Report on an unannounced inspection of

HMP Nottingham

by HM Chief Inspector of Prisons

24–25 May and 6–10 June 2022

Contents

Introduction

Nottingham is a very difficult prison to run and many challenges remain, but this inspection was encouraging, particularly given the Inspectorate's criticism of the prison in the past. In 2018 we issued an Urgent Notification, a rare event but indicative of the situation in the prison at the time. Since then, we have seen evidence of greater grip and some progress, although this is not yet reflected in our healthy prison scores. Indeed, at this inspection outcomes in rehabilitation and release planning had got worse.

The prison retained the feel and character of an old Victorian local, despite much of the jail being re-built in the early part of this century. Comprising seven fairly modern wings, it held up to 900 adult men and served mainly the Nottinghamshire and Derbyshire area as a reception and resettlement prison. Cells were of a better standard than in similar prisons, but cleanliness varied, furniture was in short supply, the food was poor, and the system for the redress of legitimate grievances was inadequate. This was in keeping with a repeated theme throughout our visit: whenever we found positive evidence it was invariably balanced by some frustrating and often avoidable omissions and shortcomings.

Work to promote equality had been sustained to some extent throughout the pandemic and was receiving a boost in the interest, energy, and leadership of the recently appointed governor. In general, about two-thirds of prisoners told us in our survey that they felt respected by staff, a finding consistent with similar prisons. However, other evidence pointed to a lack of prisoner confidence in the capability of staff and their ability to get things done. This is a criticism we have made before at the jail.

Nottingham was receiving prisoners with high levels of need. Around 90% of respondents to our survey indicated they had problems when they arrived and induction and work to promote behaviour needed to be more effective. However, many important indicators of safety, such as the amount of violence, had stabilised and were not getting worse. There had been one self-inflicted death since we last inspected, and self-harm was falling, although it remained comparatively high. Again, despite some encouraging signs, some of the practice we observed in the prevention of self-harm remained weak.

Work to open up the regime following the pandemic was tentative. Just under half of prisoners were unemployed, spending 22 hours a day locked in their cells. There were insufficient workspaces for the population, and allocation arrangements and attendance for the spaces available were poor. Our colleagues in Ofsted judged the learning and skills opportunities available as 'requiring improvement'. The important rehabilitative task of promoting family ties was limited, as were other aspects of release planning. There was, however, evidence of improvement in the service offered to prisoners who required offender management.

We inspected at a time of transition in the leadership of the prison. A new governor had recently arrived, and he seemed to be building on the stability and steady improvement created by the previous incumbent. Oversight

arrangements were getting better, and the priorities identified for the prison appeared to make sense. We leave the prison with a series of concerns which we hope will assist this improvement.

Charlie Taylor
HM Chief Inspector of Prisons
July 2022

What needs to improve at HMP Nottingham

During this inspection we identified 14 key concerns, of which four 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. **Reported incidents of self-harm remained too high a level and many prisoners at risk of self-harm felt uncared for**. Case management (through the ACCT process) and oversight of prisoners on constant supervision required improvement. The daily regime and interaction with staff was too limited, inhibiting meaningful engagement and interaction.

2. **Prisoners were justifiably frustrated at the time that it took for legitimate requests to be resolved.** The applications and complaints systems were not fully effective.

3. **Leaders and managers did not ensure that prisoners had timely access to education, skills and work activities relevant to their needs, or that access was properly sequenced.** The allocations process was inefficient.

4. **Release planning was not well resourced or organised.** Prisoners could not access reliable support in gaining sustainable accommodation or help with their finances before release.

Key concerns

5. **Induction did not adequately prepare prisoners for prison life.** Not all prisoners received an induction and many received very little help with problems upon first arrival at the prison.

6. **The use of challenge, support and intervention plans (CSIPs) for victims and perpetrators of violence was not effective and was having only very limited impact.** The scheme was poorly communicated and the purpose of each prisoner's plan was unclear.

7. **Use of force was very high.** Oversight lacked impact and leaders did not routinely review footage to make sure that all use of force was justified and proportionate. Leaders did not have a plan to reduce the high levels of use of force.

8. **Prisoners complained about culturally ignorant attitudes among some staff.** Not enough was being done to understand and address

these poor perceptions of prisoners from a black or minority ethnic background.

9. **Meals were served far too early; portions were sometimes small, and the food was unappetising.**

10. **Leaders and managers had not improved the quality of the education provision, in particular English, to make sure that the teaching that prisoners received was of a good standard.** Planning for education lessons was too generic.

11. **Too many prisoners did not develop the appropriate behaviours and attitudes to work, such as arriving and starting work promptly and adhering to safe working practices.**

12. **Prisoners did not receive enough careers information, advice and guidance to improve their progression into education, training or employment on release.** Too few prisoners progressed into sustained employment on release.

13. **The promotion of good family ties, supporting effective resettlement, required improvement.** There was, for example, no family casework, restrictions on social visits were unnecessary and not enough had been done to encourage the use of secure video calls.

14. **Public protection arrangements were weak.** Most pin phone monitoring did not take place and not all prisoners who potentially posed a continuing risk to children had their suitability for ongoing contact assessed.

About HMP Nottingham

Task of the prison/establishment
A reception and resettlement prison serving the courts of Nottinghamshire and Derbyshire.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 855
Baseline certified normal capacity: 724
In-use certified normal capacity: 719
Operational capacity: 900

Population of the prison
- 3,324 new prisoners received in the last year.
- 109 foreign national prisoners.
- 28% of prisoners from black and minority ethnic backgrounds.
- 224 prisoners receiving support for substance use.
- 18% of the population under 25.
- 24% of prison officers in their first two years of service.

Prison status (public or private) and key providers
Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust
Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust
Substance misuse treatment provider: Nottinghamshire Healthcare NHS Foundation Trust
Prison education framework provider: PeoplePlus
Escort contractor: GeoAmey

Prison group/Department
North Midlands

Brief history
HMP Nottingham opened in 1890, but the original Victorian buildings were demolished in 2008. The new prison opened in February 2010.

Short description of residential units
A, B, C and D wings: mainstream location
E wing: young adults' wing
F wing: early days in custody
G wing: vulnerable prisoner unit

Name of governor and date in post
Paul Yates, February 2022 –

Changes of governor since the last inspection
Acting governor Greenslade, November 2021 – February 2022
Governor Novis, 2018 – November 2021

Prison Group Director
Alison Clarke

Independent Monitoring Board chair
Keith Jamieson

Date of last inspection
January 2020

Section 1 Summary of key findings

1.1 We last inspected HMP Nottingham in 2020 and made 29 recommendations, 10 of which were about areas of key concern. The prison fully accepted 25 of the recommendations and partially (or subject to resources) accepted three. It rejected one of the recommendations.

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

Progress on key concerns and recommendations from the full inspection

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

1.4 At our last full inspection, we made three recommendations about key concerns in the area of safety. At this inspection we found that one of those recommendations had been achieved and two had not been achieved.

1.5 We made two recommendations about key concerns in the area of respect. At this inspection we found that one of those recommendations had been achieved and one had not been achieved.

1.6 We made two recommendations about key concerns in the area of purposeful activity. At this inspection we found that both recommendations had not been achieved.

1.7 We made three recommendations about key concerns in the area of rehabilitation and release planning. At this inspection we found that two of those recommendations had been achieved and one had not been achieved.

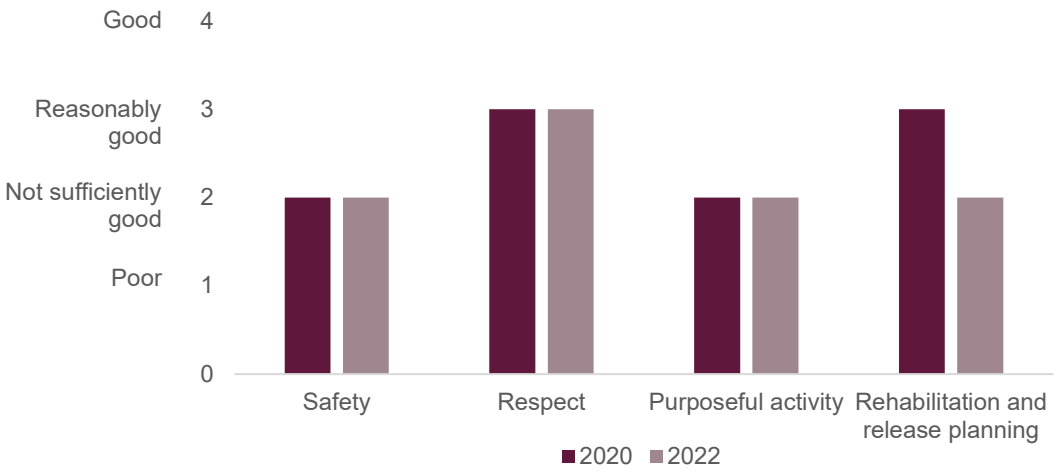
Outcomes for prisoners

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

1.9 At this inspection of HMP Nottingham, we found that outcomes for prisoners had stayed the same in three healthy prison areas and declined in one.

1.10 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Nottingham healthy prison outcomes 2020 and 2022



Safety

At the last inspection of HMP Nottingham in 2020, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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

1.11 Despite some unnecessary delays in reception, prisoners were treated well upon first arrival at Nottingham. Reception and first night procedures appropriately prioritised safety, with 90% of respondents to our survey indicating they had had problems on arrival, although only 22% said they had received any help. Induction was weak and not all prisoners received it.

1.12 There had been 360 incidents of violence during the previous 12 months which was lower than at the last inspection and now similar to comparator prisons. Challenge, support and intervention plans (CSIPs) were poor and oversight of the scheme was weak. The safety team were not aware that some prisoners were self-isolating or that these prisoners received a very limited regime. There were few incentives to motivate prisoners to engage and behave well.

1.13 The segregation unit was clean but the regime was limited and prisoners were not routinely given radios to alleviate boredom. In our survey only 10% of prisoners who had been segregated in the previous six months reported being treated well by staff compared to 59% at similar prisons.

1.14 Use of force remained higher than at comparable prisons, although there was evidence of some recent reduction. Oversight was limited, with, for example, inconsistent attendance at use of force management meetings, only limited review of video evidence, and a failure to use available data to better inform practice or improvement.

1.15 Security intelligence was well managed and led to actions including searching and drug tests. Supply reduction initiatives were working well and it was positive that fewer prisoners than at the last inspection said it was easy to get drugs at Nottingham.

1.16 There had been one self-inflicted death since the previous inspection and a PPO investigation was in progress. The rate of reported self-harm had reduced by 17% since the last inspection, but it remained high compared with other reception prisons. Many prisoners at risk of self-harm felt uncared for and concerns identified in ACCT case reviews were not always captured on care maps. Leaders had identified drivers they believed influenced self-harm and had responded with several initiatives, although it was too soon to assesses their impact. Not all incidents of serious self-harm were investigated and, when they were, learning points were not disseminated effectively. Oversight of prisoners on constant supervision required improvement including a better regime and better staff interaction.

Respect

At the last inspection of HMP Nottingham in 2020, 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, 65% of prisoners said staff treated them with respect and 73% said there were staff they could go to if they had a problem. This was similar to our last inspection and other reception prisons. Staff-prisoner interactions that we observed seemed reasonably respectful. However, many prisoners were frustrated at the time it took for reasonable requests to be resolved.

1.18 Residential areas varied in standard and, while for the most part they were tidy, some areas were not clean enough. Conditions in cells were better than many reception prisons, but cells often lacked furniture. There had been positive improvements in access to essentials, including clothing, bedding and showers, since our last inspection. Prisoners' perceptions of the food were justifiably poor. We observed the hot meal being served at 11.15am and much of the food was unappetising. Prison-wide consultation committee meetings had been reintroduced and were very good.

1.19 Prisoners expressed their frustration at their inability to get basic things done. Many responses to applications were late or missing. Too many complaints were rejected for bureaucratic reasons like using the wrong

form or unhelpfully redirected to the ineffective application system. When complaints were processed, responses were brief and lacked explanation.

1.20 The promotion of equality had been maintained during the pandemic and the governor had a strong commitment to this work. A good, tailored strategy had been implemented and frequent oversight meetings took place. Data were monitored but this did not always lead to action to improve prisoner outcomes. Prisoners from some protected groups had poor perceptions of prison life and told inspectors that there was a lack of cultural awareness among some staff. Complaints about discrimination were, however, managed better. Investigations and responses were thorough but not always timely. There was poor access to communal worship.

1.21 Health services had become stretched since our last inspection, with staff shortages affecting service delivery. Despite these challenges, most essential provision continued. Governance and oversight arrangements were robust with good processes to identify and mitigate risk.

1.22 Waiting times for most primary care clinics were reasonable with short waits for initial nurse triage and routine GP appointments. There were longer waits for services such as the optician, physiotherapist, podiatrist and dentist, but these were reducing. The management of long-term conditions was good.

1.23 Mental health services had been significantly affected by staffing problems. Prisoners had waited too long to receive a full assessment following initial referral, but this had improved considerably over the last few weeks. Contingency arrangements had been designed to concentrate support for individuals most immediately at risk. Prisoners also faced significant delays before transferring to hospital under the Mental Health Act. Support for prisoners with drug and alcohol problems was good.

1.24 Arrangements to identify social care need and provide personal care were in place, but there was a shortage of cells catering for prisoners with a disability.

Purposeful activity

At the last inspection of HMP Nottingham in 2020, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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

1.25 Time out of cell was very limited for most prisoners. About 45% of the population were unemployed and were locked up for 22 hours a day. Prisoners who were employed could receive up to 6.5 hours out of their

cell but could also miss out on time in the open air. The gym and library provided an excellent service and were valued by prisoners.

1.26 Leaders had plans in place to improve the education skills and work provision at Nottingham but had not yet improved outcomes for a large proportion of the population. Leaders had planned an appropriate curriculum which catered for the different levels of prisoner ability. Managers frequently reviewed the curriculum to align it to the prevailing population profile and local and regional employment needs. However, leaders did not involve employers sufficiently in planning the content or sequencing the curriculum.

1.27 There were not enough activity spaces to meet the needs of the population and too many prisoners were unemployed. In particular, there were not enough spaces for English, mathematics and ESOL. The allocations process was inefficient and did not prioritise the needs of the sentenced population. Attendance required further improvement. The quality of teaching in English was not good enough.

1.28 Staff identified prisoners' additional needs at an early stage and quickly referred them for support. Prisoners with support needs received frequent one-to-one tuition by specialist support staff which was tailored to their needs.

1.29 Leaders had recently introduced a new pay policy which incentivised attendance at education by paying higher rates to those who achieved relevant qualifications. However, this had not been fully implemented.

1.30 Prisoners developed good vocational skills in catering, construction, barbering and the bicycle repairs workshop. Staff were not using information about prisoners' starting points effectively to inform the curriculum and targets for each prisoner.

1.31 In education lessons prisoners were ready to work on arrival and quickly focused on their learning. This was not always the case in workshops.

1.32 Prisoners were well motivated and had positive attitudes to learning and work. They exhibited mutually respectful relationships to each other and to staff members. Managers had recently introduced personal development activities into education lessons, but not all tutors had developed the skills to align these activities to the curriculum.

1.33 Staff did not prepare prisoners well enough for their next steps in education, training or employment. Very few prisoners accessed careers information, advice and guidance. Too few prisoners progressed into sustained employment on release.

Rehabilitation and release planning

At the last inspection of HMP Nottingham in 2020, 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.

1.34 There was too little help for prisoners to rebuild or maintain family ties. The family links worker was frequently deployed to other duties. There were unnecessary restrictions on social visits. Family days had resumed and several more were planned for the year ahead. Take-up of secure video calls was surprisingly low with little done to encourage use. In-cell phones were a considerable asset for prisoners but there were regular delays in adding approved contact numbers for new arrivals.

1.35 There had been some very good efforts to reinvigorate work to reduce reoffending, with regular meetings and a new strategy and population needs analysis. However, recent initiatives such as the employment hub were not yet delivering reliable outcomes for prisoners.

1.36 Eligible prisoners had an up-to-date OASys assessment and contact between prisoners and their offender manager was generally regular and useful. Very few prisoners were approved for release on home detention curfew. Too many prisoners convicted of sexual offences and some indeterminate sentence prisoners were stuck at Nottingham without interventions.

1.37 Telephone monitoring, for prisoners identified as a potential risk to the public, was not adequately resourced and most calls were not listened to. Not all prisoners who potentially posed a continuing risk to children were assessed for suitability for contact. Handovers of high-risk cases from prison to community offender managers were good and prisoners approaching release usually had a confirmed MAPPA management level.

1.38 The need for resettlement support remained high. About 60% of the population were remanded or unsentenced and needed urgent help with issues such as housing, finances and family contact. The population was constantly changing and 75% had been at Nottingham for less than six months. The pre-release team was short staffed, and some prisoners did not have their needs identified or reviewed in enough time to receive effective support.

1.39 HMPPS data showed that nearly 30% of prisoners were released without accommodation. Remanded prisoners were not eligible for housing assessments. The creation of an accommodation coordinator was positive, but the role was not permanent or yet fully effective. Support for prisoners to manage their finances, benefits and debts was poor. There was no specialist debt advice and very few prisoners had

been able to open a bank account. The departure lounge needed further development.

Notable positive practice

1.40 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.

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

1.42 Prisoners with a neurodiverse presentation were assessed by a specialist learning disability nurse leading to tailored support for their needs, with targeted help also available with education, learning and skills. (See paragraph 4.30)

1.43 The library was a good facility and prisoners had very good access. There was an effective outreach service for prisoners who could not attend which supported them in other areas of prison life. (See paragraph 5.8)

Section 2 Leadership

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

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

2.2 The inspection took place during a time of transition at Nottingham. The governor had been in post for four months, the deputy governor was also new to the establishment and many of the senior team had been appointed in the previous year.

2.3 Over the previous six months, there was clear evidence of improvement to governance arrangements. Many strategies had been updated, attendance at management and oversight meetings had improved and quality assurance had been established in some important areas. As a result, leaders had a more accurate understanding of the strengths and weaknesses at the establishment which was a good foundation for improving outcomes for prisoners. However, while leaders and managers discussed relevant data and identified problems, follow up action still remained too limited.

2.4 The governor had a good had set appropriate priorities for the prison, that focused on safety, purposeful activity and preparation for release. At the time of the inspection, however, he had not been in post long enough for this to have yet led to significant progress in these areas. In addition to the governor's priorities, it was a clear to us that leaders needed to prioritise improvement of systems for prisoner redress and make sure that prisoners could resolve everyday requests and grievances. Throughout the inspection we were repeatedly approached by prisoners frustrated at the lack of response to legitimate applications and complaints; a concern consistent with the dysfunctional redress systems we evidenced. This created unnecessary tension and undermined staff-prisoner relationships.

2.5 We observed that custodial managers were visible in most areas of the prison. This provided support to front-line officers, many of whom were still relatively inexperienced and contributed to a sense of order on most wings. In our surveys, prisoners and front-line staff, however, reported that senior managers were not as accessible or approachable on the wings.

2.6 With the exception of health care, there were few staff shortfalls and attrition rates of prison officers were slightly lower than other reception prisons. Despite this, in our staff survey two-thirds of front-line officers said that their morale was low or very low.

2.7 It was creditable that leaders in health care had managed to maintain most services despite many unfilled posts. This was achieved by leaders and managers working flexibly and often stepping in to make sure that provision continued.

2.8 Leadership in offender management was also good and had ensured that prisoners who needed an assessment of risk and need or a sentence plan received one. In contrast, the reunification of probation services had negatively affected support for prisoners on release. Leaders needed to improve coordination of this work and fill the gap in support for prisoners who were on remand.

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 During the previous year, an average of 277 prisoners a month had passed through reception. Most new arrivals had relatively short journeys from local courts. Escort vans were clean and appropriately equipped.

3.2 Reception was clean, bright, and welcoming. Holding rooms were well furnished and most rooms had a television. However, little written information was available to prisoners about prison life.

Reception holding room

3.3 Arrival procedures focused safety. Leaders had developed a screening tool of questions which established if a prisoner had any medical or safety needs on arrival. If so, they were given priority to move through reception, which was appropriate. However, these questions were delivered in an open area which lacked privacy. All prisoners had a thorough safety interview with a designated member of the safety team,

which was well documented. They were then seen by health care staff but not always promptly which created unnecessary delay in the arrival process.

3.4 Prisoners were routinely strip-searched and placed in sterile clothing for a full body scan. In our survey, 79% of prisoners said this process was completed with respect.

3.5 Leaders had improved peer support in reception and dedicated Listeners (prisoners trained by the Samaritans to give emotional support to fellow prisoners) were now available to all new arrivals, which was positive.

3.6 Prisoners spent their first five to six days on the induction wing (F wing). At the time of the inspection the vulnerable prisoner wing (G wing) was full and many vulnerable prisoners were held on the induction wing as they awaited a space on G wing. This added additional pressures to a busy induction wing and limited further the regime available to both groups of prisoners.

3.7 The standard of cleanliness on the induction wing was adequate, but many cells were in poor condition with graffiti and were lacking equipment such as in-cell phones, chairs and curtains.

Induction wing and back of induction cell door

3.8 The prison induction was weak and not all prisoners received it. The main prison induction consisted of a PowerPoint presentation delivered the day after arrival by an early days peer mentor who provided basic information about prison life. However, in our survey only 42% of prisoners who had received this induction said it told them what they needed to know about the prison. During the inspection we spoke to many new prisoners who did not know how to use the electronic kiosks or resolve everyday queries. During the next few days, prisoners

received education, gym and information, advice and guidance induction sessions, but attendance was poor.

3.9 In our survey, 90% of prisoners said they had problems on arrival but only 22% said they received any help, which was concerning. Prisoners experienced a poor regime during their first week in custody with up to 22 hours a day locked in their cells with little to occupy them.

Managing behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

3.10 Violence against staff and prisoners had decreased since our last inspection but was still too high. During the previous 12 months, there had been 360 incidents of violence, 272 of which were assaults against prisoners and 92 assaults on staff. Eighteen incidents had been recorded as serious.

3.11 In our survey, 54% of prisoners said they had felt unsafe at the prison at some point during their stay and 28% felt unsafe at the time of our inspection. Some prisoners spoke to us of heightened levels of anxiety caused by long periods locked in their cells and frustration at inadequate replies to complaint forms (see paragraph 4.17).

3.12 Violent incidents were not routinely investigated, and leaders did not fully understand the causes of these incidents. Challenge, support, and intervention plans (CSIPs) for victims and perpetrators of violence were not used effectively and the purpose of CSIPs poorly understood by both staff and prisoners. Some plans, for example, contained ambiguous targets which were unhelpful and difficult for prisoners to follow.

3.13 We found a small number of prisoners self-isolating because they were too scared to come out of their cells. We were concerned that the safety team were unaware of these people. Some of these prisoners received less than half an hour out of their cells a day which was very poor.

3.14 The lack of activity and poor regime meant that many prisoners did not have meaningful incentives to engage with the regime and behave well. Perceptions of the formal incentives scheme were poor: only 35% of prisoners in our survey said it encouraged them to behave well and just 21% felt they had been treated fairly in the application of the scheme. The policy for rewarding positive behaviour had not been fully implemented, and while sanctions had been used some of the rewards were not being delivered. More than 100 prisoners had been placed on the lowest level of the IEP scheme in the last six months. Some

prisoners' reviews were overdue which was unfair and understandably frustrated prisoners.

3.15 The monthly safety meetings and weekly safety intervention meetings were well attended but focused primarily on suicide and self-harm prevention. Data on violence was available but it was not used effectively and did not lead to actions to reduce violence.

Adjudications

3.16 The adjudications process functioned more efficiently than at the time of the previous inspection. Leaders had reduced the backlog and the number of adjudications that had to be adjourned. A backlog of 16 reports remained, most of these involved police matters and dated from no earlier than the beginning of 2022.

3.17 There had been 1,957 adjudications during the previous 12 months which was fewer than at our last inspection. The charges were principally for violence and possession of unauthorised items such as weapons, drugs or mobile phones.

3.18 The deputy governor quality assured a sample of adjudications each month and gave feedback to individual managers. However, issues identified through the quality assurance process, including a lack of investigative enquiry, persisted.

Use of force

3.19 Use of force had reduced since the last inspection but remained amongst the highest when compared to similar reception prisons. In our survey, 11% of prisoners told us they had been subject to the use of force in the last six months.

3.20 In the year leading up to our inspection there had been 755 incidents of force, 709 of which were unplanned or spontaneous. Batons had been drawn on 11 occasions and used on five. PAVA (an incapacitant spray) had been deployed once. Record keeping was very good, and the use of force coordinator ensured that all data were documented and staff statements completed. Body-worn cameras were routinely used by staff during incidents and were catalogued efficiently.

3.21 The weekly use of force meeting had, however, become ineffective. Attendance by senior leaders was inconsistent and footage of incidents was not regularly reviewed. We viewed a sample of incidents and observed de-escalation techniques being used by some staff but not all.

3.22 Enquiry by leaders into the causes of use of force was inadequate. Use of force data were discussed at the monthly safety meeting but were not used to help leaders understand why the level was so high or improve practice.

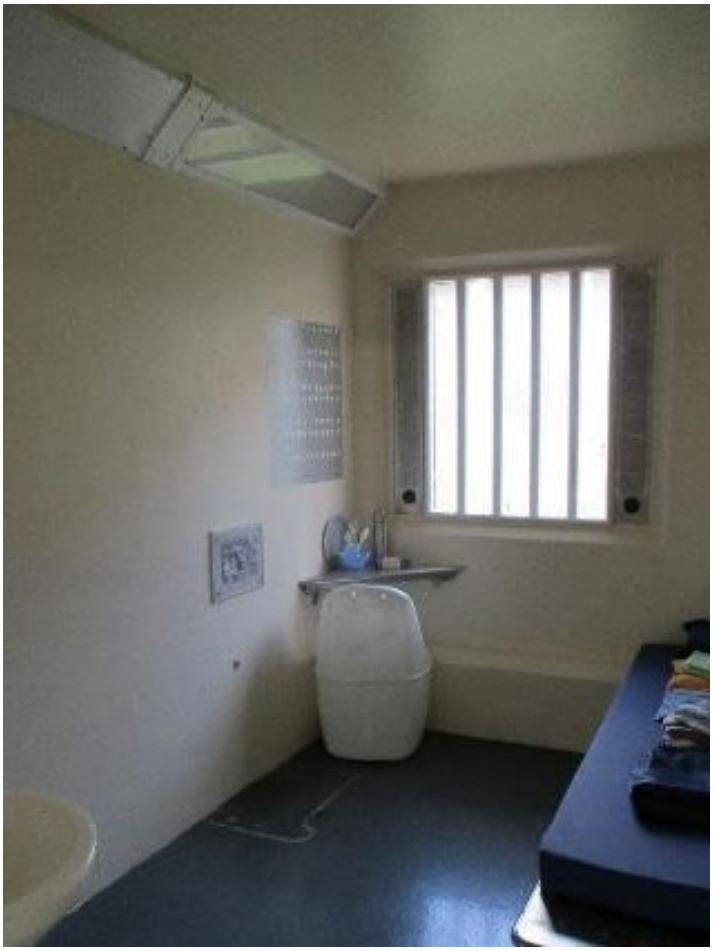
3.23 Unfurnished accommodation had not been used during the previous 12 months.

Segregation

3.24 Segregation in the care and separation unit (CSU) had been used 453 times during the previous 12 months, similar to the previous inspection. Prisoners spent an average of nine days segregated and most returned to the wings. Despite efforts by prison staff, one prisoner had been segregated for more than 50 days while awaiting a hospital transfer.

3.25 In our survey, 8% of prisoners said they had been segregated during the previous six months. Only 10% said they had been treated well by CSU staff compared with 59% in other reception prisons. While some prisoners with recent experience of segregation spoke highly of their treatment by segregation unit staff, others said staff could be dismissive and not respond to reasonable requests.

3.26 Most cells were clean, some were missing furniture and none had a toilet seat. Prisoners were not routinely given radios to alleviate boredom and a few who had recently been segregated said that the provision of books was limited.



Segregation cell

3.27 The regime was limited to exercise and a shower which allowed about an hour out of cell each day, which was very poor. The exercise yard was bleak and afforded little stimulation to alleviate the monotonous regime. Despite cells being wired for in-cell telephones, not all

prisoners had been equipped with handsets to make phone calls. Staff said that this was an oversight which they rectified when we brought it to their attention.

Segregation exercise yard

3.28 Reintegration planning did not start on arrival in the CSU and was largely left to the last few days before reintegration. Several prisoners returned to the wings from the CSU during the week of our inspection, but none of them had reintegration plans.

3.29 The segregation monitoring and review group met regularly and was well attended. Relevant data were discussed but not used to inform an action plan to reduce the use of segregation.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

3.30 The security team had processed 10,374 intelligence reports during the previous 12 months and were up to date. Over the same period, searches had uncovered 290 illicit drugs, 119 alcohol, 109 weapons and 25 mobile phones.

3.31 Since our last inspection measures to prevent trafficking of drugs, weapons and phones had been improved. The level of searching for

staff and visitors on entry had been enhanced and a body scanner had been introduced for all prisoners entering the prison.

3.32 In our survey, 22% of prisoners said it was easy to get illicit drugs in the prison compared with 52% at the last inspection. Mandatory drug testing (MDT) and intelligence-led suspicion testing had been reintroduced three months previously. Thirteen per cent of MDT tests had returned with a positive result which was lower than other reception prisons. The monthly drug strategy meeting was an effective forum and had carried out appropriate actions to reduce supply and demand.

3.33 Leaders were aware of key risks including drugs, self-harm, and escape. The monthly tactical assessment picked up on concerns from previous months and minutes of the meetings reflected actions to be taken to reduce associated risks.

3.34 Links with the police were very good and the six police officers based at the prison worked to investigate crimes and assist with the management of extremist prisoners. Corruption prevention work was well developed, and prison managers worked effectively with the police to identify and tackle staff corruption.

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

3.35 The rate of reported self-harm had reduced by 17% since our last inspection, although there had still been 845 reported incidents during the previous year, which was more than at other reception prisons.

3.36 There had been one self-inflicted death since the previous inspection and a Prisons and Probation Ombudsman (PPO) investigation was in progress. Not all incidents of serious self-harm were routinely investigated and learning points were not disseminated effectively. Senior leaders had, however, recently set up a new meeting to focus on deaths in custody, PPO action plans and serious incidents. It was too early to assess the effectiveness of this meeting.

3.37 Many prisoners at risk of self-harm said in our survey that they felt uncared for, which was concerning, and more needed to be done to rectify this. The quality of ACCT documents (assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm) varied greatly. Most case reviews were multidisciplinary and well documented, but actions to address risks and triggers were not always captured on care maps. Leaders had recently moved to a

single case manager for each prisoner on an ACCT. Quality assurance of ACCT documents was inconsistent and did not include actions for improvement.

3.38 Since the previous inspection, prison leaders had developed a safety strategy specific to Nottingham, but this was not regularly discussed at the monthly safety meeting. Analysis of data took place at safety meetings, but actions had had only a limited impact on the high levels of self-harm. Recent initiatives had included a dedicated member of the safety team as a key worker for complex prisoners and the safety team supporting prisoners after an incident of self-harm.

3.39 The weekly safety intervention meeting aimed to ensure effective care for prisoners with the highest level of needs. It was reasonably well attended but we were not confident that all prisoners who required this support were discussed.

3.40 Oversight of prisoners on constant supervision required improvement. At the time of our inspection, four prisoners were on constant supervision, more than we usually see. The daily regime and interaction with staff for these prisoners was limited and not conducive to supporting a prisoner in crisis. The safety team did not routinely keep information to establish trends or monitor the use of this supervision.

Constant supervision cell

3.41 There had been a recent increase in the number of Listeners, with 19 now in place. The Samaritans held a weekly meeting with the Listener group, and Listeners we spoke to said they felt supported by both the Samaritans and the safety team. However, several prisoners we spoke to said they had not seen a Listener after making a request. The safety team did not record or monitor information on the use of Listeners to identify any barriers.

3.42 There were two safety hotlines for families to call if they had concerns about a relative, one for emergencies to speak to a member of staff at any time, the other for general concerns with an answerphone facility. Both lines worked well when we tested them.

Protection of adults at risk (see Glossary)

3.43 Leaders had recently reviewed the local safeguarding policy and had appointed a new safeguarding lead. Referrals to safeguarding were predominantly made by health care staff but safeguarding procedures were not well understood by prison staff.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 In our survey, 65% of prisoners said that staff treated them with respect and 73% that there were staff they could go to if they had a problem. This was similar to our last inspection and other comparable reception prisons.

4.2 The atmosphere on the wings was calm. Officers and custodial managers were active and visible and it was good to see that staff were providing effective supervision at key points, such as association periods and movements.

4.3 These reasonably good relationships were undermined, in part, by the time it took prisoners to get things done. The inability of staff to provide a consistent and effective response to everyday requests was a key source of frustration. Prisoners told us that the staff often told them to submit a formal application rather than dealing with the concern directly (see paragraph 4.16).

4.4 In our survey, only 55% of prisoners said they had a named officer or keyworker compared with 81% at the previous inspection. Minimal key work had taken place during much of the pandemic. The frequency and quality of contact had recently started to improve, but the key work scheme was not effective enough. Prisoners did not see the same key worker each time which prevented them from building a rapport. The records that we examined indicated that sessions were supportive but not sufficiently focused on prisoners' progression, rehabilitation or resettlement needs (see paragraph 6.9).

4.5 While the transient population in a busy reception prison often presented challenges in recruiting and retaining peer workers, there was an equitable spread of prisoner liaison representatives on each wing to help with day-to-day concerns and provide general advice and guidance.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

4.6 Cleanliness in the communal areas on the residential units varied. For the most part they were tidy, but a minority of areas were not clean, for example some cell doors were grubby and rubbish was left lying on wings.

4.7 Despite Nottingham being a modern prison, a third of prisoners still lived in overcrowded cells. Conditions in cells were better than in many other reception prisons but still required improvement. However, cells often lacked essential equipment such as curtains, screening for toilets and some furniture. Leaders on the residential units completed weekly decency checks on residential areas but had not addressed the shortcomings above.

Single cell

4.8 The shower facilities were reasonable and a refurbishment programme was in progress in some areas of the prison. Access to showers had improved. In our survey, 94% of prisoners said they could shower every day compared with 68% at other reception prisons.

4.9 Access to clothing had similarly improved. Leaders had invested in additional clothing and prisoners received an initial pack in reception and further sets on induction and residential wings. Access to clean bedding was also better than at our last inspection as Nottingham participated in a national programme of buying extra kit. Laundry facilities and equipment was in working order and prisoners at weekly access.

4.10 Leaders had improved oversight of cell call bells. A daily report was collated by the safety department and disseminated to residential managers, who investigated occasions when a cell bell had taken more than four minutes for a response. This improvement was reflected in our survey where 43% of respondents said their cell call bell was answered within five minutes against the comparator of 24% and 26% at the previous inspection.

Residential services

4.11 Prisoners had poor perceptions of food. In our survey, only 29% said the food was good or quite good, compared with 41% at similar prisons. The food that we observed was unappetising.

Couscous meal option

4.12 Prisoners received one hot meal a day at lunch time, but it was served far too early. We observed hot meals being served to prisoners at 11.15am. The evening meal was a cold option, which came with a

small breakfast pack for the following day. Only 24% of prisoners in our survey said they had enough to eat against the comparator of 36%.

4.13 Prisoners we spoke to said they would prefer a hot meal in the evening and had raised this during a consultation earlier in the year. Leaders informed us they were planning to move the hot meal to the evening in the near future.

4.14 Prisoners requiring meals which reflected religious observance, such as Halal, were catered for, as were vegetarian and vegan options. The kitchen and health care teams ensured prisoners who needed special diets for medical reasons were catered for.

4.15 The prison shop held a wide variety of products with prisoner orders delivered weekly. Newly arrived prisoners did not have prompt access to the shop and waited up to 10 days to receive their first order, which put them at risk of getting into debt with other prisoners.

Prisoner consultation, applications and redress

4.16 In our survey, only 26% of respondents said that their applications were usually dealt with within seven days, down from 44% at the previous inspection. Prisoners could make applications conveniently through electronic kiosks on the wings, but the response process was not working effectively and too many replies were either late or missing. Many prisoners we spoke to had no confidence in the system and were justifiably frustrated at their inability to get things done. They often had to make more than one application to resolve a request or resorted to the complaints process to address matters that should have been resolved less formally. Response times were monitored, but staff did not use this information to drive improvements and there was no quality assurance of replies.

4.17 Procedures to manage and respond to formal complaints were not good enough. Only 23% of respondents in our survey said complaints were usually dealt with fairly and only 21% said they were usually dealt with within seven days. Too many complaints were rejected for being submitted on the wrong form or were unhelpfully redirected to the ineffective application system. Many prisoners said they did not trust the system and were reluctant to complain as they did not feel that issues would be investigated or addressed properly, if at all. When complaints were processed, replies were often brief and lacked explanation.

4.18 Records of prisoners' confidential complaints (submitted directly to the governor) and responses were no longer routinely kept and we were unable to confirm that replies were full or appropriate.

4.19 Internal quality assurance did not take place consistently and there was no external scrutiny. Monitoring of data to identify emerging issues and trends was not used effectively to drive improvements.

4.20 Prison-wide consultation committees had recently resumed and were good. A wide range of important topics relevant to the whole prison community were discussed and there was an effective escalation route for issues that remained unresolved. Meetings were well attended by leaders and staff, who responded openly and thoroughly to queries and concerns raised by prisoners. In contrast, leaders needed to reassess wing-based meetings, which lacked structure, prisoner representation, and did not follow-up actions.

4.21 There was good support for prisoners who needed help with legal matters and access to legal visits and video-conference facilities was good.

Video courts

4.22 Official visits took place every weekday in a designated area comprising 11 individual, private rooms with capacity to meet demand promptly. A separate, newly refurbished suite contained 13 rooms, all of which had well-used video-conference facilities for court and Parole hearings. A bail information officer offered support to prisoners on remand and helped to improve the risk information for courts considering bail applications. The library stocked a range of legal texts and prisoners could apply to use the 'access to justice' laptop computers. Legal correspondence was handled appropriately.

Equality, diversity and faith

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

Strategic management

4.23 Oversight of equality had been maintained during the pandemic and the new governor had a strong commitment to this work. Frequent equality action team meetings covered a wide range of relevant topics and were reasonably well attended. A good, tailored strategy had recently been developed, setting out targets and how success would be measured. Prison-wide responsibility for promoting equality was improving with the recent identification of named managers to lead on each protected characteristic (see Glossary) and the recruitment of peer equality representatives.

4.24 Consultation with prisoners from protected groups had been minimal throughout the pandemic. Leaders had, therefore, been poorly placed to understand and act on the needs and experiences of many prisoners, especially given the high turnover of the population. There were plans to develop a more frequent timetable of consultations now that regime restrictions had been lifted. The analysis and sharing of local data to identify potential disproportionality was good, but it did not always drive prison-wide, co-ordinated action planning to improve outcomes for prisoners.

4.25 Complaints about discrimination were managed well. During the previous 12 months, 92 discrimination incident report forms (DIRFs) had been submitted. They were investigated thoroughly, and responses were of good quality, reflecting a good understanding of the prisoner's perspective. They were not, however, always timely. Prison leaders had recently engaged with the Zahid Mubarek Trust who had agreed to provide regular, independent quality assurance of a sample of responses, which was positive.

4.26 Good efforts had been made to mark a range of special and cultural occasions, but a few prisoners whom we spoke to were disappointed that some events had not included more consultation with or involvement by the prisoners themselves.

Protected characteristics

4.27 Prisoners from some protected groups responded much more negatively than their peers to our survey questions concerning important areas of prison life. Only 41% of prisoners with a disability said they had not experienced bullying or victimisation by other

prisoners compared with 70% of those with no disability, and 37% of prisoners with mental health problems compared to 13% said they felt unsafe at the time of the inspection. Only 41% of Muslim prisoners said staff treated them with respect compared with 70% of non-Muslim prisoners, with similar responses from prisoners who had been in local authority care. Little was being done to explore the differences in experience for these groups.

4.28 More than a quarter of the population were from a black or minority ethnic background. We heard a number of complaints from prisoners about their perceptions, some describing what they termed 'culturally ignorant' attitudes among some staff. Consultation had recently taken place with these prisoners, but had been limited in attendance, scope and frequency. It was unclear if any actions had been taken following the prisoners' feedback. There was no specific support for Gypsy, Roma, Traveller prisoners who accounted for 1% of the population in our survey.

4.29 At the time of the inspection, there were 109 foreign national prisoners. They included seven held under immigration powers beyond the end of their sentence, one of whom had been held for more than nine months, which was far too long. A Home Office immigration officer had continued to provide valuable, face-to-face support each week throughout the pandemic, to ensure that foreign nationals were kept informed about decisions relating to their immigration status. However, important legal paperwork was served only in English. Professional telephone interpreting services were largely being used when needed, but there were some gaps, particularly when sensitive information was being discussed which needed interpreting. Twelve bilingual members of staff had been identified and badges were being sourced which would display the languages they spoke for prisoners to identify them easily. This was a positive initiative. Foreign national prisoners and detainees who did not receive visits could apply for additional international telephone credit to keep in touch with family and friends. A charity now attended the prison to offer free, independent legal advice.

4.30 In our survey, 51% of respondents considered themselves to have a disability. Some prisoners helped those with mobility difficulties to undertake daily tasks, but arrangements were informal and these prisoners were not trained or supervised and had no clear remit. This lack of structure and oversight created a risk of victimisation. The physical environment in parts of the prison made daily life difficult for prisoners with mobility issues. There was a shortage of cells designed for those with disabilities (see paragraph 4.61). Reasonable adjustments to living conditions were made but some prisoners said they waited too long for aids such as grab sticks, high-back chairs and mattress overlays. Twenty-nine prisoners had a detailed personal emergency evacuation plan and most staff knew who these prisoners were. The identification and support for prisoners with neurodiverse needs were given priority. Good support was offered by staff in health care and education (see paragraph 4.67) and an officer had been recruited recently to lead on this area of work, which was positive.

4.31 About 18% of the population were under 25 years of age, 6% of whom were under 21. Well-considered plans to address the needs of young adults, such as the opening of a specific wing, were being implemented, although some actions had been interrupted because of the pandemic. Staff profiled to work on the designated wing told us they received regular training on issues specific to young adults, as well as monthly input from psychology who provided advice and extra support. 'The Twinnings Project' in partnership with Nottinghamshire County Football Club offered four-week courses in football leadership and coaching, and the 'Three Pillars' eight-week rugby programme was due to start at the end of June 2022. Offender managers were delivering the Choices and Changes programme (a resource pack used in one-to-one sessions with young adults identified as having low psychological maturity) and good work led by the offender management unit was taking place to identify and support young people who had previously been in local authority care. There was no longer specific provision for older prisoners, who accounted for about 13% of the population.

4.32 In our survey, 6% of prisoners said they were homosexual, bisexual or of other sexual orientation. Efforts had been made to promote LGBT history month, but there were no forums and no links with community organisations to support these prisoners.

4.33 Transgender prisoners had mixed views about their experiences at Nottingham. They all said they had staff they could turn to for help and support but they also felt that a few staff were insensitive, such as referring to them by their incorrect pronoun. Some transgender prisoners reported delays in accessing appropriate clothing and makeup. They felt that more opportunities to meet among themselves would help them to feel less isolated. Case review boards were timely and well managed. Detailed attention and consideration were given to individual needs, including in one case a contribution from a prisoner's personal community advocate.

Faith and religion

4.34 The well-resourced chaplaincy delivered a good service and were held in high regard by prisoners and staff. The chaplaincy had maintained a constant presence throughout the pandemic and had worked hard to provide good care and pastoral support, in addition to delivering their statutory duties, for example, seeing new arrivals, vulnerable prisoners and those due for release. Almost all prisoners had access to a chaplain of their own faith.

4.35 Opportunities for group worship had restarted after the easing of COVID-19 restrictions but access remained poor. Christian and Muslim prisoners could only attend a communal worship and faith-based study class on a wing-by-wing rota once every six weeks. The chaplaincy told us of imminent plans to increase this to weekly, but progress had been too slow.

4.36 There were three functional and well-equipped multi-faith rooms, one of which had an adjoining ablution area. There was a good selection of religious artefacts and other items to cater for a range of faiths.

4.37 Although the pandemic had hindered the celebration of major religious festivals in the traditional way, the chaplaincy had tried to ensure that celebrations had continued in some form. Donations of items such as traditional sweets, Easter eggs, greetings cards and Christmas trees were welcomed and illustrated the strong links between the chaplaincy and local community groups.

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) 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 Nottinghamshire Healthcare NHS Foundation Trust (NHFT) led health provision at the prison with sub-contracted GP and dental services. A contemporary health needs assessment made several useful recommendations for practice. Partnership arrangements were effective, with accountability and governance arrangements addressed through the local delivery board. There was a mature reporting culture and evidence of learning from incidents. Recommendations from Prisons and Probation Ombudsman (PPO) reports were appropriately responded to.

4.40 Health services were well led with a coherent sense of calmness and direction underpinned by effective clinical matrons. Staffing levels had been a continuing concern particularly in the primary care and mental health teams. A coherent workforce plan was being implemented, with further contingencies agreed should recruitment problems continue. Services were supplemented by the use of agency and temporary staff. Appropriate patient care was provided, although front-line staff worked under significant pressure to deliver this.

4.41 Adherence to mandatory training had slipped marginally and agency staff were not well enough aligned to the core training plan. All staff, however, had the required competencies, with access to supervision and professional development opportunities. We heard some dissatisfaction from prisoners and our survey indicated that only 22% felt it was easy to see a nurse compared to 41% at our last inspection. Vacancies and officer shortages presented difficulties in accessing health care, and ‘did not attend’ rates were high (see paragraph 4.50).

In all the contacts that we observed patients were treated with dignity and respect.

4.42 Rooms in the health care department were fit for purpose, largely complied with infection prevention standards and enabled confidential consultations to occur. Facilities to see patients for clinical care on the wings were inadequate but the in-cell telephones were used to maintain contact and follow up if required.

4.43 There were appropriate arrangements for accessing support in a medical emergency. Resuscitation equipment was regularly maintained and available in key locations accessible to appropriately trained staff.

4.44 A good complaints system placed emphasis on seeing prisoners face to face to seek local resolution. We sampled formal written responses to patients which answered the concern raised clearly and respectfully.

Promoting health and well-being

4.45 There was a prison-wide approach to health promotion which had been impressively maintained throughout the pandemic. Health care ran their own health promotion calendar, liaising with the gym and kitchen to promote coordinated health promotion activities.

4.46 A wealth of literature based on national health promotion programmes was displayed across the prison. Telephone interpreting services facilitated health appointments when needed and health information could be translated.

4.47 The team was progressing well with the implementation of the national COVID-19 vaccination programme, although take up was low and a high number of patients declined their vaccination despite promotional work by nurses. Several COVID outbreaks had been managed and there were procedures to prevent the spread of communicable diseases.

4.48 A range of prevention screening programmes were overseen by the advanced nurse practitioner (ANP). Prisoners were screened for sexual health and blood-borne viruses and visiting specialists attended regularly to deliver clinics and provide treatment. Barrier protection was available from the health care department.

Primary care and inpatient services

4.49 Health care needs were identified promptly in reception by a registered nurse and appropriate referrals were made. COVID-19 testing was undertaken on arrival and at day five. A recently implemented clinic had been established to complete secondary health screening within seven days of arrival and was also used to review patients with long-term conditions.

4.50 There was an appropriate range of primary care services, but non-attendance rates were high. Prison officers and administrators worked together to capture the reasons for non-attendance, most of which

stemmed from patient refusal. Staff felt that patients often prioritised education or other activities over a health appointment, and not enough prison officers were assigned to health care to facilitate the collection and return of patients to and from activities. Appointments were rebooked by the relevant service, but this led to frustration and the moving of routine appointments to accommodate urgent follow ups.

4.51 GP waiting times of within two weeks were reasonable and urgent applications were addressed the same day. Some visiting services including the optician and physiotherapist had a backlog of waiting lists from the pandemic exceeding eight weeks, but these waits were being addressed and were on a downward trajectory.

4.52 The ANP ran daily clinics and urgent nurse triage appointments were available the same day. Routine nursing appointments were booked about three weeks in advance because of staffing deficits. Band 6 nurses worked hard to maintain essential services but were under pressure to deliver multiple tasks each day and expectations were not always adjusted to reflect staff shortages.

4.53 Daily handover meetings were a useful forum for sharing information about patients. The complex case and multi-pathway case meetings were held weekly to review patients who had multiple needs, were on constant supervision or had recently been segregated.

4.54 Patients with long-term conditions were well managed by a lead nurse with oversight from the ANP. A robust system ensured that all patients with a long-term condition were identified on entering the prison and received an annual review. Care plans were not always personalised.

4.55 There was effective administrative and clinical oversight of external hospital appointments. A high number of appointments were cancelled following patient refusal to attend, and many were rescheduled to accommodate more urgent needs and to reflect the nature of the prison population. Two-week waits were closely monitored to ensure that these patients were seen promptly.

4.56 All patients released or transferred from the prison were seen in reception by a nurse who provided health advice and medication if required for their release.

Social care

4.57 An updated agreement for the provision of social care had been signed in 2021 by the governor, the Trust and Nottingham City Council (NCC). Each was a member of the local delivery board and working relationships were effective. Clients who met the threshold for social care received good support.

4.58 Prisoners requiring assistance with daily living were usually identified by health staff and referred by the Trust to NCC for assessment. If required, NCC provided suitable independent advocacy for applicants and recipients of social care to ensure their voices were heard. Public

notices and leaflets indicating how to self-refer had been removed during COVID restrictions, but there were plans to replace them.

4.59 NCC usually met the five-day target for social care assessment. The Trust started to support clients in need before a decision was made if necessary. At the time of our inspection, two clients had packages of care, one of whom expressed satisfaction with the support provided by Trust carers.

4.60 No paid peer workers had been trained as 'buddies' to assist their contemporaries with mobility and other activities. We were informed of informal help provided by prisoner peers (see paragraph 4.30).

4.61 A small Trust equipment store in the prison enabled prisoners requiring mobility aids such as walking frames to receive them immediately. Bulkier items such as hoists were promptly available from the Red Cross community store. The design of the prison and low number of adapted cells limited the adjustments that could be made to support prisoners with disabilities (see paragraph 4.30).

4.62 A consortium of local authorities worked together to ensure continuity of social care following the release of the client from the prison.

Mental health care

4.63 Over the last 12 months, maintaining sufficient cover in the mental health team had been difficult. The team was operating under significant pressure which had been recognised as a service risk. In our survey, 73% of prisoners said they had needed help with a mental health problem during their time in prison. The team delivered a seven-day service and had developed contingencies to ensure that prisoners with the most acute need or overt risk were seen. The prioritisation of resources had resulted in the introduction of a duty worker, attendance at all ACCT reviews and the permanent presence of a mental health nurse in the care and separation unit (CSU). During the previous two months, routine assessments had taken up to 20 days or more to complete. These waits had abated considerably and, at the time of our inspection, routine assessments were taking place in a timely manner.

4.64 Immediate mental health needs were determined during reception screening leading to referral and escalation when necessary. There was some training in mental health awareness for newly recruited officers but no immediate plans for refresher training.

4.65 All current activity was reviewed at a daily referrals meeting and a weekly multidisciplinary team meeting provided good oversight and governance of the team's caseload using a red, amber, green rating system. Staffing was beginning to stabilise. The team had an appropriate skill mix to support prisoners with mild to moderate problems via self-help, counselling, group work, and one-to-one psychological interventions, although there were waiting lists for some of these sessions. Specialist support was offered for more intense and complex cases with 129 patients on the caseload at the time of our

inspection. This included patients under the care programme approach (a system to support people with serious and enduring mental illness) and prisoners waiting for transfer to hospital under the Mental Health Act, many of whom waited too long to be transferred.

4.66 A thorough and well-coordinated approach was led by a specialist learning disabilities nurse to identify and support individuals with a neurodiverse presentation. This was mirrored across the prison by similar work in education and by named prison staff.

4.67 Clinical records demonstrated regular contacts with patients. There were some excellent qualitative case summaries, but content was variable. The team triggered release planning very early in a patient's sentence and there were good systems for establishing appropriate community support.

Substance misuse treatment

4.68 The drug strategy included demand reduction and therapy components supplied by the Trust, and drug workers attended strategic meetings. Substance misuse services met the treatment needs of the population.

4.69 The integrated clinical and psychosocial addictions teams were co-located with mental health workers, ensuring efficient communication between teams and coordination of care for patients with dual diagnosis. Enough staff were suitably trained and supervised to deliver services from 7am to 9pm on weekdays and shorter hours at weekends.

4.70 All new prisoners were seen by drug workers and the GP if required, which minimised the risk of missing somebody. Prisoners on the wings had good access to self-referral by application or through medicines hatches.

4.71 The busy team had about 12 referrals each day and 224 clients were in receipt of psychosocial therapy. A wide range of motivational and supportive one-to-one approaches was used. Therapeutic groups had been running since June 2021 despite the challenges of COVID restrictions, which was commendable.

4.72 The Trust was seeking accreditation of its innovative in-house ABC group therapy programme. ABC was based on addictions therapy goals and human relational issues commonly cited by clients as underpinning their addictions (such as insight and empathy for others). An array of psychometric tests was used to inform clients of progress. Initial ABC outcomes were positive.

4.73 The group meeting room on A wing was too small for the size of groups, which was inefficient.

4.74 Clinical treatment of opiate addictions was evidence based with 114 patients in receipt of opiate substitution therapy (OST), almost half the number in 2020. The reason for this reduction was not known. Eight patients were on reducing regimes while most were stabilising or in

maintenance. Administration of OST was exemplary and we observed good regulation of medicine queues by prison officers, although health staff told us that this was not always the case.

4.75 During the previous year, 412 patients had been treated for alcohol detoxification, a very large number that reflected the urgent needs of the population. Twenty-four-hour nursing monitoring was given to these patients, and all new arrivals on OST were observed for three days to ensure stability and safety.

4.76 We spoke to users of the substance misuse services who were complimentary about the support they received from drug workers.

4.77 All but one of the peer mentors had left the prison during the pandemic which affected support for clients on the wings. Recruitment to vacancies was in progress. Mutual aid support was available through in-house groups and Alcoholics Anonymous and Narcotics Anonymous were to return to the prison from July 2022.

4.78 Clients were offered a review before release, following which appointments were made with community drugs services and naloxone (to reverse the effects of opiate overdose) was provided to take home, as necessary.

Medicines optimisation and pharmacy services

4.79 Medicines were supplied in a timely manner by an external provider, with Nottingham NHS Foundation Trust delivering on-site pharmacy services. Medicines were administered on wings led by pharmacy technicians and supported by nurses. A pharmacist was available who did not clinically screen prescriptions routinely. The pharmacist's skills were not being fully used and operational demands meant that support and clinical oversight were not routinely available to the wider health care team.

4.80 Prescribing and administration was recorded on SystmOne (electronic clinical records). About 45% of the population were prescribed medicines in possession (IP) which was low in comparison to other prisons. There was an IP policy and IP risk assessments were routinely completed at reception and recorded on SystmOne. Risk assessments were routinely reviewed after 12 months. IP medicines were labelled appropriately but provided in clear plastic bags which did not afford adequate confidentiality.

4.81 Supervised administration was provided four times a day on all wings, Supervision of queues by prison officers was good, except for G wing where patients grouped around the hatch and confidentiality was not suitably maintained. Approximately 50% of cells were double occupancy and secure storage facilities in cells were not adequate which increased the risks of bullying and diversion of medicines.

4.82 A suitable stock of medicines was available in the treatment rooms to treat minor ailments without a prescription. These medicines were

supplied via a patient group direction or from a general supply list of discretionary medicines. Paracetamol had recently been removed from the prisoners' canteen list for some reason, which had caused a considerable increase in prisoners attending the administration hatch to access simple pain relief. Pharmacy technicians applied professional judgement, using the prisoner's IP risk assessment to determine whether they were suitable to receive a single dose of paracetamol or a week's supply. Patients could receive advice about medicines from pharmacy technicians at the hatch or from the pharmacist who ran a weekly clinic. Provision of medicines for prisoners being transferred or released was appropriate.

4.83 Details of prisoners failing to attend for medicines were recorded on SystmOne. These were investigated and referred to a prescriber after three missed collections. However, we saw evidence that IP medicines that had not been collected remained in the treatment rooms for some time with no follow up or proper reconciliation.

4.84 Medicine errors were recorded and reviewed. Appropriate written procedures and local medicine protocols were in place and regular medicines and therapeutics meetings were well attended. The prescribing of abusable and high-cost medicines was monitored. Controlled drug management was generally robust but some controlled drug records in the pharmacy and CSU were incomplete and needed better oversight.

Dental services and oral health

4.85 Time for Teeth delivered a range of community-equivalent dental treatments including oral health advice. A dental nurse was on site four days a week and a dentist three days. Commissioned clinics did not fully meet the demand and the transient population made it difficult to manage and complete treatments.

4.86 Waiting times for new appointments were approximately four weeks, with a further waiting list for follow-up treatment if required. There were many applications to see the dentist and, although triaged by a dental nurse, patients often gave incorrect information to get an appointment quickly, making it difficult to prioritise need effectively. A high number of patients refused to attend appointments which increased waiting times for others and wasted clinical time.

4.87 Patients requiring an urgent appointment could be seen in the next available dental clinic and receive antibiotics or painkillers from the GP in the interim. Urgent applications received between Friday and Sunday were not picked up until the dental nurse returned on Monday, and no other dental staff monitored the dental application system in her absence. This created a risk that urgent applications would not be addressed in a timely manner.

4.88 The dental clinic met infection control standards and had a separate decontamination area. Staff completed regular environmental audits and equipment checks to make sure that safety standards were met.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 Time out of cell was very limited for most prisoners. At the time of our inspection, about 45% of the population were unemployed and locked up for 22 hours a day, which was excessive. Prisoners employed in part-time work, almost a third of the population, received up to five hours out of their cell each working day. Full-time employed prisoners, 24% of the population, received up to just six and a half hours out of their cell each day.

5.2 In our survey, 72% of prisoners said that they usually spent less than two hours out of their cell at weekends.

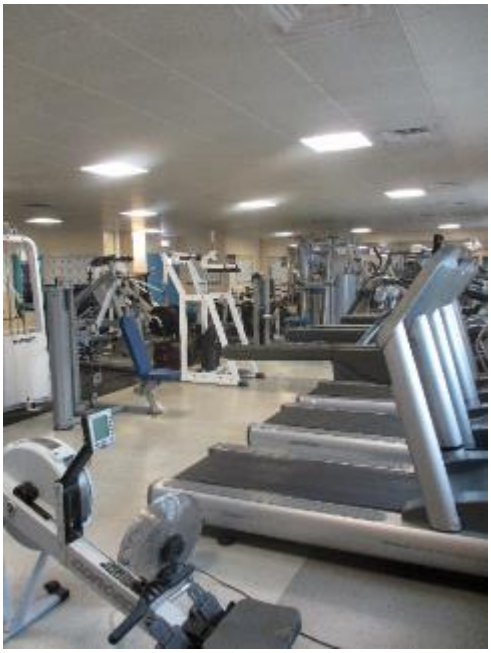
5.3 Prisoners were more positive about time in the open air, with 73% of prisoners surveyed saying they could go outside for exercise more than five days in a typical week, compared with 55% at other reception prisons. However, the daily timetable did not include time outside for fully employed prisoners who felt that they risked losing their employment if they chose to stay on the wing for this purpose.

Exercise yard

5.4 In the last few weeks, leaders had introduced structured on-wing activity. The sessions that we observed resembled association periods before the pandemic with the addition of board games. The timetable also included drop-in sessions for departments such as safer custody and the offender management unit.

5.5 Prisoners could use the gym facilities up to four times a week, which was good. In our survey, 50% of prisoners said they were able to access the gym or play sports twice a week or more compared with 16% at other reception prisons. Prisoners we spoke to valued their time in the gym.

5.6 The gym had good facilities including two separate areas for cardiovascular/weight training, an all-weather football pitch, indoor sports court, a separate classroom and remedial gym room.

All-weather football pitch and gym

5.7 Several initiatives were in progress in the gym. These included: the Three Pillars Project, a sports-based mentoring programme for young adults in custody and on release; working with veterans in custody; close links to a charity called Care after Combat which had worked on several dedicated events; and the twinning project with Nottingham County Football Club which ran a course at the prison on Tuesdays (see paragraph 4.31).

5.8 In our survey, 59% of prisoners said they could visit the library once a week or more against the comparator of 15%. The library was a good facility which provided an excellent service for prisoners. Library membership was high and during 2022 there had been about 750 visits to the library each month. Librarians also delivered an effective outreach service, responding to about 100 applications and providing around 200 activity packs to prisoners each month.

5.9 A good selection of reading materials included easy reads and books in foreign languages as well as a selection of CDs and DVDs which were well used. There was a good stock of legal texts and copies of Prison Service instructions. Links with the education provider were well developed to ensure that the library could support education, skills and work activities.

5.10 Librarians facilitated the Reading Ahead scheme (with readers encouraged to read six books) and Storybook Dads (for fathers to record a story to send to their children) and helped prisoners to send cards to loved ones to celebrate Mothers' Day or Easter for example.

5.11 Library staff had recently started to run reading groups on the wings and supported the programme of family days.

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.

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

Overall effectiveness:	Requires improvement
Quality of education:	Requires improvement
Behaviour and attitudes:	Requires improvement
Personal development:	Requires improvement
Leadership and management:	Requires improvement

5.13 Leaders had a clear rationale for their education, skills and work provision. They had developed a well-defined curriculum as part of a wider strategy to enable progression across the four prisons in the North Midlands prison group. Leaders had planned an appropriate curriculum which catered for the different levels of ability among prisoners and focused on providing essential education, such as English, mathematics and employability skills, and vocational training to prepare prisoners to progress to employment, training or further education on transfer to another prison or release. Leaders had recently introduced a new pay policy which incentivised education by paying higher rates to prisoners who achieved relevant qualifications.

5.14 Leaders reviewed the curriculum frequently to align it to local and regional employment needs. However, leaders did not involve employers sufficiently when planning the content or the sequencing of the curriculum. The curriculum for vulnerable prisoners had been increased and they now had access to English and mathematics

classes, barbering, painting and decorating, construction workshops and work in the kitchen and bistro.

5.15 After the COVID restrictions had been lifted, leaders and managers had worked well to open up a full regime of activities to prisoners in a timely way. However, staff vacancies in training and information, advice and guidance prevented leaders from delivering the full curriculum, for example the delivery of catering skills, including food safety, had been severely inhibited by staff vacancies. Too few prisoners who were employed in the kitchen and the bistro had had the opportunity to achieve catering qualifications.

5.16 There were not enough activity spaces to meet the needs of the population and a third of the prisoners were unemployed. In particular, there were not enough spaces for prisoners who needed English, mathematics or English for speakers of other languages (ESOL).

5.17 The allocations process was inefficient. Leaders and managers did not prioritise classroom and workshop spaces well to meet the needs of the sentenced population. Too few prisoners successfully completed accredited qualifications. Leaders had recently introduced a new procedure to allocate prisoners to the most appropriate activity to enable them to progress based on their levels of English and mathematics and their short- and long-term goals. At the time of the inspection, this had not yet had an impact on most prisoners.

5.18 Too many prisoners did not receive timely information about how their career aspirations and employment opportunities could be best supported by the range of education, skills and work activities available at the prison. Many prisoners were attending education, training and work without a personal learning plan which linked the assessment of their starting points to their goals and available opportunities.

5.19 Prisoners developed good vocational skills in catering, construction, barbering and the bicycle repairs workshop. Prisoners, many of whom had little or no previous experience, quickly learned the skills required to work in their industry. For example, in catering, prisoners prepared and packed meals on a very large scale, including catering for a range of dietary needs. In construction, prisoners learned the technique for cutting in paint and the differences between oil- and water-based paints.

5.20 Prisoners developed good employability skills in workshops, such as teamwork, working to deadlines and customer facing skills. In the main kitchen prisoners had developed mathematics skills from a very low level to be able to supervise the distribution of meals and breakfast packs to the wings. In barbering, prisoners supported customers to complete health declaration forms before cutting their hair, thus effectively developing their customer service skills.

5.21 Instructors recorded thoroughly the development of prisoners' wider skills in most workshops. Leaders and managers had very recently introduced employability qualifications in work areas, but the impact of

this was not yet evident. There were very limited opportunities for prisoners to progress to roles with increased responsibilities, such as team leaders. Those who had been working in workshops for long periods did not develop new knowledge and skills.

5.22 The planning of education lessons was too generic, focusing on a series of activities. In most lessons, tutors did not plan learning and assessment strategies to commit new knowledge to prisoners' long-term memory. In vocational workshops, mathematics and ESOL, tutors planned a range of appropriate practical activities to help prisoners relate their learning to their former jobs or to gain an understanding of how to apply it in the future.

5.23 Staff collected information about prisoners' starting points but did not use it effectively to plan lessons or set targets for each prisoner. This was especially the case in English where most teaching strategies relied on worksheet activities with limited adaptations to meet learners' needs. Despite leaders' best efforts to tackle these issues, the quality of teaching in English had not improved.

5.24 In vocational and industry workshops, resources were of a good standard. However, in education classes, prisoners did not benefit from up-to-date or consistently high-quality learning resources.

5.25 Education staff and prison instructors identified prisoners' additional needs at an early stage and quickly referred them for support. As a result, prisoners received frequent one-to-one tuition by specialist support staff which was tailored to their needs.

5.26 Prisoners were well motivated and had positive attitudes to learning and work. Classrooms and workshops were calm and orderly and most prisoners approached their tasks in a focused manner. Prisoners were respectful to each other and to staff members. Prisoners felt safe when involved in learning and skills activities. They spoke of a culture in which bullying or harassment would not be tolerated.

5.27 Prisoners were supportive of each other and worked very well in teams to achieve the task set and provide guidance to their peers so that they all had the opportunity to contribute to discussions. In the kitchen, prisoners completed different tasks but liaised effectively with each other to ensure that food deliveries were met. In the bicycle repairs workshop, peer mentors gave valuable guidance to prisoners who had only recently started their training.

5.28 Prisoners did not develop sufficient understanding of how to keep themselves and others safe at work and in training. In one wing, workers had not been issued with any personal protective equipment. No overalls were available in the bicycle repairs workshop despite prisoners using oils and dirty tools. The requirement to wear safety boots in the brickwork workshop was not rigorously enforced. Prisoners were not, therefore, developing the appropriate attitudes to working safely, which did not prepare them appropriately for the world of work.

5.29 Attendance rates at education, skills and work had improved since the last inspection but still required further improvement. The scheduling of other activities, for example offender management or health care appointments and one-to-one support sessions, too frequently prevented prisoners from attending their learning sessions. About one in five prisoners were absent from education and workshops during the week of inspection.

5.30 Regime arrangements did not fully support prompt and regular start times for activities. When prisoners arrived at education lessons, they were ready to learn and settled in promptly. This was not always the case in workshops. In one workshop, prisoners who had arrived later than expected did not become productive quickly enough. This meant that learning was delayed and the session severely curtailed.

5.31 Education managers had recently introduced personal development activities into lessons. Tutors supported prisoners well to develop resilience, confidence and independence through a range of activities and topical debates in classes which promoted the development of their critical thinking skills. For example, in English prisoners reflected and reassessed their priorities, taking responsibility for their actions and recognising the impact on their families. However, not all tutors had developed the necessary skills to enable them to align these topics to the curriculum.

5.32 Tutors in education used monthly themes, such as men's mental health, LGBTQ+ awareness and Gypsy, Roma and Traveller History Month. These ran alongside course-related topics to develop prisoners' tolerance, celebration of diversity, inclusion and understanding of others. For example, prisoners in the kitchens were able to describe the impact of belief on diet and the different requirements of religions. In barbering, prisoners understood the different requirements for hair care within different cultures and skin types.

5.33 Staff did not prepare prisoners well enough for their next steps in education, training or employment. They did not plan an effective programme of careers advice and guidance to routinely help prisoners to make well-informed decisions about their next steps on release. Managers had developed a programme of disclosure letter writing and support with job applications, but this was in its infancy and very few prisoners were using it. Too few prisoners progressed into sustained employment on release.

Section 6 Rehabilitation and release planning

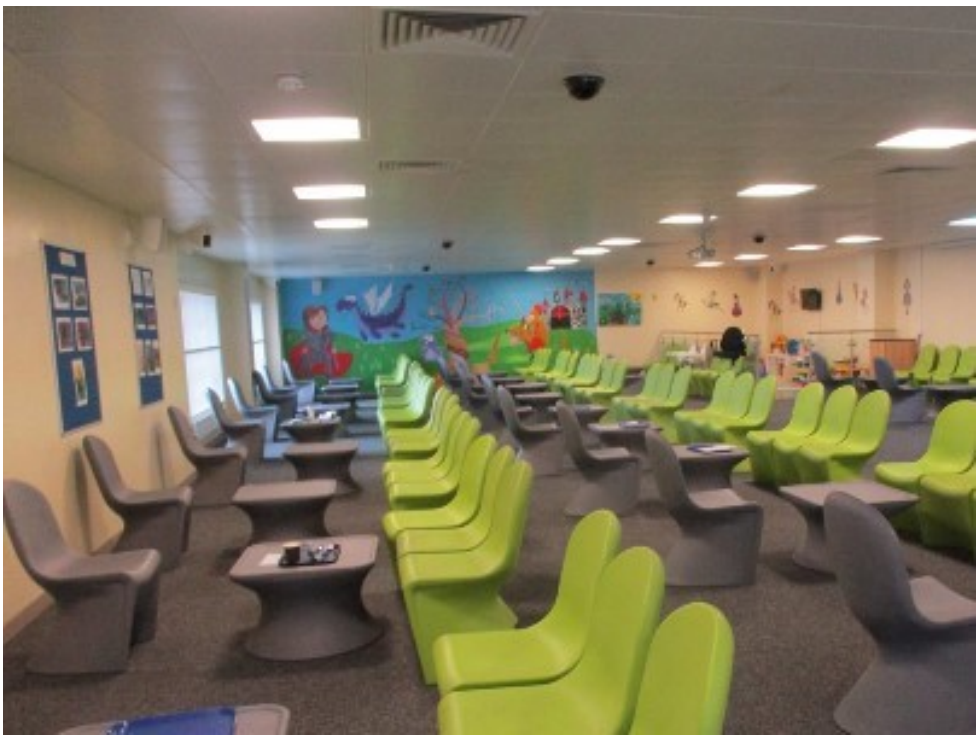
Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

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 Prisoners did not have enough help to maintain or rebuild family ties. Managers had created the role of a family links worker based in the safer custody department, but this prison officer was frequently deployed to other duties. Prisoners had been identified, in particular foreign nationals, who did not receive any visits, but so far this had not resulted in additional support. The officer did not have time to complete casework to help prisoners to develop contact with friends and family.

6.2 There were unnecessary restrictions on social visits and, as a result, they were underused. Remanded prisoners could only have a maximum of three visits a month, compared to three a week before the pandemic. Until very recently, prisoners on the basic level of the incentives and earned privileges scheme had been restricted to a 30-minute visit. A maximum of two children only could accompany an adult. Sessions were now based on the wings and visitors had much less choice about when to attend during the week. A second smaller visits hall remained closed.



Visits hall

6.3 The Prison Advice and Care Trust (PACT) ran the visitors' centre and the visits hall. They also administered visits booking with most visitors preferring to use email. Booking had improved since the last inspection but the prison website gave very outdated information about visits. The visitors' centre was welcoming and provided a good service but facilities in the visits hall were too limited. The room was drab, despite new furniture, and visitors complained about the tea bar. It had only recently reopened and did not offer hot food or sandwiches. A playworker only attended half the visits sessions. Family days run by PACT had just resumed and a good range was planned for the year ahead.

6.4 Take-up of secure video calls was surprisingly low, with only about 40% of sessions used. Too little had been done to encourage use. The most popular weekday session by far was held at teatime when children had come home from school. There was only space for five prisoners each evening and once again sessions were wing based, so that some prisoners only had access once or twice a month to this slot. Secure video calls took place in an annex of D wing, but nothing had been done to divide some very large rooms into booths to expand capacity.

6.5 In-cell phones were a great asset for prisoners but there were regular delays in adding numbers for new arrivals. At the time of the inspection, 57 numbers requested by prisoners were overdue for approval by more than a week. This work was divided between the offender management unit (OMU) and the business hub and there were not enough staff to call families promptly when public protection issues required their consent.

Reducing risk, rehabilitation and progression

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

6.6 About 60% of the population were remanded or unsentenced and needed urgent help with housing, finances and family contact. The population was constantly changing and 75% had been at Nottingham for less than six months. A substantial minority were sentenced and required formal offender management.

6.7 Very good efforts had been made to reinvigorate work to reduce reoffending. Monthly pathway meetings, suspended during the first part of the pandemic, had restarted in June 2021. A new population needs analysis used a range of appropriate data, but managers recognised that a prisoner survey was needed to improve it. A new strategy and action plan had yet to be fully implemented. Managers had tried to address sizeable gaps in resettlement services arising from national changes to the probation service (see paragraph 6.23), but outcomes were still badly affected. Recent initiatives such as the employment hub were not yet delivering reliable outcomes for prisoners.

6.8 Leaders had prioritised the work of the OMU which was generally well resourced. Three-quarters of prison offender manager (POM) posts were filled. Many case administrators were new and needed more training to be fully effective.

6.9 Virtually all eligible prisoners had an up-to-date OASys (offender assessment system) of their risk and needs, which was commendable. The OMU had made very good efforts to prioritise these so that prisoners were ready to start their sentence plans when they transferred. For prisoners who stayed at Nottingham, progress against sentence plans was only sufficient in about half the sample cases that we looked at. Plans typically required prisoners to complete offending behaviour work or be assessed for a programme, and too often these objectives had not been achieved. Nonetheless, contact between POMs and prisoners was good, sufficiently frequent and constructive. Key work (see Glossary) was also carried out reasonably frequently but there was considerable inconsistency in the officers delivering the session.

6.10 Very few prisoners were approved for release on home detention curfew (HDC, see Glossary). Only 49 prisoners had been released on HDC during the previous 12 months, which represented only 4% of all releases. There were several reasons for this, including a lack of Bail Accommodation and Support Service accommodation and long periods spent on remand because the courts backlog meant that prisoners reached their conditional release date shortly after sentencing. Nevertheless, the number released was less than half that at some

reception prisons with a comparable population and we asked managers to explore the barriers to release on HDC at Nottingham.

6.11 At the time of the inspection, there were 42 indeterminate sentence prisoners, one-third less than at the previous inspection, who should not have been in a reception prison. There was a lack of provision for this group.

Public protection

6.12 Nearly half the sentenced population were assessed as a high risk of serious harm to others and about a third of those due for release in the three months after our inspection were high risk. The interdepartmental risk management meeting (IRMM) had a sensible scope and was developing into a very useful multidisciplinary forum. The senior probation officer and POMs assessed the progress of high-risk prisoners approaching release to identify those who would benefit from attending the meeting. The IRMM did not yet work far enough ahead of release to be fully effective but this was improving.

6.13 Phone monitoring was ineffective. Most calls were not listened to and there had been a backlog for several months. At the time of the inspection, 139 prisoners needed monitoring which was unmanageable. The team assigned to listen to calls was not adequately resourced and could not keep pace, so managers had told them to sample 90 minutes of each prisoner's calls a fortnight. This decision undermined efforts to identify potential risks to the public. Even this reduced workload was not achievable and some of the logs that we checked which had been open for several months were virtually empty. Reviews were postponed until evidence could be collated. The failure of monitoring undermined the good efforts being made to improve the IRMM and other aspects of OMU work.

6.14 Not all prisoners who potentially posed a continuing risk to children had been assessed for their suitability for ongoing contact. New prisoners were designated as a potential risk on arrival based on information such as the type of offence. However, too often there was no subsequent assessment by a POM of risk to children based on evidence from the police and social services which should have determined whether contact by phone, mail or visits was appropriate.

6.15 Handovers of high-risk cases from prison to community offender managers occurred at the appropriate interval. They were appropriately focused on risk and were good. Prisoners approaching release usually had a confirmed MAPPA (multi-agency public protection arrangements) management level. Contributions by the OMU to local MAPPA panels in the community (MAPPA Fs) were sufficiently good and contributions by POMs with a probation background usually contained a better analysis of risk.

Categorisation and transfers

6.16 Too many prisoners convicted of sexual offences remained at Nottingham with no access to appropriate interventions. Of these 99 prisoners, 55 had more than 16 months left to serve and were eligible for immediate transfer under the latest HMPPS guidelines. However, there were not enough spaces in prisons like Whatton and Stafford where their risk and needs could be properly addressed, and some recent planned transfers had been cancelled.

6.17 Managers recognised that too many prisoners were subject to hold on their transfer. At the time of the inspection, 216 holds were in place, 75 of which had been imposed before 2022. Work was in progress to understand and address the reasons for this. Categorisation reviews were of a reasonably good quality and decisions were defensible.

Interventions

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

6.18 As a reception prison, Nottingham did not offer accredited programmes, but too many prisoners who needed such an intervention could not transfer (see paragraph 6.11). There were not enough brief interventions on attitudes, thinking and behaviour to help prisoners serving short sentences or those who had been recalled. A part-time worker had helped 60 prisoners to access support since the start of 2022, mostly using in-cell packs. A limited amount of very good quality one-to-one work had been delivered by POMs to a few prisoners using the Choices and Change (C&C) and New Me MOT packages, but these were very recent initiatives.

6.19 HMPPS data showed that about 28% of prisoners were released with no accommodation. Housing support was not good enough. Under the latest reorganisation of resettlement services, remanded prisoners were not eligible for support from the NACRO worker who had links with housing providers. This was a considerable gap in provision at a reception prison. The pre-release team were so short staffed that they could not reliably identify immediate housing needs on arrival or review all needs in the run up to release (see paragraph 6.23).

6.20 Prison managers had recognised some of these shortcomings and had seconded a prison officer to the temporary part-time role of accommodation coordinator. The officer was also deployed to run the departure lounge in the morning and escort prisoners to the employment hub in the afternoon (see paragraph 6.24). He visited prisoners approaching release to check for any unmet need and informed colleagues in the OMU and pre-release team so that they could make appropriate referrals. Data he had collected for the first four months of 2022 showed that about half the prisoners who had initially

told him they would be homeless on release still left Nottingham with no housing.

6.21 Support for prisoners to manage their finances, benefits and debts was poor. There were no specialist debt advice services or money management courses and very few prisoners had been able to open a bank account since the reorganisation of resettlement services in 2021. A worker had recently been appointed to help prisoners open bank accounts, but it had taken time to set up the service and no new applications had been submitted. Prisoners were able to discuss their benefit options with an on-site team of DWP work coaches who gave them job centre appointments on the day of release.

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.

6.22 The need for resettlement support was still very great with about 1,100 releases during the previous 12 months. Release planning was poorly resourced and varied depending on the prisoner's risk. It was ultimately unreliable.

6.23 The pre-release team who assessed prisoners' immediate needs on arrival and reviewed the needs of low- and medium-risk prisoners approaching release was very short-staffed, with 1.8 instead of 4.5 probation service officers on site. Some prisoners did not, therefore, receive immediate support on arrival to maintain tenancies or address pressing financial commitments (see paragraph 6.19), and some did not have their needs reviewed far enough ahead of release for effective support to be delivered.

6.24 The newly created employment hub was an excellent initiative which brought together resettlement agencies such as the Department for Work and Pensions (DWP), NACRO (a charity that works with prisoners to meet resettlement needs) and information, advice and guidance in one place. The intention was for prisoners to visit the hub to prepare for release, especially in their last two weeks, but they could not reliably access appointments. For several weeks, no prisoner had been escorted to the hub because the only officer assigned to escorting duties had been unavailable. A number of other practical barriers prevented the effective delivery of services: prisoners approaching release did not live on the same wing as the hub as originally planned; staff could not dial in-cell phones from their offices; and the accommodation coordinator was not located with the pre-release team, which risked duplication of work, and did not have access to vital information systems such as OASys and Delius (the Probation Service case management system).

6.25 The introduction of quarterly resettlement days was very positive. These were held in the visits hall, attended by a range of agencies and targeted at prisoners being released in the next 12 weeks. The first resettlement day in April 2022 had attracted about 50 prisoners and another was planned for July.

6.26 A 'departure lounge' (a place where prisoners access support on the day of release) operated from the visitors' centre. Although resettlement agencies were advertised in the lounge, they did not routinely attend to provide specialist advice. The officer who ran the lounge had made considerable efforts to secure food, toiletries and clothing from local charities, but the service needed further development to be fully effective.

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. **Reported incidents of self-harm remained at too high a level and many prisoners at risk of self-harm felt uncared for**. Case management (through the ACCT process) and oversight of prisoners on constant supervision required improvement. The daily regime and interaction with staff was too limited, inhibiting meaningful engagement and interaction.

2. **Prisoners were justifiably frustrated at the time that it took for legitimate requests to be resolved.** The applications and complaints systems were not fully effective.

3. **Leaders and managers did not ensure that prisoners had timely access to education, skills and work activities relevant to their needs, or that access was properly sequenced.** The allocations process was inefficient.

4. **Release planning was not well enough resourced or organised.** Prisoners could not access reliable support in gaining sustainable accommodation or help with their finances before release.

Key concerns

5. **Induction did not adequately prepare prisoners for prison life.** Not all prisoners received an induction and many received very little help with problems upon first arrival at the prison.

6. **The use of challenge, support and intervention plans (CSIPs) for victims and perpetrators of violence was not effective and was having only very limited impact.** The scheme was poorly communicated and the purpose of each prisoner's plan was unclear.

7. **Use of force was very high.** Oversight lacked impact and leaders did not routinely review footage to make sure that all use of force was justified and proportionate. Leaders did not have a plan to reduce the high levels of use of force.

8. **Prisoners complained about culturally ignorant attitudes among some staff.** Not enough was being done to understand and address these poor perceptions of prisoners from a black or minority ethnic background.

9. **Meals were served far too early; portions were sometimes small, and the food was unappetising.**

10. **Leaders and managers had not improved the quality of the education provision, in particular English, to make sure that the teaching that prisoners received was of a good standard.** Planning for education lessons was too generic.

11. **Too many prisoners did not develop the appropriate behaviours and attitudes to work, such as arriving and starting work promptly and adhering to safe working practices.**

12. **Prisoners did not receive enough careers information, advice and guidance to improve their progression into education, training or employment on release.** Too few prisoners progressed into sustained employment on release.

13. **The promotion of good family ties, supporting effective resettlement, required improvement.** There was, for example, no family casework, restrictions on social visits were unnecessary and not enough had been done to encourage the use of video calls.

14. **Public protection arrangements were weak.** Most pin phone monitoring did not take place and not all prisoners who potentially posed a continuing risk to children had their suitability for ongoing contact assessed.

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 2020, early days support was reasonably good. The proportion of prisoners saying they felt unsafe was similar to our last inspection and other local prisons. Prison Service data showed that violence levels were still among the highest compared with all other local prisons and a small number of incidents were serious. The range of interventions to address violence was limited. The number of adjudications had decreased, but the use of force against prisoners had increased dramatically. Staff-prisoner relationships in the segregation unit were good, but there was too little focus on reintegration. Security arrangements were now very good and steps had been taken to stem the flow of drugs into the prison. The number of self-harm incidents had increased substantially. Prisons and Probation Ombudsman (PPO) recommendations following self-inflicted deaths were not always addressed. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Negative perceptions of safety should be explored and addressed, and there should be a focus on reducing all forms of victimisation. (S49)
Not achieved

The number of violent incidents, including serious incidents, should be reduced through the implementation of a well-coordinated and effective strategy and action plan. Outcomes should be monitored to ensure their effectiveness. (S50)
Achieved

The level of self-harm should be reduced through the implementation of a prison-wide strategy and action plan that are specific to HMP Nottingham. The impact of the strategy and action plan should be monitored over time to measure their effectiveness. (S51)
Not achieved

Recommendations

The prison should ensure that all incidents, including allegations of bullying or victimisation, are reported to the safer custody team to ensure they are

investigated so that perpetrators can be managed appropriately and victims supported. (1.19)
Not achieved

Peer representatives should be actively involved in the safer custody department and appropriately trained to support prisoners. (1.20)
Not achieved

Managers should ensure that force is only used as a last resort and that staff are confident about applying de-escalation techniques. (1.29)
Not achieved

Reintegration planning for longer-term segregated prisoners should include providing them with access to the same regime and purposeful activity that is available to prisoners on the main wings. (1.34)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2020, relationships between staff and prisoners were more positive than at the previous inspection. Living conditions had improved, but too many cells lacked some basic equipment and the longstanding problem with the lack of clothes and bedding persisted. Delays in answering cell call bells caused significant concern. The food and shop provision were reasonable. Consultation with prisoners had improved. Wing kiosks provided a much better applications system and the number of complaints had decreased. There was little legal rights support despite prisoners' needs. Equality and diversity work had been strengthened and faith provision remained good. Health services were good and the well-being centre was an excellent, much-valued initiative. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Prisoners' access to prison clothing, including underwear and bed linen, remained very poor. For example, some prisoners had been wearing the same clothes for a week or more. (S52)
Achieved

Cell call bells must be answered within five minutes. (S53)
Not achieved

Recommendations

Prisoners from a foreign national background should have their welfare rights promoted and have access to independent legal advice. (2.31)
Achieved

Evacuation plans for individual prisoners should be completed thoroughly and should be of a good standard. (2.32)
Achieved

All staff in direct contact with prisoners should understand how to use evacuation chairs. (2.33)
Not achieved

Prisoners needing a secure hospital bed should be moved promptly. (2.66)
Not achieved

Prisoners requiring stabilisation support for drugs and/or alcohol should be in dedicated stabilisation cells that allow unrestricted observation overnight. (2.74)
Achieved

Officers' supervision of medicine queues should be consistent. (2.75)
Achieved

Officer escorts should ensure patients attend appointments on time. (2.76)
Not achieved

A pharmacist should be at the prison regularly to provide prescribing oversight, medicines use reviews and pharmacy-led clinics to help prisoners understand the reason for and effects of their medicines. (2.87)
Achieved

Purposeful activity

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

At the last inspection in 2020, time out of cell was reasonable, but too many prisoners were locked in their cells during the core working day. The gym and library provision was good. Ofsted judged that education, skills and work provision required improvement. There were sufficient places for the population and allocations were fair. However, the curriculum for short-stay prisoners did not meet their needs in full and the range of activities for prisoners on G wing was too limited. Attendance remained too low, although prisoners' punctuality was reasonable. Behaviour was mostly positive. Too many prisoners did not complete their qualifications or make sufficient progress during their time at HMP Nottingham. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The impact of quality improvement action on raising standards across the provision should be reviewed to ensure that prisoners receive a high-quality, wide range of education, skills and work activities. (S54)
Not achieved

Managers, teachers and instructors should ensure that prisoners achieve skills and qualifications across all education, skills and work activities, including in English and mathematics. Prisoners should have a structured programme of learning and/or skills development for their anticipated length of stay to help them move successfully on to the next stage of their education, training or employment on release or transfer. (S55)
Not achieved

Recommendations

Attendance rates across all education, skills and work activities should be improved rapidly to ensure that prisoners develop the skills they need for their next steps. (3.21)
Partially achieved

Managers should ensure that teaching, training, learning and assessment are of a high standard and that activities are tailored to prisoners' individual requirements and include challenging development targets to inspire prisoners to achieve their full potential. (3.29)
Not achieved

Managers should use the data they collect more effectively to monitor prisoners' progress, no matter how small, and to challenge poor performance. (3.43)
Not achieved

Rehabilitation and release planning

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

At the last inspection in 2020, support to help prisoners maintain contact with their children and families remained reasonably good. A few offender assessment system (OASys) reports were delayed and the quality of the reports was variable. Casework was limited in some instances and did not always adequately focus on progression or motivation. Most public protection procedures were applied robustly except for telephone monitoring. Categorisation reviews were up to date and home detention curfew (HDC) processes were applied appropriately. Risk management planning for high-risk prisoners being released was good, but in some cases lacked prison oversight. Resettlement help provided to the large number of remand and short-term prisoners was proactive, but the number released homeless had increased and remained a concern. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

All prisoners should receive structured and meaningful contact from their offender manager in the OMU including an appropriate level of one-to-one work where relevant. (S56)
Achieved

Public protection should be improved through the timely monitoring of all calls made by prisoners subject to telephone monitoring. (S57)
Not achieved

Steps should be taken to reduce the number of prisoners released homeless and the situation should be monitored over time to evaluate the effectiveness of the CRC's work. (S58)
Achieved

Recommendations

The telephone line for booking visits should be answered promptly. (4.7)
Achieved

Specialist provision should be available for all prisoners who need help improving or re-establishing relationships with members of their family. (4.9)
Not achieved

Systematic management oversight should be provided in all high-risk cases due for release. (4.23)
Achieved

An up-to-date analysis of the offending behaviour needs of the population should inform the provision of an appropriate range of non-accredited programmes and other interventions to help prisoners address their attitudes, thinking and behaviour. (4.31)
Not achieved

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in 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/hmiprisons/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:

Martin Lomas	Deputy chief inspector
Angus Jones	Team leader
Donna Ward	Inspector
Esra Sari	Inspector
Jade Richards	Inspector
Jonathan Tickner	Inspector
Martyn Griffiths	Inspector
Charlotte Betts	Researcher
Alec Martin	Researcher
Joe Simmonds	Researcher
Elenor Ben-ari	Researcher
Steve Eley	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Richard Barns	Pharmacist
Richard Chapman	Dentist
Danyi Turney	Care Quality Commission inspector
Montserrat Perez	Ofsted inspector
Carolyn Brownsea	Ofsted inspector
Allan Shaw	Ofsted inspector
Alistair Mollon	Ofsted inspector
Corinne Baker	Ofsted inspector
Amelia Horn	Shadowing

Appendix II Glossary

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

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

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

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

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

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

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

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

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

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

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

Recovery plan
Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime to the least as they ease COVID-19 restrictions. (https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services)

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

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

Shielding
Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

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

Special purpose licence ROTL
Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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

Appendix III Further resources

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

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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

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

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