Attainment of qualifications had improved overall. Release on temporary licence was well used, with some excellent work placements in the community, which often led to employment. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The gym should provide opportunities to achieve employment-related qualifications. (3.9.)

Achieved

Data on the proportion of prisoners entering employment, training or education following release from the establishment should be reliable. (3.21.)

Achieved

A curriculum review should be completed, to ensure that the provision of activities meets the needs of all prisoners. (3.22.)

Not achieved

Leaders and managers should devise and implement programmes and incentives that encourage most prisoners to engage in and appreciate the benefits of education, skills and work activities. (3.23.)

Not achieved

Leaders and managers should improve the quality of teaching, training and assessment, so that they are effective in all sessions. (3.31.)

Not achieved

Leaders and managers should ensure that all prisoners doing community work are clear about its purpose and how any employability and personal skills gained can be used as stepping stones to future employment. (3.41.)

No longer relevant

Rehabilitation and release planning

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

At the last inspection, in 2017, the overall visits experience had improved and was mostly positive. Most prisoners were serving long sentences and could benefit from the impressive range of ROTL opportunities. There was an appropriate focus on ROTL and other release processes, but the lack of oversight provided by the ROTL board was concerning. Most offender assessment system (OASys) assessments were up to date but some were of poor quality. Public protection work was reasonably good. Work to prepare prisoners for release was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Release on temporary licence risk assessment boards for higher-risk prisoners should be multidisciplinary and include the expertise of a senior probation officer. The decision to release higher-risk men temporarily should be fully evidenced, including defensible and robust decision making by senior managers. (S64.)

Achieved

Recommendations

The offender management unit (OMU) should have a higher profile within the resettlement meeting. (4.28.)

Achieved

Activities and OMU staff should coordinate their work, so that release on temporary licence applications are processed more effectively. (4.29.)

Achieved

OMU staff should use P-Nomis to record contact with prisoners. (4.30.)

Achieved

There should be a clear strategy for working with life-sentenced prisoners and those serving an indeterminate sentence for public protection. (4.31.)

Partially 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 identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list 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/hmiprison/our-expectations/prison-expectations/>). Section 7 summarises the areas of concern

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Angus Jones	Team leader
Martin Kettle	Inspector
Rebecca Mavin	Inspector
Steve Oliver-Watts	Inspector
Tamara Pattinson	Inspector
Amilcar Johnson	Researcher
Emma King	Researcher
Helen Ranns	Researcher
Isabella Raucci	Researcher
Maureen Jamieson	Lead health and social care inspector
Bev Gray	Care Quality Commission inspector
Rebecca Jennings	Ofsted inspector
Diane Koppit	Ofsted inspector
Steve Lambert	Ofsted inspector
Shane Langthorne	Ofsted inspector
Sambit Sen	Ofsted inspector
Liz Calderbank	Offender management inspector

Appendix II Glossary of terms

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Enabling environment

An enabling environment is a place where there is a focus on creating a positive social environment, where healthy relationships are seen as the key to success.

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.

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).

Secure video calls

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Social care package

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

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

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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