



Report on an unannounced inspection of

HMP Channings Wood

by HM Chief Inspector of Prisons

11 and 18–22 July 2022



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Introduction

HMP Channings Wood is a category C training and resettlement prison near Newton Abbot in Devon. Just over a third of the 662 prisoners held at the time of our inspection had been convicted of an offence of a sexual nature.

The clearer sense of purpose for the prison and the evidence of progress we found during this visit was encouraging. Assessed as being not sufficiently good against all four of our healthy prison tests at recent inspections, we judged that outcomes had improved and were now reasonably good for safety, respect and rehabilitation and release planning.

Although our judgement of purposeful activity remained not sufficiently good, the governor had an impressive and ambitious vision for the prison, coupled with a credible pandemic recovery plan. His passion and strong commitment to deliver on the prison's training and resettlement purpose was underpinned by a commendable personal pledge to equip properly every prisoner leaving Channings Wood for a successful release.

Beneath this rehabilitative ethos, however, we found some serious shortcomings that leaders needed to address urgently. Despite the overall improvements in both safety and decency, we still found worrying indications of inconsistency in the care and conditions for some prisoners, which had been a recurring theme at previous inspections. We were concerned that the well-being for some prisoners was not sufficiently safeguarded, and heard allegations of violence, bullying, and intimidation towards newly arrived vulnerable prisoners who had been placed in dirty, ill equipped cells on a unit shared with longer term prisoners. In contrast, the majority of other new prisoners were held in a dedicated well-managed induction unit, that had good, clean living conditions and cells with showers.

We were also concerned that, despite raising this at our last inspection, every cell in the segregation unit was still fitted with CCTV that could be viewed by staff from the unit office, potentially breaching prisoners' rights to privacy. In fact, the prison's CCTV as a whole was overdue an upgrade, with many blind spots and cameras that did not work.

Furthermore, failings in some basic services were creating much frustration among prisoners. The application system, for example, was unreliable, and there were delays in receiving mail, property and parcels. The absence of a functioning key worker scheme exacerbated the problems that prisoners told us they faced in getting things done. There was a plan to deliver more key work, but this depended on increasing the available number of prison officers, even though the allotted number had been recruited.

Not enough attention had been paid to sentence progression: there was little support and provision for lifers and a lack of accredited offending behaviour programmes for those who presented a high risk and delays in transfers meant that some were released without having had their needs addressed.

Despite the seriousness of the deficiencies, our findings on the whole were more positive at this inspection: The ingress of illicit drugs that had caused us concern in 2018 had reduced, violence had declined, and more prisoners felt safe than previously. We observed officers to be generally caring and supportive and contact between prisoners and their offender managers was now much better.

Leaders had also made some progress towards improving living conditions in the residential areas, although cells and showers remained poor and unsuitable on some units. Around 70 prisoners shared cells designed for one, where conditions were very cramped, and toilets inadequately screened.

More positively, in-cell telephony had finally been switched on during our inspection, and we were told of plans to further improve and extend facilities as part of an expansion project that would increase the prison's capacity by 366 prisoners. Whilst the ambition for the prison was encouraging, it remains critical that leaders still pay attention to the fundamentals and safeguard the care and conditions for all their prisoners.

Charlie Taylor

HM Chief Inspector of Prisons

September 2022

What needs to improve at HMP Channings Wood

During this inspection we identified 14 key concerns, of which six 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. **Newly arrived vulnerable prisoners did not have safe or decent conditions.** Cells were not always clean or adequately equipped, and they were exposed to the risk of violence, bullying and intimidation from other prisoners.
2. **Key work was not sufficient and did not support sentence progression.**
3. **The standard of accommodation on some living blocks was poor.** Many cells and showers needed refurbishment, and conditions where two prisoners shared a cell designed for one were unacceptable.
4. **The application system was not functioning effectively.** This contributed to high levels of frustration among prisoners.
5. **Leaders did not make sure that there were sufficient places in education, skills and work for all prisoners.** As a result, too many prisoners waited a long time to be allocated to a programme that met their needs and not enough prisoners were participating in education, skills and work to be sufficiently well prepared for their release.
6. **Very few offending behaviour programmes were available for prisoners assessed as presenting a high risk of serious harm.** This limited progression, which was especially acute for high-risk life sentence prisoners.

Key concerns

7. **There was CCTV in cells in the segregation unit, which could be viewed from the unit office, potentially breaching prisoners' privacy.**
8. **There was a lack of functioning CCTV across the prison. Blind spots meant prisoners feared violent incidents would not be detected.**

9. **Leaders did not make sure that there was sufficient staff to run the education, skills and work programme for prisoners effectively.** This meant prisoners waited too long to join programmes. Those studying functional skills stayed on programmes beyond their planned end date.
10. **Too few prisoners received sufficient support in education, skills, and work to aid their resettlement.** Leaders had not fully reinstated prisoners' use of release on temporary licence for either work or learning.
11. **Tutors and instructors did not raise adequately prisoners' awareness of issues such as equality and diversity or values of tolerance and respect.** This meant prisoners did not develop their knowledge and understanding of these topics.
12. **The social visits area was unwelcoming and in poor repair.**
13. **Video calls were not accessible enough for prisoners or their families.**
14. **Prisoners waited far too long for progressive transfers.**

About HMP Channings Wood

Task of the prison

A category C adult male training and resettlement prison.

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

Prisoners held at the time of inspection: 662

Baseline certified normal capacity: 688

In-use certified normal capacity: 710

Operational capacity: 710

Population of the prison

- 960 new prisoners received each year (about 80 per month).
- 39 foreign national prisoners.
- 91% of prisoners from a white background.
- 49 prisoners released into the community each month.
- 81 prisoners receiving support for substance misuse.

Prison status and key providers

Public

Physical and mental health and substance misuse treatment provider: Practice Plus Group

Prison education framework provider: Weston College

Escort contractor: Serco

Prison group

Devon and North Dorset

Brief history

Channings Wood is a category C resettlement and training prison, which was built on the site of a Ministry of Defence base, opening in 1974. A further building programme, adding more accommodation, took place in the 1980s and was completed in 1991.

Short description of residential units

There were eight residential units, known as living blocks (LBs).

LB1 to LB5 each had two spurs of 56 cells over two floors.

LB1 – 112 cells that were designed to hold one prisoner with 26 that now held two, including vulnerable prisoners.

LB2 to LB5 – 112 single cells in each unit. LB5 also held vulnerable prisoners.

LB6 and LB9 – 34 and 40 cells respectively for those on the highest level of privileges.

LB9 – vulnerable prisoners.

LB8 – 32 double cells.

Name of governor and date in post

Huw Sullivan, December 2019

Changes of governor since the last inspection

Richard Luscombe, March 2018–November 2019

Prison group director

Jeannine Hendrick

Independent Monitoring Board chair

Robert Jordan

Date of last inspection

10, 11 and 17–20 September 2018

Section 1 Summary of key findings

- 1.1 We last inspected HMP Channings Wood in 2018 and made 60 recommendations, five of which were about areas of key concern. The prison fully accepted 48 of the recommendations and partially (or subject to resources) accepted 10. It rejected two of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection.

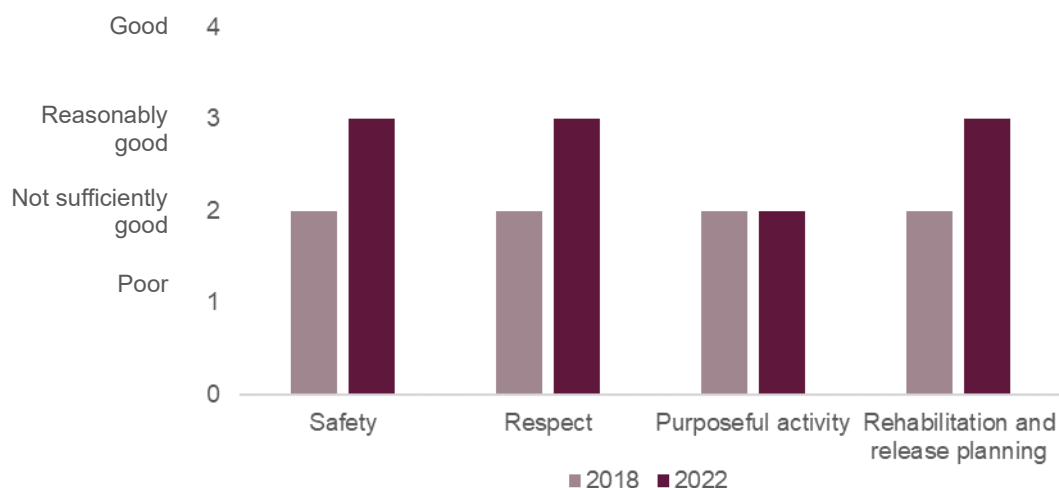
Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP Channings Wood took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made five recommendations about key concerns. At this inspection we found that two of those recommendations had been achieved and three had not been achieved. Both recommendations made in safety and the one recommendation made in the area of rehabilitation and release planning had been achieved. However, neither of the two recommendations made in respect or the one made in purposeful activity had been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

Outcomes for prisoners

- 1.5 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).
- 1.6 At this inspection of HMP Channings Wood, we found that outcomes for prisoners had improved in three healthy prison areas and stayed the same in one.
- 1.7 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 Channings Wood healthy prison outcomes 2018 and 2022



Safety

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

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

- 1.8 The reception area was clean, staff were courteous, and the process was efficient. First night accommodation for most prisoners was good, but newly arrived vulnerable prisoners were often placed in dirty, ill-equipped cells on another unit shared with longer term prisoners. We heard many allegations of violence, bullying and intimidation in the unit. The induction process was mostly well delivered but appeared to be less comprehensive for vulnerable prisoners.
- 1.9 Our survey showed that fewer prisoners felt unsafe compared with the last inspection. Rates of violence had declined and were lower than in similar prisons. Challenge, support and intervention plans (see Glossary of terms) were well managed. Serious incidents were investigated swiftly, and prompt action was taken where required.
- 1.10 Force was used less frequently than previously and was lower than at similar prisons. Scrutiny of use of force was now excellent, but some staff were reluctant to use body-worn cameras.
- 1.11 As at the last inspection, every cell in the segregation unit was fitted with CCTV that could be viewed from the unit office, potentially breaching prisoners' rights to privacy. The screen was switched off during our visit and we were told that the CCTV would be disabled.
- 1.12 Physical security had improved, but several CCTV cameras did not work. There were also many blind spots, and the system for capturing footage was unreliable. In our survey, fewer prisoners said they could get illicit drugs in the prison compared with the last inspection, and leaders had worked with partners to successfully reduce the ingress of

contraband. Mandatory drug testing had recently restarted, but suspicion-led testing was not taking place.

- 1.13 There had been two self-inflicted deaths since the last inspection. Oversight of the implementation of action in response to Prisons and Probation Ombudsman recommendations was good. Rates of self-harm were lower than at our last inspection but still higher than the average for similar prisons. Self-harm data were thoroughly analysed, interpreted and acted on.
- 1.14 Care for prisoners on the assessment, care in custody and teamwork (ACCT) case management system for prisoners at risk of suicide or self-harm was reasonable, and most told us they felt well supported. The standard of ACCT documentation, which was subject to robust quality assurance, had improved in the previous six months.

Respect

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

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

- 1.15 In our survey, 79% of prisoners said that staff treated them with respect which was higher than in similar prisons. Prisoners told us staff were caring and supportive, but also spoke about a minority who were rude and unhelpful. Key work delivery was poor and very few sessions were recorded.
- 1.16 Managers had made some progress towards improving living conditions in the residential areas. Cells in most living blocks were clean and in reasonably well-maintained. However, in some units, cells and showers were poor and unsuitable. About 70 prisoners shared cells designed for one, where conditions were very cramped, and toilets inadequately screened. Communal areas were clean and tidy, and most outside garden areas were reasonably well kept. Access to showers and cleaning materials was good, but prisoners complained about not being able to obtain sufficient clean clothing.
- 1.17 Prisoners' views about the food had improved since our last inspection, but self-catering facilities were very limited for most prisoners.
- 1.18 Consultation took place, but action was too slow. Prisoners had little confidence in the applications system, and responses to complaints, although reasonable overall, were often too brief and poorly worded.
- 1.19 An equality action team, which included partner organisations, scrutinised the prison's comprehensive equality policy and action plan, and forums for most protected groups were being reintroduced. The small number of discrimination incident reporting forms submitted were managed appropriately, and replies were respectful. Chaplains were

active in the prison community and regular religious services had resumed.

- 1.20 Resilient frontline health care staff made sure a core clinical service was delivered, despite staffing shortfalls and a lack of stable leadership. Access to GPs and other primary care specialists was reasonable, but individual care planning for those with long-term conditions still needed to improve. The Reconnect service, which helped prisoners on release access medical services, was a positive initiative. Social care arrangements were well established, and prisoners received good care.
- 1.21 Mental health services were meeting most prisoners' needs, but waiting times for psychological interventions were too long and there was no dedicated space for therapeutic activity.
- 1.22 Prisoners with substance misuse problems received individually tailored clinical treatment, underpinned by a good range of psychosocial support.
- 1.23 Medicines management services were good. Dental waiting times had been reduced to acceptable levels and additional clinics had been commissioned.

Purposeful activity

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

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

- 1.24 Prisoners in enhanced units and those in work and education spent more than eight hours a day unlocked. However, only 54% of prisoners were employed, which was poor for a training prison. Many who wanted to work but had no place allocated to them spent only four hours a day out of their cells and had very little to do during their time unlocked. The weekend regime was poor – most prisoners on the enhanced level could spend only three hours out of their cell every day, while others only had two hours.
- 1.25 The library was well-managed and provided a good service. The librarian organised a good range of reader development activities, including reading groups and arts, music and theatre events.
- 1.26 Facilities for indoor exercise in the gym were good, but there was no outdoor sports area. The PE team was short of staff, which restricted the activities that could be offered. Prisoners in work and education could attend the gym for three sessions during the working week, which disrupted their work or education classes.

- 1.27 Leaders had planned an ambitious curriculum, but had failed to provide sufficient education, skills or work places for all prisoners. As a result, not all prisoners were allocated to a chosen or relevant pathway to meet their resettlement needs. Plans to reintroduce work or learning via release on temporary licence had not yet been fully implemented.
- 1.28 Leaders had also been slow to address the shortage of teachers, and many prisoners waited too long to be allocated to a course that met their needs, such as maths and English. However, the increase in those with shorter sentences had been carefully considered and short courses had been established, which accredited the employability skills employers expect. Progression from taster courses to more substantial vocational courses for those who were in prison for longer were also offered. However, only a few prisoners were able to progress onto these courses because there were insufficient spaces.
- 1.29 Teachers did not help prisoners to develop their awareness of topics such as equality, inclusivity and fundamental democratic values. Consequently, prisoners were not fully aware of their rights and responsibilities, although prisoners behaved respectfully towards staff and their peers in workshops and classrooms.

Rehabilitation and release planning

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

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

- 1.30 The introduction of in-cell phones during our inspection had greatly improved prisoners' ability to maintain family ties. The prison's new strategy had begun to improve prisoners' links with their families, for example, through social media, newsletters, email and celebratory events. The Storybook Dads provision was very good and enabled prisoners to record video stories as well as audio recordings for their children. However, the visiting area needed refurbishment, and the uptake of video calls was poor.
- 1.31 The quality of offender assessment system documents had improved since our last inspection, and the backlog had been reduced. Sentence planning and progress made towards targets in the plans was reasonably good in most cases. Contact between prisoners and their prison offender managers had also improved since our last inspection, and oversight of offender management work was good.
- 1.32 Public protection systems were rigorous, and oversight and links to offender managers in the community were good. Re-categorisation reviews were timely and involved input from the prisoner, but there were often considerable delays in progressive transfers to other prisons. The lack of support and provision for lifers was a source of much frustration among life-sentenced prisoners.

- 1.33 Those assessed as presenting a high risk could not access offending behaviour programmes designed to reduce their level of risk. Transfers to a suitable prison often took too long, and some prisoners were released without their needs having been met. The Outside the Box programme for prisoners with a personality disorder or with neurodiverse or learning needs provided excellent support.
- 1.34 Resettlement arrangements were good and early contact with the community offender manager meant that release plans were generally progressed well.
- 1.35 Prisoners could receive help to open a bank account and obtain ID, and the Department for Work and Pensions arranged job interviews and provided benefits advice.

Notable positive practice

- 1.36 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.37 Inspectors found three examples of notable positive practice during this inspection.
- 1.38 The library manager promoted library use effectively by working with partners inside and outside the prison, and a wide range of activities, including chess, music, drama, and a reader development programme was offered. (See paragraph 5.4.)
- 1.39 The excellent Storybook Dads provision allowed prisoners to record themselves reading a story both on video and audio, which they could send to their children. (See paragraph 6.9.)
- 1.40 The Outside the Box outreach programme, run by a small operational and clinical team, offered excellent support to prisoners with a personality disorder or neurodiverse or learning needs. They were provided with several interventions, from simple advice and guidance to more complex psychologically informed courses. (See paragraph 6.35.)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had an impressive overarching strategy and vision that was appropriate for a category C training and resettlement prison, and gave clear direction through a well-planned and effectively communicated pandemic recovery plan (see Glossary of terms).
- 2.3 The cohesive senior team shared a commitment to involving prisoners in purposeful activity and maximising resettlement opportunities, underpinned by an ethos of celebrating achievement and involving families.
- 2.4 The leadership team was visible at daily meetings involving all staff. However, they did not pay sufficient attention to the failings in some basic services, creating much frustration among prisoners. For example, the applications system was unreliable, and prisoners lacked confidence in it, there were delays in receiving mail, property and catalogue orders, and there was insufficient action following consultation meetings. The absence of a functioning key worker scheme (see Glossary of terms) exacerbated the problems that prisoners told us they faced in getting things done. Leaders had a plan to deliver more key work, but it depended on increasing the available number of prison officers. Although the allocated number of prison officers had been recruited, some were on 'detached duty' to assist at other prisons or otherwise absent for reasons, such as sickness or initial training. There was also a shortfall in administrative staff, despite leaders' repeated recruitment efforts.
- 2.5 Although leaders had a robust plan in place that had driven improvements in safety, we were not convinced that the well-being of vulnerable prisoners was always sufficiently safeguarded (see paragraph 3.5). We were also concerned that every cell in the segregation unit was fitted with CCTV that could be viewed by other staff from the unit office, potentially breaching prisoners' rights to privacy (see paragraph 3.25). Leaders took action to remedy this during our inspection.
- 2.6 Leaders had robustly challenged inappropriate staff behaviour through the disciplinary process and held workshops to promote a positive culture. We saw many examples of energetic and effective functional leadership and the senior probation officer provided good professional

development and support to prison offender managers. Leaders worked with many resettlement partners and potential employers, and there were early signs of improvement in outcomes for prisoners.

- 2.7 There were currently insufficient activity places for all prisoners, but leaders planned to increase workshop provision and reorganise staff resources over the following few months, to increase the amount of purposeful activity. Ofsted judged the overall effectiveness of education, skills and work to require improvement.
- 2.8 Partnership working with the maintenance services provider had been especially challenging because it had failed to deliver a funded shower refurbishment programme. Leaders had acted creatively by setting up a workshop to train prisoners to replace flooring and plans to refurbish the unacceptably poor showers had been reinstated. In-cell telephony had finally been installed during our inspection. Leaders were developing plans to further improve and extend facilities as part of an expansion project that would increase the prison's capacity by 366 prisoners.
- 2.9 There were up-to-date needs-based strategies and action plans in most areas, and good analysis and use of data. The prison's self-assessment assurance framework had not identified how progress against the delivery of its priorities would be tracked or measured, but the governor had pledged to provide prisoners with accommodation and work skills in preparation for release.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The well-being of vulnerable prisoners was not sufficiently safeguarded on arrival at the prison. Although the reception was welcoming and staff were courteous, vulnerable prisoners were transferred to LB1, which was unsuitable for new prisoners. Often, they could not have a shower or make a free phone call on their first night in the unit. Many were placed in dirty cells, some of which lacked basic items, and shared their living space with longer term prisoners.
- 3.2 During our inspection, a recently arrived man in his 80s was put in a cell with a man in his 20s. There was no decency curtain around the toilet in the cell or curtains on the windows. Despite his mobility issues the cell he was placed in was on the first floor, which could only be reached by using the stairs.
- 3.3 Of particular concern was that, during our inspection, we heard numerous, credible allegations of violence, bullying and intimidation against prisoners on LB1, including of those who had recently arrived.
- 3.4 Induction for vulnerable prisoners took place over two weeks. It was delivered by staff and Insiders, but the programme was often hindered by the non-availability of either of the two dedicated induction officers.
- 3.5 Overall, 83% of respondents in our survey said they were treated well on their arrival. Reception processes were delivered efficiently and first night interviews were conducted in private. Although these were comprehensive, questions about well-being were asked in a cursory way. In our survey, 51% of respondents reported spending less than two hours in reception, which was similar to comparable prisons.
- 3.6 Most prisoners were moved from reception to living block 8, a dedicated well-managed induction unit, that had good, clean living conditions and cells with showers. New arrivals were interviewed by living block (LB) staff, and most could make a telephone call on their first night. If a prisoner arrived at the unit late, staff would make a call on their behalf. Insiders (prisoners who introduce new arrivals to prison life) led most of the induction process, which was comprehensive and well delivered.

Managing behaviour

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

Encouraging positive behaviour

- 3.7 More prisoners felt safe than previously. In our survey, 17% said they felt unsafe which was lower than at the last inspection (33%). Although 46% reported having felt unsafe at some point while at the prison, this was lower than in 2018 (61%) However, more prisoners than in similar prisons said they had experienced verbal abuse (36% compared with 26%), although this was still an improvement on last time (54%). Fewer prisoners also reported experiencing physical assault (13% against 29%) and threats/intimidation (32% compared with 49%) than at the last inspection.
- 3.8 Rates of violence against staff and prisoners had declined and were lower than at similar prisons. There had been 103 incidents of violence in the previous 12 months; 73 were fights and assaults and 30 were assaults on staff. Nine of the incidents had been reported as serious.
- 3.9 Some prisoners told us that although the level of violence had decreased, there were still some hotspots, such as on LB1 where violence occurred frequently (see paragraph 3.7). Prisoners told us that this happened particularly when the exercise yard was unsupervised or where CCTV cameras did not provide adequate cover. We raised the concern with leaders who committed to addressing it and started an investigation during our inspection.
- 3.10 The overarching safety strategy addressed violence reduction and informed the well-attended monthly safety meeting. Relevant data were captured and analysed, providing managers with good insight to the causes of violence and how to address them. The analysis informed an ongoing action plan, and tasks were allocated to safety committee members who implemented them swiftly. A number of measures had been taken to reduce violence, such as reducing the ingress of illicit substances and clamping down on illicit alcohol made by prisoners.
- 3.11 Safety managers routinely investigated serious incidents of violence requiring hospital attendance, although they occurred infrequently. Investigations we looked at were detailed and provided managers with a good understanding of the causes of the incident. Violent incidents that did not require urgent medical attention did not always receive the same level of scrutiny.
- 3.12 Five prisoners were self-isolating in their cells because they feared reprisals from other prisoners. One had been self-isolating for over three months. All were discussed at the weekly safety intervention

meeting (SIM) and although these prisoners told us they felt supported, there was no overarching plan to monitor or reduce self-isolation.

- 3.13 The prison used challenge, support, and intervention plans (CSIPs) (see Glossary of terms) to manage those who behaved violently, had multiple complex needs or were victims. Sixteen CSIPs had been opened in the previous 12 months and the process was well embedded. Plans we looked at were tailored to the individual and reviews were timely. Prisoners who had recently been placed on a CSIP knew why and told us they had felt supported.
- 3.14 A new project Threads, aimed to reduce self-harm, violence and suicide in prison. While this was a promising initiative, it was too soon to see if it had made an impact. (See paragraph 3.45.)
- 3.15 In our survey, 41% of respondents said the incentives policy encouraged them to behave well and only 38% said they felt it had been applied fairly. There were 16 prisoners (1%) on the basic level and 204 (19%) on the enhanced level of the scheme. The policy was up to date and offered incentives in line with national guidelines but did little to motivate prisoners to behave better.
- 3.16 Prison records showed that prisoners placed on the lowest level of the incentives policy had been downgraded appropriately. Reviews were held on time, but they were all automatically set to seven-day intervals, which meant they were not based on the individual. Staff did not always consider if it was appropriate to remove TVs from the cells of prisoners at risk of suicide or self-harm who had been placed on the basic level.
- 3.17 There was little distinction between the levels, although some vulnerable prisoners on the enhanced regime lived on LB9, which prisoners considered to be the most pleasant accommodation. Leaders agreed to consider adding more incentives.

Adjudications

- 3.18 There had been 1622 adjudications in the previous 12 months, which was slightly lower than at the last inspection. There were no backlogs and adjudications were being used only for the most serious incidents, which were for violence, use of weapons, and possessing unauthorised items.
- 3.19 The deputy governor conducted monthly random assurance checks, which had identified areas for improvement, such as deeper enquiries into the case and accurately recording the conversation with prisoners. Feedback was provided to adjudicators and there was a marked improvement in the quality and depth of enquiry in some of the more recent adjudications as a result. We observed hearings being conducted respectfully.

Use of force

- 3.20 Use of force had been very high following our last inspection but had declined since and was lower than in similar category C prisons. There had been 111 incidents involving force in the previous 12 months – 89% of incidents were spontaneous and most related to stopping fights. There had been 22 planned incidents in the previous 12 months, mostly in response to prisoners with weapons.
- 3.21 In our survey, 6% said they had been physically restrained in the previous six months, 40% of whom said someone had spoken to them about it afterwards, although records demonstrated that most prisoners received a verbal debriefing from a use of force coordinator following restraint.
- 3.22 In the previous 12 months, no incidents had involved the use of PAVA incapacitant spray or batons, nor had batons been drawn. Only a few staff carried PAVA. However, more staff were to be issued with it as training rolled out over the following few months. Rigid bar handcuffs had been used 52 times proportionately mostly, but in a small number of incidents we reviewed they had been applied to compliant prisoners and the reason was unclear. Leaders had also discovered this during the quality assurance process for the use of force and had taken action.
- 3.23 Scrutiny of the use of force was excellent and there had been major improvements in monitoring and assurance. Documentation was up to date and the quality of incident report writing was good. A panel comprised of the deputy governor, safety custodial managers (CMs) and use of force coordinators reviewed every incident involving restraint at the monthly use of force meeting. Prison notes showed that managers had taken positive action to address poor practice. The CM also followed up incidents with officers to support their decision-making skills and delivered coaching on the application of restraint techniques. Despite these improvements in oversight, body-worn video footage did not capture every incident, and some staff were reluctant to use cameras at all and told us they feared being investigated.
- 3.24 Special accommodation had been used once in the previous 12 months for approximately three hours. Its use was both justified and proportionate and documentation had been completed thoroughly. Prison records showed frequent prisoner welfare checks had taken place during that period.

Segregation

- 3.25 As at the last inspection, every cell in the segregation unit was fitted with CCTV that could be viewed by staff from the unit office, potentially breaching prisoners' rights to privacy. The governor arranged for the screen to be switched off during the inspection and committed to disabling the CCTV.



Segregation cell

- 3.26 There had been 261 prisoners segregated in the previous 12 months and four prisoners were in the unit during our inspection. Nobody had been segregated for over 42 days. Reintegration planning started as soon as prisoners arrived, and most prisoners returned to the LBs at the end of the segregated period.
- 3.27 In our survey, 4% said they had been segregated in the previous six months, 67% of whom said segregation staff had treated them well. Segregated prisoners we talked to spoke very well of staff and confirmed they regularly had access to fresh air and a shower and could make phone calls (to which they were entitled). We observed relaxed courteous interactions.
- 3.28 Cells were clean and had been repainted. The graffiti on the back of cell doors we observed at the last inspection had been removed. A variety of suitable reading books was available, and the librarian frequently offered new stock, which prisoners made good use of. The shower was in poor condition and in need of refurbishment, but funds had been secured to undertake this work and plans were in place.



Segregation shower with litter

- 3.29 Adjudication standardisation meetings had been reintroduced and were well attended. Relevant data, that were examined, also informed the monthly safety meeting, which provided very good oversight of segregated prisoners, for example, by monitoring whether those with protected characteristics suffered disproportionate treatment.

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 Our concerns from the last inspection about physical security had been mostly addressed, but several CCTV cameras did not work. There were also many blind spots (see paragraph 3.11), and the system that captured and downloaded footage was unreliable. The lap top computer randomly corrupted the CCTV footage and had not been updated so that managers could review images when they needed to.
- 3.31 Of the 438 intelligence-led searches requested only 73% had taken place, 54% of which resulted in a find. A new specialist searching team had been formed, comprised of six officers, one CM and two who were operational support grade staff. They supported leaders by overseeing body scans and observing their peers conducting cell and body searches.

- 3.32 In our survey, fewer prisoners said they could get drugs in the prison compared to the last inspection (29% against 76%), and leaders had worked with partners to reduce this. Several successful initiatives included working closely with police, photocopying mail, providing unique reference numbers for legal post and introducing an alert process to seize items thrown over the perimeter fence.
- 3.33 The drug strategy was up to date and recent meetings showed attendance was good, useful analysis of data took place and there was an ongoing action plan. Mandatory drug testing had restarted, and early indications showed a much lower rate of positive drug tests than was recorded at our last inspection. Suspicion-led testing did not take place.

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

- 3.34 There had been two self-inflicted deaths since the previous inspection. Recommendations arising from Prisons and Probation Ombudsman investigations were tracked and monitored. During our inspection we found that most had been implemented.
- 3.35 The rate of self-harm over the previous six months was about 20% lower than in the lead up to the previous inspection. However, it was still higher than the average compared with similar prisons.
- 3.36 The prison took a range of responsive measures. Relevant data were thoroughly analysed, interpreted and acted on, and the weekly SIM was multidisciplinary and provided adults at risk with good support.
- 3.37 The prison investigated serious self-harm incidents and attempted suicide, which often offered valuable insight, highlighted underlying trends, identified lessons to be learnt and proposed responsive action, much of which was implemented.
- 3.38 Care for prisoners on assessment, care in custody and teamwork (ACCT) documents for prisoners at risk of suicide or self-harm was reasonable. There were appropriate care plans and multidisciplinary cooperation was involved. Most prisoners who were, or had recently been, on an ACCT told us they felt the process supported them well. The standard of ACCT documentation had improved in recent months. Feedback from safer custody staff following quality assurance had contributed to the improvement.

- 3.39 Staff training in suicide and self-harm prevention had been suspended during the pandemic and only 64% of current staff had completed it. The prison was about to send four staff on a Training for Trainers course to address the issue.
- 3.40 Safer custody peer workers were active across the prison helping to identify and support prisoners, including those at risk of suicide and self-harm. Safer custody staff provided them with good support, including through regular meetings.
- 3.41 The prison had recently started to cooperate with Recoop, a criminal justice organisation, on a project called Threads, which aimed to reduce self-harm, violence and suicides (see paragraph 3.16). Project staff trained suitable prisoners, many with their own experience of dealing with mental health issues, to support their at-risk peers to identify and revise negative thinking and patterns of behaviour. Prisoners receiving support from the project were extremely positive about it, emphasising the value of working with those who had experienced and come through their own crises.
- 3.42 There was a large, active team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The team received good support and assistance to do their job. However, there were no Listener suites and many LBs lacked suitable space for them to carry out their role to best effect.
- 3.43 Since our last inspection a constant supervision cell in the health care department had been withdrawn, leaving only one such cell on LB5. Constant supervision care had been used 20 times in the previous year, and was sometimes required for extended periods, which meant more than one cell was needed. However, plans were in place to allocate another cell for this purpose.

Protection of adults at risk (see Glossary of terms)

- 3.44 A comprehensive safeguarding policy identified reporting and support pathways. Links between safeguarding staff and those performing other key functions were sound. While internal adult safeguarding arrangements were good, links to the external adults safeguarding board were not strong enough.

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, 79% of prisoners said staff treated them with respect, which was better than in similar prisons (68%), and 75% said there was a member of staff they could turn to if they had a problem. Prisoners told us staff were caring and supportive, and we observed friendly and respectful interactions. We saw staff who were busy in the units – they no longer congregated in offices as at our last inspection.
- 4.2 However, prisoners also spoke about a minority of staff who were rude and unhelpful. Some were unapproachable, addressing prisoners by their surname only, which was disrespectful.
- 4.3 Managers were more visible and helpful than we have seen in some similar prisons. In our survey, of those who had shared a problem with a manager, 51% felt they had helped them compared with just 33% elsewhere.
- 4.4 Delivery of the key worker scheme (see Glossary of terms) was poor and very few recorded sessions took place. As few as five key work sessions had been organised in a recent week. In our survey, only 66% of prisoners said they had a named officer or key worker, compared with 82% at the last inspection. In the previous week, only 22% of prisoners said a member of staff had talked to them about how they were getting on. However, a plan to increase the frequency and standard of key work had recently been developed.

Daily life

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

Living conditions

- 4.5 Managers had made some progress towards improving living conditions in the residential units. Work on roofs and replacement windows was taking place. However, as at the previous inspection,

there were wide variations in the state of accommodation, and some remained poor.

- 4.6 Cells on most of the living blocks (LBs) were in reasonably good condition. Many did not have curtains, but they were fairly well furnished with chairs, tables and lockable storage cupboards. Notice boards allowed prisoners to personalise the cell, and there was very little graffiti. Most prisoners kept their cells clean.



Cell on living block 2

- 4.7 However, prisoners in some units, particularly LB1 and LB4, were in cells that needed refurbishment. About 52 prisoners were in shared cells, designed to accommodate one person. Living conditions in these cells were poor – there was too little space, insufficient storage and toilets were inadequately screened.
- 4.8 Communal showers on most of the LBs were poor – they had missing tiles, an erratic water supply and lacked privacy screens. Managers had secured funding to refurbish showers in one unit and work was about to start. In-cell phones had been installed in almost all cells.



Showers on living block 4

- 4.9 Managers were implementing a decency strategy, which included regularly checking the condition of the LBs, and encouraging prisoners to maintain cleanliness. In our survey, more than 77% of prisoners said they could obtain cleaning materials every week and 76% clean bedding, which was better than in comparator prisons (56% and 64% respectively). Managers had recently introduced a monthly competition, with prizes for the cleanest LB.
- 4.10 Most communal areas were clean and tidy. In our survey, 69% of prisoners said communal areas were clean. The LBs were surrounded by lawn and garden areas, most of which were well kept and reasonably attractive. Prisoners could walk around outside, but there was insufficient outdoor exercise equipment.



Gardens

- 4.11 In our survey, 95% of respondents said they could have a shower every day, but prisoners complained about being unable to obtain sufficient clean clothing. In our survey, only 54% said they had enough suitable clothes, which was lower than in similar prisons (72%).

Residential services

- 4.12 In our survey, 44% of prisoners said the food was good or very good which was better than at our last inspection (22%). Prisoners selected lunch and dinner from a rolling monthly menu. The catering manager consulted prisoners about meals through, for example, meetings with unit representatives, prisoner surveys and comments books. Prisoners we spoke to were positive about the food, but some thought the portion sizes were not sufficient. The food we sampled was reasonable, but lunch and the evening meal were served too early.
- 4.13 The kitchen was clean and the working environment for more than 20 prisoners in the kitchen was good. Prisoners undertook basic catering courses, while others did advanced courses through Weston College.
- 4.14 Not all servery workers on the LBs wore protective clothing. The servery on LB3 had not been keeping food warm for several months. It had been reported but there was no timeframe for its repair.
- 4.15 Tables and chairs were not set out on several LBs and many prisoners ate in their cells. Unit catering facilities mostly consisted of a toaster and a microwave.
- 4.16 An extensive list of shop items, some of which had been selected following consultation, was available. New arrivals could wait up to 10

days for their first shop orders, which increased their risk of getting into debt. Prisoners could only buy clothes from one catalogue, which was not sufficient to meet their needs. They complained of long delays in receiving their clothes order (see also paragraph 4.11).

Prisoner consultation, applications and redress

- 4.17 Some meetings with prisoners were held on LBs, but they were often focused on providing information and did not identify prisoners' views or lead to action. Consultation with prisoners mainly took place through meetings with unit representatives, which were meant to be held fortnightly, but they usually took place about once a month. Points for action were noted in meeting minutes, but many identified issues had been outstanding for several months.
- 4.18 Most prisoners did not have confidence in the application system and too many told us they had to make repeat applications before receiving a response. There was limited tracking and managers did not undertake quality assurance of the applications process.
- 4.19 The prison received about 110 complaints a month, a substantial increase on the 58 a month at our last inspection. However, the number of complaints was still lower than the average for similar prisons. In our survey, 34% of prisoners said their complaints were usually dealt within seven days, more than in comparator prisons (22%). Those we reviewed either received responses that were in time or a few days late. Responses to complaints that we reviewed reached reasonable conclusions and identified appropriate remedial action, but were too brief, often poorly worded, and sometimes brusque.
- 4.20 The business hub manager scrutinised and monitored complaints. Property and residential problems were the most common issues, and many of the complaints would not have been necessary, had the application system been working properly. However, staff tried to address the issues. For instance, there had been efforts to reduce delays in providing refunds for returned catalogue and shop purchases after it had emerged as a common cause for complaint.
- 4.21 In our survey, only 33% of prisoners said it was easy to communicate with their legal representatives, lower than in comparator prisons (45%). Many prisoners told us there were delays in prisoners receiving their legal mail. Additionally, 55% of prisoners said their legal mail had been opened when they were not present. Legal visits were held in the visits room, but it was not a confidential setting. The library held an extensive stock of legal texts and documentation.

Equality, diversity and faith

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

Strategic management

- 4.22 A senior manager was responsible for promoting equality and diversity, assisted by a custodial manager and an equality officer. The prison's equality and diversity policy, published in 2020, outlined leaders' expectations and set out the responsibilities of all parties, including the senior management team, staff and prisoners. Managers had developed an action plan for 2021–2022, which defined equality objectives for prisoners and staff, with responsibilities and timescales assigned.
- 4.23 The plan was monitored by an equality action team, (EAT), which included the governor, deputy governor, senior managers, Independent Monitoring Board and prisoner representatives, as well as those from partner organisations such as the health care and education providers.
- 4.24 The EAT met every two months and received a comprehensive data report showing how prisoners with protected characteristic fared when interacting with aspects of the regime, such as employment and the incentives policy. This enabled managers to identify any disparities in outcomes for these groups. In recent meetings, the data indicated generally proportionate outcomes for prisoners, but EAT managers had noted some minor disproportionate outcomes and had taken action. For example, the equality manager and Roman Catholic chaplain had been asked to speak to young Catholic men about their involvement in acts of violence, which the data showed to be higher than their representation in the population.
- 4.25 Access to discrimination incident reporting forms (DIRFs) was better than at the last inspection. Forms were freely available on most LBs, although on one they had to be requested from the unit office, which could have prevented prisoners from complaining. The equality officer encouraged prisoners to make a complaint if they felt they had been subject to discrimination, but the number of DIRFs submitted was low. Complaints were managed appropriately, and responses were respectful. There was no independent oversight of the process, but all responses were quality assured by the equality lead staff member.
- 4.26 Prisoner equality representatives were active on all LBs, and they met every month with the equality lead staff member. The representatives were well-motivated and said they received good support from prison

managers and the safer custody department. However, some reported that officers in the units were sometimes unsympathetic and lacked an understanding of disability issues, particularly in relation to mental health needs. Forums for protected groups had been suspended during the pandemic but were being reintroduced.

Protected characteristics

- 4.27 In our survey, 10% of prisoners said they were from a black and minority ethnic background. These prisoners' responses were similar to those of the general population. The equality representative for black and minority ethnic prisoners met regularly with the equality officer, and forum meetings had restarted. Meeting minutes showed that five prisoners attended the most recent meeting, where there were discussions about DIRFs and education provision. No examples of discrimination were raised.
- 4.28 In our survey, 3% of prisoners said they were from the Gypsy or Traveller community. These prisoners received good staff support, and the Traveller representative was talking to kitchen staff about a meal to celebrate Traveller culture to be held in the week following our inspection.
- 4.29 There were about 40 foreign national prisoners at the time of the inspection. All were offered support from the equality officer, who also arranged for immigration service staff to visit the prison to provide prisoners with information. Twenty prisoners had attended a clinic the previous month to discuss their immigration status. Not enough was being done to make sure that prisoners who did not speak English were informed about prison rules and processes. Some important information had been translated into other languages, but prisoners were not aware of it, and phone interpreting services were rarely used.
- 4.30 In our survey, 46% of prisoners reported that they had a disability. There were good arrangements for identifying these prisoners during induction, and support was provided by the equality officer and prison peer workers, including mental health peer workers attached to the health care department. Paid buddies were appointed when prisoners had additional needs. Most buddies had received training, which was accredited by the local authority.
- 4.31 Personal emergency evacuation plans were well managed and up to date, and officers in the units were aware of them. Although 80% of disabled prisoners in our survey said staff treated them with respect, they were more negative than non-disabled prisoners about several aspects, including safety, getting enough to eat, leading a healthy lifestyle, and time out of cell.
- 4.32 In our survey, 5% of respondents described themselves as gay, bisexual or another sexual orientation. Focus groups for these prisoners had been re-established and support from staff and prisoner representatives was reasonably good. Pride celebrations had included a special meal. During the inspection, one prisoner who identified as

transgender was receiving good support, and regular multi-agency review boards were monitoring her situation.

- 4.33 About 25% of prisoners were 50 or older. In our survey, they reported similar or better treatment than younger prisoners in almost all areas. There were few facilities for retired prisoners, but managers had obtained funding to create a sensory garden for elderly and disabled prisoners. Forums for older prisoners and for those under 25 had re-started. Minutes indicated that both groups raised concerns, but no action points were identified.

Faith and religion

- 4.34 Provision for prisoners who had a religion was good. The chaplaincy was fully staffed, enabling all prisoners to practise their faith, and regular religious services had resumed. All religious festivals were celebrated, often with a gathering that included food that was specially prepared in the prison kitchen. In our survey, 91% of those who said they had a religion said they could attend a religious service, and 77% said their beliefs were respected, both better than in comparator prisons (62% in each case).
- 4.35 Facilities were good. The chapel was attractive and welcoming. There was a separate multi-faith room with appropriate facilities for Muslim prisoners.
- 4.36 Chaplains were active in the prison community, regularly visiting the LBs to talk to prisoners and staff. They saw all prisoners during induction and before release and provided pastoral support to prisoners experiencing personal or family difficulties. Chaplains also visited prisoners in hospital and liaised with families during times of distress. Religious discussion and education classes, suspended following COVID-19 restrictions, were now being reintroduced.

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.

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

Strategy, clinical governance and partnerships

- 4.38 Health partners mostly operated autonomously, and a closer working rapport could have been developed to enhance patient care. Relations between health leaders and prison managers had suffered and we were

made aware of disagreements about policy areas, which had not been fully resolved. The absence of a substantive head of health care exacerbated the situation. Local delivery quality boards meetings, chaired by the governor, were to take place more frequently, which should assist future partnership working. Collaboration between health care leaders and the UK Health Security Agency was good, which contributed to the safe management of several COVID-19 outbreaks.

- 4.39 Some senior health care posts were unfilled, which had affected the stability of leadership arrangements. The health care team faced recruitment challenges, which were having an impact on existing staff, and the department relied heavily on additional hours and agency staff. Despite this, resilient frontline staff were covering shifts to make sure core clinical services were delivered.
- 4.40 Clinical governance arrangements were well-established and key areas, which potentially put patients at risk, were identified. Good systems were in place for reporting, managing and learning from clinical incidents. We saw evidence that recommendations from Prisons and Probation Ombudsman investigations into prisoner deaths were acted on and lessons learned adopted into service arrangements.
- 4.41 Mandatory training was being delivered and professional development encouraged. Monitoring data for clinical supervision uptake were not systematically collated. Information-sharing protocols were in place and prisoners were informed of them as part of the reception process. Vulnerable prisoners could access clinics easily and their separate waiting area now had seating but was still isolated.
- 4.42 Health care staff's interactions with patients were polite and professional. The availability of treatment rooms in the health care centre had improved since our last inspection but was still limited, for example there was no access for mental health appointments. Clinical areas mostly complied with infection prevention standards and consultations were held in private.
- 4.43 Arrangements for providing a rapid and skilled response to medical emergencies were comprehensive and overseen by the paramedic team. Staff were trained in the use of immediate life support skills and resuscitation equipment was appropriate and regularly checked. Prison staff provided the first response once the health care team had left the site, and most staff had received first aid training and could access automated external defibrillators (AEDs) on the wings.
- 4.44 Concerns and complaints about health care were mostly well managed and there was an emphasis on face-to-face contact to try and resolve issues at an early stage. The formal responses we sampled were courteous and addressed the complainants' concerns.

Promoting health and well-being

- 4.45 A committed and enthusiastic patient engagement lead (PEL) staff member had worked well with the prison to deliver a series of prison-

wide health promotion events, usually one per month over the previous six months. The PEL staff member had collaborated with gym staff and had involved up to 80 participants in each event.

- 4.46 Health promotion material was visible across the prison, although it was only available in English. Some of the notice boards displayed several posters, but they were not in an easy-read format, which meant information was not accessible for those with limited literacy skills.
- 4.47 There were no health champions or peer workers and, while some volunteers had been recruited, a start date for training had not been confirmed.
- 4.48 NHS age-related health checks and screening programmes were being delivered and delays were well managed. A registered nurse took the lead on sexual health and had links to a consultant, who could deliver more complex care. Patients had access to COVID-19 vaccinations and health staff actively promoted uptake.

Primary care and inpatient services

- 4.49 All new arrivals received a health assessment screening to determine any urgent medical need or any requirements for additional specialist input. During the reception screening, prisoners were offered testing for hepatitis B and C. Patients who tested positive were followed up promptly for further assessment, which was good. A secondary comprehensive assessment was booked to take place within seven days of the prisoner's arrival. The appointment did not always take place within the timeframe, but patients received follow up and staff reviewed the health records of those who declined this input.
- 4.50 A wide range of primary care services was available between 7.30am and 6.30pm, Monday to Friday, and between 8am and 6pm at weekends. A consortium of GPs, who were experienced in prisoners' health, provided out-of-hours' cover. Prison and health care staff told us the service was responsive and effective.
- 4.51 Patients could request an appointment through a paper application system. In our survey, 38% of respondents said it was very difficult to see a doctor. Patients were placed on a GP triage list; our review showed that some could be on the list for over a week. The triage waiting list did not operate to a specific timescale, which meant it was difficult to provide effective oversight and there could have been clinical risks. However, the waiting time for a face-to-face routine appointment was about two weeks with urgent, same day appointments available if required.
- 4.52 Non-attendance rates for the GP were too high, but the approach to following up and rebooking appointments was consistent.
- 4.53 Waiting times for physiotherapy and podiatry had been addressed, but optician appointments had been taking up to 22 weeks. The provider

told us it was making progress to address the backlog and we saw evidence confirming this.

- 4.54 Not all patients with complex health needs had a care plan reflecting their current care or conforming to national clinical guidance. Two nurses with an interest in the care of patients with long-term conditions were assigned to review patients.
- 4.55 Three external appointments could be scheduled every day and the health care team informed us that this was sufficient to meet patients' needs. The administrative team monitored external hospital appointments to make sure that no-one missed their appointment, and any cancellations or rearranged appointments were managed effectively. Those who needed urgent treatment were prioritised. Patients were not routinely told if an appointment, either internal or external, had been cancelled or rearranged.
- 4.56 Patients received an appropriate pre-release assessment and most of those needing medication on release were given seven days' supply. Reconnect, a care after custody service, also helped prisoners to find a local doctors' surgery and make hospital appointments.

Social care

- 4.57 Social care arrangements were well established and the memorandum of understanding between the prison and the local authority was due to be reviewed. Prisoners' needs were identified on reception and monitored on an ongoing basis through the safer custody and health teams as well as other professional groups. The referral pathway was clear, well-advertised and prisoners could refer themselves. Assessments were timely and the local authority social worker and occupational therapist visited the prison regularly. Staff providing personal care knew their patients well and were dedicated and caring. Detailed care plans were in place and prisoners valued the support provided. Peer workers provided additional non-intimate support. They were well trained, received good supervision and were also very committed.

Mental health care

- 4.58 Mental health services met most patients' needs, but waiting times for psychological interventions were too long, and there was no dedicated space for therapeutic activity.
- 4.59 A multidisciplinary team delivered a seven-day service based on the stepped care treatment model (mental health services that address low level anxiety and depression through to severe and enduring needs).
- 4.60 A duty worker was allocated every day to respond to urgent applications, triage new referrals and attend assessment, care in custody and teamwork reviews for prisoners at risk of suicide or self-harm. The team had a target to see all urgent referrals within 72 hours and routine referrals within five days, but patients were usually seen

well within these targets. During the inspection nobody was waiting for an assessment.

- 4.61 Prisoners' immediate mental health needs were identified during the initial reception screening and appropriate information was passed on to the mental health team to make sure they received continuity of care. Allocations meetings were held throughout the week to provide oversight and governance for the caseload.
- 4.62 The number of staff within the team had increased and recruitment was ongoing. The team had an appropriate skills-mix, offering self-help, group work, and one-to-one psychological interventions for those with mild to moderate needs. Waiting times for groups were up to five months because of the length of programmes and demand for the service.
- 4.63 Specialist support was also offered to patients with severe and enduring mental health needs – about 30 patients received support under the care programme approach (a system to support people with serious and enduring mental illness) during the inspection. Patients requiring a transfer to hospital under the Mental Health Act were not always transferred within the recommended timeframe, but delays were not excessive.
- 4.64 Specialist nursing staff within the local prison cluster provided support for individuals with a neurodiverse presentation, and a psychiatrist visited the prison every week. The team worked with partners in primary care and substance misuse teams where necessary, but not with the prison psychology team, which meant some patients were involved with both teams without either knowing, which could have had a negative impact on the individual.
- 4.65 Clinical records demonstrated regular, quality contact with patients and care plans were tailored to the individual. Release planning was well established, making sure prisoners had appropriate community support on release.

Substance misuse treatment

- 4.66 Prisoners with substance misuse problems received individually tailored clinical treatment underpinned by a good range of psychosocial support, including group work. The clinical and psychosocial teams worked closely together to offer an integrated service to patients.
- 4.67 The prison drug strategy was developed with input from the substance misuse team, and drug workers attended strategic meetings. Substance misuse services met the treatment needs of the population, but there was no therapeutic space available to deliver interventions.
- 4.68 The team had a number of recovery worker vacancies, but group work and one-to-one support had continued with short waiting lists, and specialist family and reintegration workers provided an additional level

of support. Staff received appropriate training and supervision and were on site seven days a week.

- 4.69 All new receptions were screened to determine their substance misuse needs and seen by a clinician or recovery worker as required. An open referral system meant that it was easy for patients or other professionals to make referrals using the application system or email. However, the security department did not always provide the team with details of substance misuse incidents or information reports in a timely manner.
- 4.70 The clinical treatment of opiate addictions met individual needs and complied with national guidance, and approximately 80 patients were on opiate substitution therapy (OST). Treatment plans were based on individual needs and prescribing was flexible. The administration of OST was efficient and observation from prison officers was good. However, the administration hatch was small and challenging for two people to work in.
- 4.71 The team had struggled to recruit peer mentors, but mutual aid was delivered by facilitators within the team, as well as external facilitators attending the prison. They ran Alcoholics Anonymous and Narcotics Anonymous support groups.
- 4.72 Patients due to be released within 12 weeks were identified and release planning was robust – appropriate onward referrals were made, and the non-medical prescribers provided bridging prescriptions where necessary. All patients working with the team were invited to attend naloxone training (a drug to reverse the effects of an opiate overdose) before their release and were offered the drug to take with them.

Medicines optimisation and pharmacy services

- 4.73 The pharmacy delivered its services in a safe and effective manner. Medicines were supplied from the in-house pharmacy. There were good medicine optimisation and management procedures. The prescribing of tradeable medicines was controlled well and only about 6% of patients were on two or more abusable medications (excluding methadone and buprenorphine).
- 4.74 Medicines were administered twice a day. There was limited provision for administration three times a day or at night time. About 63% of patients received their medicines in possession, which could have been improved, although not all patients had lockable storage boxes for their medicines. Prescribing and administration were recorded on SystmOne (the electronic clinical information system), which also held information on prisoners' in-possession risk assessments. Officers' supervision of medicines queues was good, which meant compliance could be overseen and prisoners could have a degree of privacy.
- 4.75 There were procedures for monitoring patient compliance and patients who did not attend for medication received appropriate follow up. Pharmacy technicians supported officers when carrying out

intelligence-led cell checks. Patients leaving the establishment were supplied with medicines in a timely manner and nurses ran release clinics.

- 4.76 An adequate range of medicines was available in the emergency stock cupboard. Stock reconciliation procedures were good. Controlled drugs were generally well managed and audited regularly. Medicines were stored and transported securely, and those that needed to be between 2 and 8 degrees Celsius were kept in suitable fridges, which were monitored.
- 4.77 Medicines were available to treat minor ailments and patient group directions (which enable nurses to supply and administer prescription only medicines) were limited to vaccinations, although we were told a more detailed range was being developed. Non-medical prescribers were on site and the pharmacy could access out-of-hours' urgent care services. Patients had access to a medication review service and the pharmacist carried out about six reviews in a typical month.
- 4.78 A health care partnership meeting was held regularly. Pharmacy staff were represented at the meeting. Drug and therapeutic meetings were also held at local and regional levels, to which the team contributed.

Dental services and oral health

- 4.79 A full range of NHS dental treatments was available. Governance and accountability arrangements were clear. Environmental suite standards were being met and all equipment was appropriately maintained. In our survey, 40% of prisoners felt that the quality of dental services was good or very good compared to 29% at comparator sites. Dental waiting times had been a concern, but they had been reduced to acceptable levels following the introduction of additional clinics. This meant the provision was the same as one would expect in the community, and now offered an improved level of service.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Time out of cell was reasonably good for those in work or education or living in enhanced level units. They were unlocked for more than eight hours a day during the working week. However, only 54% of prisoners participated in activities, which was poor for a training prison. Many who wanted to work had no activity place allocated to them, so they had only four hours a day out of their cells. Prisoners who were retired or unfit for work were unlocked for about five hours a day.
- 5.2 During our inspection, we found that only 8.4% of prisoners, on average, were locked up during the working day, which was good. Each living block (LB) had association rooms equipped with pool and table tennis tables, but there was very little structured activity, so those without an activity place had very little to do during their time unlocked.
- 5.3 The weekend regime was poor – most enhanced level prisoners could spend three hours out of their cell per day, while for everyone else it was only two hours.
- 5.4 The library was well managed and provided a good service, although prisoners' attendance had not yet returned to pre-pandemic levels. In our survey, only 39% of prisoners said they could visit the library every week, but we found that most prisoners could visit for a half-hour session a week if they wished. All prisoners visited the library as part of their induction. Two small libraries were located on the LBs and library peer workers regularly obtained new stock.
- 5.5 The main library was pleasant and bright. It had spaces for private study and group activities. The extensive book stock was attractively displayed and regularly updated with new titles to meet prisoners' needs. A good range of fiction and non-fiction books, including legal reference works, and a large stock of films on DVD were available. Prisoners could also order books from the local public library. In the month before the inspection, prisoners had borrowed 700 books and 610 DVDs, which was high.
- 5.6 The full-time librarian organised a good range of reader development activities, including reading groups, chess, creative writing

competitions, and arts, music, and theatre events to encourage prisoners to visit the library. (See paragraph 1.39.)

- 5.7 In our survey, only 36% of prisoners said they could attend the gym twice a week. Only about 20 prisoners could attend each session, and in practice attendance averaged about 10. Prisoners who had activity places and those in the enhanced units had better access. Those in work or education could attend up to three gym sessions during the working week, but this meant that activities were disrupted. There was no analysis to determine which groups of prisoners were using the gym.
- 5.8 The PE team was short-staffed because of long-term sickness, which restricted the range of activities they could offer. However, they had recently restarted a weekly session for men over 50 and led circuits and spinning sessions when prisoners requested them. No courses or qualifications were offered.
- 5.9 Induction to the gym was well-managed. Prisoners completed a health questionnaire, which was shared with the health care team so they could advise on appropriate activities for those with a health condition. PE staff were trained in treating injuries and could offer remedial exercise programmes.
- 5.10 Indoor exercise facilities were good – a high-quality sports hall and well-equipped weights and cardiovascular exercise room were available. Equipment was up to date and in good condition. Due to construction work on site, there was no longer an outdoor sports area, but managers planned to reinstate it once the building work had been completed.

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.

- 5.11 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

- 5.12 Leaders had made slow progress in meeting the recommendations for improvement made at the previous inspection. Leaders and managers from the prison and education provider met frequently to discuss the quality of provision and action for improvement. However, the action was not effective in addressing long-term issues, such as the shortage of teachers. As a result, too many prisoners waited too long to be allocated to a course that met their needs, such as functional skills mathematics and English.
- 5.13 Leaders had planned an ambitious curriculum that addressed the needs of most prisoners. They had developed a well-defined strategy for the curriculum as part of their focus on employability, resettlement and rehabilitation, preparing prisoners to live purposeful and rewarding lives. However, they had not implemented the full curriculum, for example they had not ensured there were sufficient education, skills and work places for all prisoners. Therefore, not all prisoners were allocated to a chosen or relevant pathway to meet their resettlement needs. In addition, leaders had not fully implemented plans to re-establish opportunities for prisoners to undertake work or learning via release on temporary licence (ROTL).
- 5.14 Leaders had carefully considered the increased number of prisoners with shorter sentences. They had established short courses and qualifications that accredited the employability skills employers expected.
- 5.15 Leaders had revised the curriculum for those who were in prison for longer by offering progression from taster courses to more substantial vocational qualifications and certificates. However, only a few prisoners could move on to the more substantial courses because there were insufficient places. As a result, the provision did not meet the needs of this group of prisoners.
- 5.16 Managers had introduced functional English and mathematics skills courses that could be delivered flexibly, which enabled prisoners to complete work in their own time and return to concepts that they did not understand in lessons. However, leaders had not made sure that there were sufficient functional skills teachers. As a result, too many lessons were cancelled due to holidays and sickness. This meant too many prisoners made slow progress and remained on their courses, increasing the number of prisoners on the waiting list.

- 5.17 Leaders had not made sure that all prisoners attended education and work on time. Too often, prisoners were late for sessions because officers prioritised prisoners who worked before unlocking those who attended education. Prisoners who needed medication were often in long queues with those who were unemployed which made them late for sessions. Too many prisoners left learning and work early to attend their planned gym sessions. Managers had only recently started to track attendance carefully, however, they did not track punctuality with the same rigour.
- 5.18 Teaching staff planned courses in a logical way in mathematics and English so that the small number of prisoners attending understood basic concepts before moving on to more complex tasks, such as calculating areas and statistics. Most teachers presented new knowledge clearly and checked prisoners' learning diligently. Prisoners who were preparing for English examinations received useful developmental feedback on their work. However, too few mathematics and business teachers gave prisoners useful feedback on their work. As a result, prisoners were not sure about what they needed to do to improve the quality of their work in these subjects.
- 5.19 Vocational training staff and work instructors prepared learning activities carefully. They structured learning appropriately to enable prisoners to develop new skills and knowledge quickly. Instructors in industries and staff in vocational areas gave prisoners useful feedback to help them improve the quality of their practical work. Prisoners developed work-related competences expected by employers. Prisoners who aspired to work in construction completed the construction skills certification scheme, which almost all construction employers required for employment.
- 5.20 Most prisoners who attended activities produced work of a good standard. Prisoners in brickwork learned quickly how to produce complex constructions, such as spiral colonnades and ornamental features. Those in barbering developed strong practical and theoretical knowledge. In industries and work, most prisoners were productive and developed the new skills they needed to produce quality products. Their practical work was of a high level.
- 5.21 Leaders had effectively integrated careers advice and guidance into the induction. Staff accurately identified most prisoners' prior knowledge and skills. Staff mapped out the knowledge and skills they would need to secure employment on release. However, leaders had been too slow to make sure there were sufficient advisers to provide prisoners with on-going support and guidance. This meant too many unemployed prisoners were waiting to be allocated to work and education. In addition, too few could access courses that prepared them fully for self-employment. As a result, not all prisoners felt prepared for their release.
- 5.22 Most staff in education had appropriate qualifications for their roles and were sufficiently skilled. Instructors in industries and workshops were experienced and held relevant professional and vocational

qualifications, but they did not hold teaching qualifications. Leaders and managers had made sure that most staff received training that helped them improve their teaching practice. However, too few prisoners with identified learning needs received the specialist support they needed to help them develop their skills and knowledge quickly.

- 5.23 The pay policy did not discourage prisoners from attending education. Those who achieved their functional skills qualifications received a bonus payment. Leaders had recognised the need to encourage more prisoners to take part in education and had plans to improve the policy.
- 5.24 Leaders had established strong and successful partnerships with employers. Employers had provided input into the recently updated curriculum, offering valuable guidance on the knowledge and skills they expected employees to have. The onsite construction contractors had offered prisoners guaranteed job interviews on release and employed a recently released prisoner.
- 5.25 Prisoners attended mental health awareness, art and catering courses which offered personal and employability skills. In mental health awareness sessions, prisoners showed their understanding and compassion when supporting their peers with mental health difficulties. Prisoners in art worked confidently with others and, in catering, they learned independent living skills.
- 5.26 Leaders and teachers did not plan curriculums to help prisoners develop their knowledge of fundamental democratic values, equality of opportunity and inclusivity. Vocational instructors had advanced plans to support prisoners' understanding of equality, diversity and inclusion. Prisoners were respectful of staff and their peers, listening to and respecting opinions that were different from their own.
- 5.27 The vast majority of prisoners in education, skills and work activities were motivated and demonstrated positive work attitudes. Most prisoners adhered to the clear expectations that staff set for their behaviour. However, staff did not challenge a small minority of prisoners who were vaping in lessons, and, as a result, these prisoners were not being well prepared for the work environment where they must adhere to rules.
- 5.28 Prisoners enjoyed their learning opportunities. They valued the calm and welcoming environment staff created in classrooms and workshops, which enabled them to concentrate on improving their knowledge, skills and behaviour.
- 5.29 Prisoners gained very little benefit from using the virtual campus (internet access for prisoners to community education, training and employment opportunities) due to poor connectivity issues and a lack of up-to-date and relevant teaching resources. Most prisoners had only a few opportunities to use the facility for research purposes including applying for training, education and work before release.

- 5.30 Leaders did not use data effectively to analyse the impact of the curriculum or inform future plans. They did not monitor the progress or destinations of prisoners effectively after their release into the community.

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 During the first week of our inspection, we found that some living blocks (LBs) had several damaged shared phones and prisoners faced long queues to speak to their family and friends. This was reflected in our survey findings, where only 63% of prisoners told us they could use the phone everyday compared to 89% in similar prisons. However, in-cell phones were connected at the start of the second week of our visit, which was a much-needed improvement. Mail and emails were generally delivered on time.
- 6.2 Visits took place four times a week, weekday visiting sessions were reasonably busy and at weekends they were full. There were no COVID-19 restrictions, and prisoners could hold their children and interact with them.
- 6.3 The visits hall was unwelcoming, and rubbish was piled up in one corner. The crèche needed refurbishment – the flooring was in poor condition and the area felt austere. The tables and seating were fixed, which restricted families' movement. However, there was plenty for the children to do.
- 6.4 Food and drinks, including hot food on order, were served in the visits room, which was helpful if visitors had travelled long distances.
- 6.5 Secure video calls (see Glossary of terms) were underused – only about 10% of the available slots were taken up. Video calls took place in booths in the main visits room and were available when the room was open on Wednesdays, Fridays and at weekends between 2pm and 4pm. The times were not child friendly during the week. The booths were cramped, and prisoners had to wear headphones to block out the noise from the visits taking place behind them.
- 6.6 In contrast, the visitors' centre was bright and airy and there was an outside play area for children. It was well used, and visitors appreciated it.

- 6.7 The family services provider was due to change so all parenting courses had been suspended and staff did not know when they would restart.
- 6.8 A custodial manager had been appointed as the children and families lead staff member and was making good early progress. There was a well-informed policy in place, following a recent needs analysis, which had led to better links with families through social media, newsletters and email. A families meeting was also planned.
- 6.9 The Storybook Dads scheme, where fathers record themselves reading a story to send to their children, was excellent – both audio and video recordings were made on site. In the previous year, over 260 prisoners had taken advantage of this programme. (See paragraph 1.39.)
- 6.10 Children, families and friends had been invited to celebratory events when prisoners were awarded qualifications or certificates after completing offending behaviour programmes, helping to forge better family links.

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.

- 6.11 Channings Wood had been designated a training and resettlement prison. About 75% of the population came from the southwest of England and about 20% were due for release within 12 weeks, according to a needs analysis.
- 6.12 The population included about 35% of prisoners convicted of an offence of a sexual nature. About 51% of prisoners were assessed as presenting either a low or medium risk of serious harm to the public, 48% a high risk and a very small number (1%) posed a very high risk.
- 6.13 Oversight of reducing reoffending work was good. A well-attended quarterly meeting made sure that all the pathways key to reducing reoffending were discussed and information sharing was good. The recently reviewed strategy was informed by an updated analysis of the diverse needs of the population and was underpinned by a relevant and tailored action plan.
- 6.14 Five probation officers were deployed as prison offender managers (POMs) and eight were prison staff, four of them officers. The team was due to become fully staffed as four prison-employed POMs had recently been recruited. The prison-employed POMs were rarely redeployed. Caseloads were high but POMs were managing them effectively.

- 6.15 About 75% of offender assessment system reports we viewed were up to date and had been reviewed within the previous 12 months. They were of a reasonably good standard and better than at our last inspection. The significant backlogs we saw then had been reduced considerably.
- 6.16 Sentence plans had also been completed in nearly every case we viewed. The targets set were mostly reasonably good, and some were very good. Every sentence plan had several targets, and most outlined offence-related work and required the prisoner to undertake offending behaviour programmes. Prisoners' progress against these targets was also reasonably good, and most who had been set a target to get involved with the drug and alcohol service or to work towards an employment, training or education outcome on release, achieved it.
- 6.17 Risk management plans were mostly completed where required and the majority were good and had suitable plans for the level of risk presented by the prisoner.
- 6.18 Prisoners' contact with POMs had improved since our last inspection, and records showed a reasonable amount of contact that responded to prisoners' needs.
- 6.19 Key working was poor and did not support the work of the offender management unit. Very few prisoners (17) were seen by their key workers, who were regularly redeployed, and records we viewed did not always demonstrate that meaningful conversations had been held when they had contacted the prisoner. (See paragraph 4.4.)
- 6.20 The contact between the POMs and community offender managers (COMs) was better than we usually see. POMs diligently identified the handover point and made early contact with the responsible officer in the community. In some cases, we saw this take place close to the 7.5-month target point, which was positive.
- 6.21 The team was led by a senior probation officer (SPO) who had developed a good team-working ethos and had rightly prioritised risk management. It was well supported, received good oversight and benefited from the SPO's clear strategic direction.
- 6.22 Support for life-sentenced and indeterminate sentenced prisoners was underdeveloped and this cohort of prisoners felt particularly frustrated about the lack of opportunities available to them. During the inspection, 47 prisoners from this group were past their release tariff point and a number had also been recalled to custody. They were rarely consulted, and their progression opportunities were limited. (See paragraphs 6.30 and 6.34.)

Public protection

- 6.23 Public protection systems were rigorously applied and well managed. The local interdepartmental risk management meeting (IRMM) considered every prisoner who presented a risk eight months before

their release and tracked progress on resettlement arrangements every month. This enabled both POMs and their counterparts in the community to make sure that each prisoner's risk factors were considered in a timely manner before they were released.

- 6.24 The IRMM looked at each case in detail and undertook some preparatory work for potential releases, such as prisoners with parole cases, before a decision was made. Staff who had concerns could also refer cases to the IRMM for consideration, which was good.
- 6.25 Every prisoner subject to multi-agency public protection arrangements (MAPPA) was identified. The responsible authorities set an appropriate management level that was recorded six months before a prisoner's release. The SPO addressed any delays in the process at the earliest opportunity.
- 6.26 The POM attended most MAPPA meetings in person, and an information-sharing form was sent to those who were not present. These contributions were detailed and were of a good standard, providing suitable input into the community risk management process.
- 6.27 There was a dedicated public protection administrator who dealt with all child contact applications, which were handled promptly. Most prisoners received an answer within two weeks.
- 6.28 Prisoners' phone numbers were managed in the same way and they were approved and activated quickly. Mail and phone monitoring was reviewed regularly, which helped keep the number of prisoners subject to this restriction manageable.

Categorisation and transfers

- 6.29 Re-categorisation reviews were completed in a timely manner and prisoners could now make a written submission before their re-categorisation board. Prisoners who were being moved to a more secure category were moved promptly, but there were delays for those moving to open conditions. During the inspection, 18 prisoners were waiting to move to open conditions and only six had a place and knew they would be moving shortly. The remaining 12 were in a state of uncertainty, frustrated about the delays. The delays were not the fault of staff at Channings Wood, but transport was frequently cancelled, and the prison was not allocated enough spaces at suitable prisons to meet prisoners' needs.
- 6.30 The situation was particularly frustrating for prisoners who had an indeterminate sentence, including lifers, most of whom needed to move so they could progress through their sentence plan and gain parole. (See paragraphs 6.22 and 6.34.)
- 6.31 Home detention curfew (HDC) was well managed, and many prisoners went through the process – 151 prisoners were released on HDC in the previous year. Thirty-four prisoners had been released beyond their eligibility date, in most cases because the process had started late as

the prisoner had been transferred to the prison during the HDC window.

Interventions

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

- 6.32 Several accredited programmes were in place, most of which were for prisoners assessed as presenting a low or medium risk of harm to the public after release. Resolve, which aims to reduce violent offending in adult men, was about to end. Horizon, which addresses sexual offending, had recently started and the Thinking Skills Programme, which helps reduce reoffending, were currently running. The team expected 64 prisoners to complete the courses during the year. The courses met the needs of that particular cohort of the population adequately.
- 6.33 The Healthy Sex programme, a one-to-one course addressing dysfunctional sexual behaviour, was a high-intensity course that was only available to a small number of prisoners.
- 6.34 Forty-four prisoners were assessed as presenting a high risk of serious harm who needed to complete offending behaviour programmes that were not available at the prison. Some of the prisoners had life sentences and others had been recalled to custody and needed this course work to progress. Transfers so prisoners could make progress took too long and were a serious cause for concern among prisoners, especially lifers. When spaces did become available, some were too far away, which made it difficult for prisoners to maintain family links. (See also paragraphs 6.22 and 6.30.) Some prisoners remained at Channings Wood and were discharged from custody with this critical element of their sentence plan incomplete and their needs unmet.
- 6.35 Outside the Box (OTB) was a very good outreach programme that targeted prisoners with personality disorders, neurodiverse needs or learning difficulties. The programme was not yet fully staffed but still supported 22 prisoners. A committed team had worked hard to make sure that the programme was embedded as part of the prison's offending behaviour work and a waiting list of suitable candidates was now in place. (See paragraph 1.41.)
- 6.36 The OTB multidisciplinary team provided support across three levels, ranging from simple help and advice to more complex interventions, such as cognitive-based therapy and psychology-led face-to-face work. There were also vocational activities for these prisoners, such as bee keeping. The prisoners we spoke to who had participated in OTB were very positive about its impact and felt the team supported them well.



Bee keeping

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.

- 6.37 All prisoners benefited from an individually tailored, comprehensive resettlement needs assessment that was completed 12 weeks before their release. The local resettlement team supported medium- and low-risk prisoners' cases, while COMs in the community were responsible for those presenting a high or very high risk.
- 6.38 In the week before their release, prisoners took part in a pre-release workshop, where staff from all the agencies involved in release planning got together and met the prisoner to offer additional support and to make sure that all their needs were met.
- 6.39 Links to the community were good and information about prisoners' needs were passed on to the COM. The local team also helped to make sure prisoners' needs were met by implementing the plan generated in the community.
- 6.40 Housing provision was very good and 85% of prisoners leaving Channings Wood over the previous 12 months had settled accommodation for 13 weeks or longer after their release. The other 15% were referred to emergency housing services and provided with accommodation.

- 6.41 Full-time advisors from the Department for Work and Pensions (DWP) were on site to provide debt advice for those who needed it. Pensions advice for retired prisoners was available also.
- 6.42 The resettlement team helped prisoners open a bank account before their release and 97 had done so over the previous 12 months. The new prison employment lead staff member worked with the DWP and helped secure an interview with Jobcentre Plus before a prisoners' release. Prisoners also received help to obtain ID.
- 6.43 The New Futures Network, an HM Prison and Probation Service initiative that creates partnerships with employers, had begun to provide work opportunities for prisoners in the local area. Job vacancies were advertised on an employment hub in the prison. Five prisoners had applied for jobs using this service since it had started.
- 6.44 Release on temporary licence (ROTL) had just restarted and one prisoner had been released on ROTL during the inspection. Leaders had set up a dedicated resettlement unit and were forging strong links with employers in the community. The prison planned to enable a number of prisoners on ROTL to work outside the prison in the near future.
- 6.45 On their release, prisoners received a discharge grant of £76 and clothing if they needed it. They were also provided with transport to the local bus or train station.

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. **Newly arrived vulnerable prisoners did not have safe or decent conditions.** Cells were not always clean or adequately equipped, and they were exposed to the risk of violence, bullying and intimidation from other prisoners.
2. **Key work was not sufficient and did not support sentence progression.**
3. **The standard of accommodation on some living blocks was poor.** Many cells and showers needed refurbishment, and conditions where two prisoners shared a cell designed for one were unacceptable.
4. **The application system was not functioning effectively.** This contributed to high levels of frustration among prisoners.
5. **Leaders did not make sure that there were sufficient places in education, skills and work for all prisoners.** As a result, too many prisoners waited a long time to be allocated to a programme that met their needs and not enough prisoners were participating in education, skills and work to be sufficiently well prepared for their release.
6. **Very few offending behaviour programmes were available for prisoners assessed as presenting a high risk of serious harm.** This limited progression, which was especially acute for high-risk life sentence prisoners.

Key concerns

7. **There was CCTV in cells in the segregation unit, which could be viewed from the unit office, potentially breaching prisoners' rights to privacy.**
8. **There was a lack of functioning CCTV across the prison. Blind spots meant prisoners feared violent incidents would not be detected.**
9. **Leaders did not make sure that there was sufficient staff to run the education, skills and work programme for prisoners effectively.** This meant prisoners waited too long to join programmes. Those studying functional skills stayed on programmes beyond their planned end date.

10. **Leaders had not fully reinstated prisoners' use of release on temporary licence for work or learning purposes.**
11. **Tutors and instructors did not raise adequately prisoners' awareness of issues such as equality and diversity or values of tolerance and respect.** This meant prisoners were not aware of their rights or responsibilities.
12. **The social visits area was unwelcoming and in poor repair.**
13. **Video calls were not accessible enough for prisoners or their families.**
14. **Prisoners waited far too long for progressive transfers.**

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 2018, the early days experience for mainstream prisoners was good but new vulnerable prisoners lived in conditions that put them at risk. Levels of violence had risen and were high with one in three prisoners feeling unsafe. Evidence of significant under-reporting had not been addressed. Efforts to reduce violence were uncoordinated and therefore largely ineffective. There were positive initiatives to motivate good behaviour but too much poor behaviour went unchallenged. The use of force was high and oversight by managers did not provide sufficient assurance that it was always appropriate. The establishment did not have a grip on the significant drug problem. Care for prisoners in crisis was good for some but too variable overall. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

The governor should develop a coordinated strategy to improve outcomes across the main measures of safety that is clearly understood by staff at all levels and across all disciplines. The strategy should be led by senior managers and should include clear goals and measures of success and articulate clearly how improvement will be achieved.

Achieved

Recommendations

Vulnerable prisoners should be kept safe during their early days and their experience and induction should be equivalent to their mainstream peers.

Not achieved

All incidents should be reported to ensure that the prison has an accurate picture of drug misuse, violence and self-harm.

Achieved

All prisoners, including vulnerable prisoners, should have access to a full regime.

Not achieved

All adjudications, including those referred to the police, should be concluded in a timely manner.

Achieved

A regular adjudication standardisation procedure should be implemented to provide managerial oversight of disciplinary procedures.

Achieved

Oversight of the use of force should be strengthened: reports should be completed; incidents should be filmed and footage viewed to ensure that force is always justified.

Achieved

The closed-circuit television coverage of cells should provide privacy in relation to prisoners' toilet facilities.

Not achieved

The prison should ensure that the MDT and suspicion testing programmes are adequately resourced to undertake all testing within required timescales and in a way that minimises their predictability.

Not achieved

The prison should produce and implement a comprehensive action plan addressing the underlying causes of self-harm.

Achieved

The management of ACCT processes should be strengthened to ensure that consistent case management improves care and provides activity for prisoners who are struggling to cope.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, we observed positive relationships between staff and prisoners in many areas. However, poor behaviour often went unchallenged. Most external areas were well maintained and appreciated by prisoners. Some accommodation was clean and well managed but half the population lived in poor conditions that were dirty and vandalised. On the worst units, supervision was poor and low standards were set. Prisoners complained about food. There was good use of peer support across the prison. Work on equality and diversity was not prioritised, leading to poor outcomes for some prisoners with protected characteristics. Support for LGBT prisoners was good. There were significant weaknesses in the delivery of health care. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

A clear set of standards for daily living that address living conditions, personal standards, behaviour and how individuals conduct themselves towards others should be applied consistently across the prison. Such standards should be modelled pro-socially by managers and staff who should be accountable for improvements.

Not achieved

The poor structural state of the living blocks should be addressed; windows and broken furniture should be replaced, privacy screens should be installed in showers, buildings should be made waterproof. Prisoner cleaners and painters should have clear job descriptions and their work should be monitored by staff and managers.

Not achieved

Recommendations

Staff on living blocks 1, 3 and 4 should be out of unit offices providing appropriate supervision of prisoners and challenging poor behaviour.

Achieved

Single cells designed for one prisoner should not be used for two.

Not achieved

The main kitchen and wing serveries should be fully equipped. The equipment should be fit for purpose and maintained in good working order.

Not achieved

The equality officer should take up post without delay.

Achieved

The equality action plan should be comprehensive and should be monitored regularly by senior managers to ensure that required actions are carried out.

Achieved

Discrimination incident report forms should be freely available on all wings and should be answered promptly by an appropriate manager.

Achieved

Support for foreign national prisoners to help them feel less isolated should be improved, including the use of professional telephone interpreting services and access to a range of translated material.

Not achieved

Foreign national prisoners should have regular contact with the Home Office.

Achieved

The equality strategy should address the needs of prisoners under the age of 25, with policies and procedures appropriate to their level of maturity.

Achieved

Clinical governance arrangements should deliver effective and safe staffing, robust audit and oversight, regular clinical supervision and a qualitative, well-advertised complaints system which provides timely and clear responses, including how to escalate unresolved concerns.

Partially achieved

There should be sufficient clinical treatment rooms.

Not achieved

The waiting area for vulnerable prisoners should have enough seats and should be safe.

Achieved

The constant watch cell in the health care department should be relocated.

Achieved

A health promotion strategy which includes prisoner involvement should be developed and implemented.

Not achieved

All prisoners should receive a secondary health screening.

Achieved

There should be clinical oversight of the appointment system to ensure that patients are appropriately booked in to clinics.

Achieved

Patients with long-term conditions should have individual care plans in place.

Not achieved

All prisoners should receive their health information and medication before release.

Achieved

Patients with social care needs should receive consistent care in line with their care plan.

Achieved

Prisoners should receive clear notification of appointments which should take place in appropriate settings, including in the health care department.

Not achieved

Dedicated space should be available for the facilitation of group work.

Not achieved

Prisoners should receive urgent mental health support during personal crisis, including the provision of professional mental health input at ACCT reviews where appropriate.

Achieved

Prison officers should be trained to identify and support prisoners suspected of being under the influence of illicit drugs.

Achieved

A clear referral pathway should be in place to ensure that all prisoners suspected of being under the influence of illicit drugs are referred to the integrated substance misuse service.

Not achieved

The independent prescribing pharmacist's skills should be used to the full to improve patient access and management of long-term conditions.

Achieved

The supervision of queues for collection of medicines should be improved to ensure patient confidentiality and privacy is maintained and the risk of bullying and diversion is limited.

Achieved

Patients leaving the establishment should be supplied with take-out medicines and these should be delivered in a timely manner.

Achieved

Patient group directives should be implemented to enable health care staff to administer a wider range of potent medicines without a prescription.

Not achieved

Purposeful activity

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

At the last inspection, in 2018, time out of cell was reasonable for most prisoners. However, the regime for unemployed prisoners and those who were self-isolating was poor. Library and PE provision was good. Ofsted judged that the overall effectiveness of learning, skills and work provision required improvement. There were sufficient full-time activity places for the majority of prisoners but attendance and punctuality were poor. The quality of teaching had declined. Peer mentors were used well to support learning. Most prisoners behaved well in activities and took pride in their work. Achievements were generally good with the exception of functional skills in English and mathematics. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Learning and skills and work activities should be given a significantly higher priority. Staff at all levels should cooperate to promote participation and attendance. Prisoners who do not attend should be challenged.

Not achieved

Recommendations

A full regime which starts and finishes on time should be in place for all prisoners.

Achieved

Gym use across different groups should be monitored to ensure equity of access.

Not achieved

Showers and toilet facilities in the gym and on the sports field should be fit for use.

Achieved

Senior prison managers should promote education and skills more effectively and should play a more significant part in evaluating the provision and setting challenging targets for improvement.

Not achieved

Senior prison managers should improve punctuality and attendance at activities to ensure that prisoners develop a good work ethic and benefit fully from education, training and work.

Not achieved

All prisoners should receive good advice and guidance on career progression throughout their sentence.

Not achieved

Managers should ensure that the results of prisoners' initial assessment of English and mathematics support needs are routinely used to help plan individual learning.

Achieved

Teachers and trainers should provide clear and unambiguous feedback to prisoners so that they know how to improve.

Achieved

Teachers and trainers should record the development of personal and work skills to ensure that prisoners know what they are good at and what needs to improve.

Partially achieved

Teachers should improve prisoners' achievements in functional skills.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2018, support for prisoners to maintain family ties was reasonably good. The strategy to reduce risk and rehabilitate prisoners did not meet the needs of all prisoners. Sentence planning was not central to the management of prisoners at Channings Wood. Too many prisoners did not have a completed offender assessment system (OASys) assessment but the quality of those that were completed was reasonable. There was not enough oversight of offender supervisors and contact with prisoners was limited. There were weaknesses in the management of MAPPA (multi-agency public protection arrangements) eligible prisoners that created potential risk on release. There were gaps in the provision of offending behaviour programmes. Home detention curfew (HDC) and release on temporary licence (ROTL) were used well to support reintegration into the community. All prisoners had a release plan but too many were released without settled accommodation. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

The process to refer prisoners to the interdepartmental risk management team should be improved to ensure that all high-risk of harm cases due for release are reviewed regularly. MAPPA levels should be confirmed in time for the prison to be fully involved in multi-agency planning for release.

Achieved

Recommendations

Prisoners should have access to parenting and relationship courses.

Not achieved

Visits should start at the advertised time for all prisoners.

Achieved

The reducing reoffending strategy should be based on an up-to-date needs analysis which includes data from OASys and addresses the needs of significant groups of prisoners within the population.

Achieved

There should be routine oversight of the quality of offender management, including contact levels and case progression.

Achieved

Prisoners should have the opportunity to contribute to their re-categorisation reviews.

Achieved

Progressive transfers and transfers to enable sentence plan objectives to be addressed should be timely.

Not achieved

The number of prisoners helped to obtain and keep suitable accommodation, employment, training and education in the community should be monitored to demonstrate the effectiveness of resettlement work.

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/hmiprison/our-expectations/prison-expectations/>). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sara Pennington	Team leader
David Foot	Inspector
Martyn Griffiths	Inspector
Steve Oliver-Watts	Inspector
Chris Rush	Inspector
Esra Sari	Inspector
Elenor Ben-Ari	Researcher
Charlotte Betts	Researcher
Joe Simmonds	Researcher
Jed Waghorn	Researcher
Steve Eley	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Noor Mohamed	Pharmacist
Dayni Turney	Care Quality Commission inspector
Lyndsey Woodford	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Andy Fitt	Ofsted inspector
Martin Ward	Ofsted inspector

Appendix II Glossary of terms

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

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>)

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.

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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