



Report on an unannounced inspection of

HMP Parc

by HM Chief Inspector of Prisons

21–22 June and 4–8 July 2022



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Introduction

HMP Parc, a category C jail in South Wales, is one of the largest prisons in the estate, holding 1623 prisoners at the time of our inspection. It has for a long time had a good reputation as a safe and decent prison, and I am pleased to report that it continues to operate successfully.

The experienced and impressive director, backed by a strong leadership team, had been determined to return the prison to its pre-pandemic operations. This was helped by having an education provider that formed part of the same organisation; as a result, the service was retained on site during the lockdown and was able to get prisoners back into the classrooms and workshops quickly. The week of our inspection there had been some reductions in the regime due to staff and prisoner illness, but prior to that the prison was running a much better regime than I had recently seen in other jails.

The prison had developed specialist units in many areas which showed how well the leadership team supported innovation and creativity. An outstanding manager ran a calm and purposeful young adults and veterans unit, in which older prisoners were commissioned to mentor their younger peers. Other prisons would do well to learn from this provision for a group that is often seen as the most troubled - and troublesome - in the estate. The Cynnwys unit supported prisoners with neurodiverse needs such as autism and learning difficulties, and here a capable staff team helped those who had struggled elsewhere in custody. The families unit found imaginative ways to help prisoners stay in touch with and build relationships with their children, such as providing the opportunity to meet their teachers. The Safer Custody Unit provided specialist intervention and additional monitoring for prisoners who were mentally unwell. This provided a safe place for prisoners to interact who may otherwise have been isolated on general wings or in segregation.

Things weren't as good on parts of A and B wing, where prisoners felt less well supported, had less to do and were generally more disgruntled than elsewhere in the jail.

The ingress of drugs continued to be a big challenge and although the prison is doing some impressive work to reduce the flow, including disrupting drones and dealing with staff corruption, this continued to be a cause of violence, which remained too high.

The provision of mental health services at Parc was not good enough, particularly as the population of this jail had higher than average numbers of prisoners coming in with mental health difficulties. Levels of self-harm were too high.

Leaders were frustrated with contracted providers whose staff have still not returned to the jail after the pandemic. This was particularly concerning in the offender management unit, where there were not nearly enough probation offender managers and leaders at the jail had chosen to deploy staff elsewhere rather than in prison offender manager roles, which remained unfilled. The

service was consequently very limited, with key work not functioning as it should and leaving sentence progression poorly managed.

The prison's self-assessment showed the right priorities, but leaders need to do more to set targets and track progress. There were lots of good initiatives in the jail, but not always systems or metrics to measure and understand success and failure. The data - churned out to fulfil the terms of the contract - could also help leaders to assess progress more effectively.

With the uncertainty about the new contract to manage the jail now settled, I am in no doubt that this prison will continue to thrive as a place where leaders and staff believe in and are committed to a culture of rehabilitation.

Charlie Taylor

HM Chief Inspector of Prisons

July 2022

What needs to improve at HMP Parc

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

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

Priority concerns

1. **Levels of recorded self-harm remained too high.**
2. **Mental health and learning disability services did not provide accessible, evidence-based care and treatment.** There were not enough resources to make sure that all referred prisoners received a timely assessment of their needs and subsequent treatment.
3. **The shortage of staff in offender management and resettlement roles had led to a deterioration in rehabilitation and release planning for prisoners.**

Key concerns

4. **Overall rates of violence were too high.**
5. **The availability of illicit drugs remained a significant threat.**
6. **There were gaps in the strategic oversight of important areas, including safety and rehabilitation.** Data were not always used effectively to measure progress and drive improvement.
7. **Opportunities to progress for some prisoners on A and B wings were more limited than for other prisoners at Parc.** Black and minority ethnic prisoners were under-represented on the more progressive units.
8. **A significant shortfall in health care staff across many grades created a risk to patient safety.**
9. **Governance and oversight of medicines management were poor and ineffective.** Systems and procedures did not meet the robust standards required for safe and effective medicines management.
10. **Access to the library was poor.**

About HMP Parc

Task of the prison/establishment

A category C resettlement prison holding convicted male adult and young offenders, convicted and remand sex offenders and children

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,623

Baseline certified normal capacity: 1,495

In-use certified normal capacity: 1,495

Operational capacity: 1,639

Population of the prison

- 1,900 new prisoners received each year.
- An average of 90 prisoners released into the community each month.
- 98 (6%) foreign national prisoners.
- 14% of prisoners from black and minority ethnic backgrounds.
- 379 prisoners receiving support for substance misuse.
- 394 prisoners referred to the mental health team during the previous three months.

Prison status (public or private) and key providers

Private G4S

Physical health provider: G4S Health Services

Mental health provider: G4S Health Services

Substance misuse treatment provider: G4S Health Services

Prison education framework provider: G4S Education Services

Escort contractor: GeoAmey

Prison group/Department

Wales

Brief history

Located in Bridgend, South Wales, HMP/YOI Parc was the first prison to be built in the UK under the private finance initiative and opened in November 1997. G4S Care and Justice Ltd has held the operating contract to manage the prison on behalf of HMPPS since the prison opened, and in 2022 won a further 10-year contract. Parc holds a complex population including children aged 15–17 years, young adults, life-sentenced prisoners and those who have committed sexual offences.

Short description of residential units

Units A and B are main residential units, with the following exceptions:

A2: induction/early days in custody unit.

A3: first step of the substance misuse pathway.

B3: mixed young adults' and veterans' unit.

Cynnwys unit: learning difficulties/disabilities, autism spectrum disorder and/or brain injury.

D unit: substance misuse unit, the second step of the substance misuse pathway.

Safer custody unit: specialist intervention and increased monitoring.

T1: education and training.

T2: prisoners serving long sentences.

T3: pathway unit for prisoners entering custody for the first time.

T4: families unit.

T5: incentivised substance-free living unit, the third step of the substance misuse pathway.

T6: assisted living unit for clinically vulnerable older prisoners, especially those with dementia.

X unit: vulnerable prisoners, with X1 the induction unit

Name of director and date in post

Janet Wallsgrove, 2005 –

Prison Group Director

Sian Hibbs

Independent Monitoring Board chair

Kelvin Hughes

Date of last inspection

November 2019

Section 1 Summary of key findings

- 1.1 We last inspected HMP Parc in 2019 and made 12 recommendations, six of which were about areas of key concern. The prison fully accepted eight of the recommendations and partially (or subject to resources) accepted three. It rejected one of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress made against them.

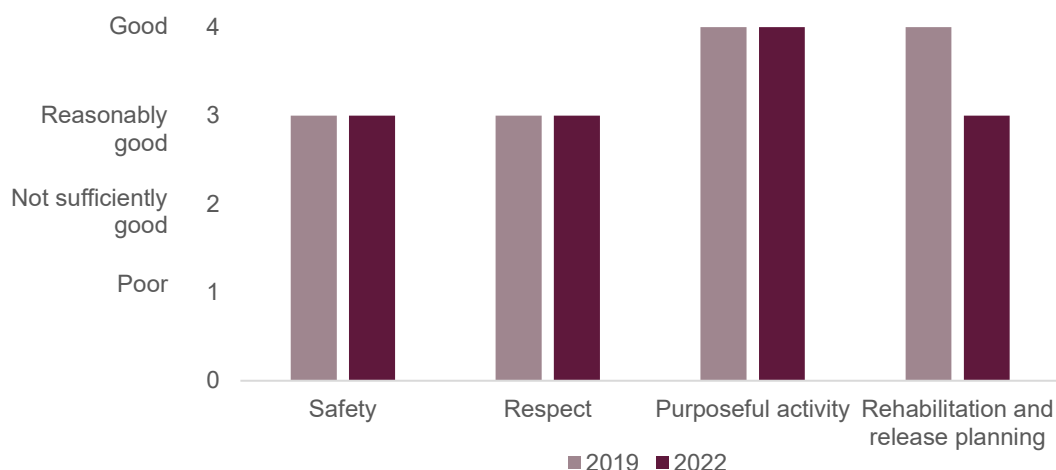
Progress on key concerns and recommendations

- 1.3 Our last inspection of HMP Parc took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made six recommendations about key concerns. At this inspection we found that two of those recommendations had been achieved, three had not been achieved and one was no longer relevant. At this inspection we found that the recommendation made in the area of safety had not been achieved, one of the two made in respect had been achieved and the other had not been achieved. The one recommendation made in the area of purposeful activity had been achieved, and in rehabilitation and release planning one recommendation had not been achieved and the other one was no longer relevant. 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 Parc, we found that outcomes for prisoners had stayed the same in three healthy prison areas and declined 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 Parc healthy prison outcomes 2019 and 2022



Safety

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

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

- 1.8 In our survey, far more prisoners than at similar prisons said they had a problem with issues such as mental health, drugs or alcohol when they arrived at Parc and it was clear that the demand for support was great. The early days in custody (EDiC) team and EDiC peer mentors provided excellent support for prisoners throughout their induction to the prison. Assessment included a review of vulnerability indicators which then informed the allocation to residential accommodation. Numerous specialist units were designed to meet care and support needs, including an assisted living unit and a family unit.
- 1.9 In our survey, one-fifth of the population said they felt unsafe. Overall rates of violence were high, although they had reduced since our last inspection and were similar to comparable prisons. The safety strategy focused on individual case management to support and manage prisoners who had been identified as vulnerable or presenting a significant risk. This reduced the number of prisoners withdrawing and self-isolating. Inspectors identified several examples of individualised and innovative support for both perpetrators and victims of violence. Many aspects of the regime motivated and encouraged positive behaviour including an effective peer support scheme, a variety of enrichment activities and the opportunity to flourish on specialised units.
- 1.10 Too many adjudication charges for serious incidents remained outstanding which undermined the deterrent effect of disciplinary hearings. The use of segregation had reduced since our last inspection, but the regime remained limited and there were

weaknesses in reintegration planning. There was good oversight of the use of force and levels were reducing.

- 1.11 Leaders had a clear understanding of the security threats and worked to mitigate significant risks. Despite this, half the prisoners said it was easy to get illicit drugs in the prison which was significantly worse than in similar prisons. Leaders were well aware of these risks and worked well to reduce supply and demand.
- 1.12 Levels of self-harm remained high. There had not been enough strategic oversight in this area to inform and drive the plan to reduce self-harm. That said, there was a clear focus on individual case management support for prisoners who self-harmed, with three safer custody outreach workers and a dedicated safer custody residential unit. Prisoners also had good access to a team of trained Listeners.
- 1.13 A considerable number of prisoners were being supported through ACCT case management and many reported a good level of care from staff. However, the quality of ACCT care planning was not good enough. There had been one self-inflicted death since the previous inspection and there had been a prompt response to identify and implement action to minimise the likelihood of similar incidents. Arrangements to identify and protect vulnerable adults at risk were good and better than we usually see.

Respect

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

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

- 1.14 Relationships between staff and prisoners were generally good and particularly strong on the specialist units. The use of key work to support and develop prisoners was limited to those deemed the highest risk. Prisoners worked in a wide range of peer worker roles, with good support and supervision.
- 1.15 Communal areas of the prison were clean and the external grounds were well kept. There was good access to showers and cells were generally bright and free of graffiti. However, conditions in some parts of A and B units were noticeably worse, with numerous broken windows, a lack of cleaning materials on some wings and litter on the ground surrounding both units.
- 1.16 The quality and quantity of food were inadequate. Some prisoners were supplementing the provision through purchases from the prison shop but shortfalls and restrictions in that service compounded their frustration. Each wing had accessible toasters and microwaves and most prisoners were able to eat together on most days, something we have rarely seen in recent times.

- 1.17 General prison-wide consultation had taken place during the height of the pandemic but had since stopped. Some units had held regular or ad hoc consultations in recent months and there was consultation with protected groups. Prisoners expressed a lack of confidence in the complaints system and we found that systems to manage complaints were poor.
- 1.18 The equality, diversity and inclusion team reviewed a large quantity of data to identify disproportionate outcomes, but in most instances this did not lead to actions to address the findings effectively. About 20% of the population were from England and this group included a significant proportion of prisoners from black and minority ethnic backgrounds. Many of the prisoners in this group said they had difficulty progressing through their sentence.
- 1.19 Specialist units delivered excellent targeted support to a range of prisoners, including the under-25s, prisoners with physical disabilities and those with neurodiverse needs. There was good peer-led consultation with prisoners from most of the protected groups. Appropriate support services were in place for foreign national prisoners and support for LGBT prisoners was very good. Communal worship for the more common faith groups was available to a greater extent than in many other prisons.
- 1.20 Staff shortages in primary care meant that essential health services had to be prioritised. While GP services were good, there were gaps in the provision of nurse-led clinics to manage patients with long-term conditions which resulted in long waiting lists. Mental health services were inadequately resourced and too fragmented which resulted in considerable unmet need. Medicines management lacked strategic oversight. Support for prisoners with substance misuse needs was very good and social care arrangements were particularly effective. The quality of dental provision was good, but waiting times were too long.

Purposeful activity

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

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

- 1.21 The ethos in the prison was one that encouraged and promoted time out of cell and participation in purposeful activity. Most prisoners were unlocked for between six and 10.5 hours a day during the week, which was much better than in similar prisons. Many prisoners had two hours' association in the evenings and there were good initiatives on some wings for prisoners to use their free time constructively. The regime at weekends was inadequate.
- 1.22 Unemployment was low at about 7%. However, a recent COVID spike during the week of our inspection had caused staff absences and temporary regime restrictions. About 40% of prisoners were locked up

during our roll checks but there was evidence that this was an unusual occurrence.

- 1.23 Literacy was promoted and supported by a well-established Shannon Trust scheme and the recent introduction of additional peer-led reading mentors on some units. However, this initiative was affected by poor access to the library. Gym provision and access was good, with a varied programme of activities and sessions tailored to meet prisoner need.
- 1.24 There was enough purposeful activity to meet prisoners' needs, with good opportunities for them to progress. Senior leaders clearly prioritised learning, skills and employment within their strategic planning, taking good account of labour market information and employer partnerships to improve opportunities for prisoners. Across the range of education and training offered at the prison, most learners, including those with additional learning needs, developed their skills well from their starting points. Many gained accreditations that helped them to progress into employment or further training in the prison.
- 1.25 During the pandemic, most learners were provided with a good range of activity packs and learning resources. Wing-based support from teaching staff and learning mentors helped them to cope with the challenges that the restrictions imposed on them. Nearly all learners were enthusiastic to be back in education, training and employment sessions. Attendance and behaviour were good and learners engaged diligently with activities, working together in a respectful manner. Trained peer mentors provided beneficial support to help learners keep on track and support their learning and well-being.
- 1.26 Learners benefited from a range of worthwhile support and guidance in relation to employability. Effective links had been developed with a wide range of employment providers who offered interviews and employability workshops to learners. There were many systems in the prison to share helpful and important information with and about learners, although staff understanding of how to use these systems was inconsistent.

Rehabilitation and release planning

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

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

- 1.27 Support for prisoners to maintain contact with their children and families was excellent. The family unit was innovative and instrumental in encouraging positive parenting skills. An impressive range of support for fathers included weekly family days, a school support worker and family show case days. Prisoners' families were assisted by family

support workers and access to visits, both social and video calls, was excellent.

- 1.28 Work to reduce reoffending was not adequately coordinated, targeted or tracked. Data were not used effectively to reduce risk and support sentence progression. Leaders in the offender management unit were committed, dedicated and supportive of their team but, despite their best efforts, the pandemic and staff shortfalls had severely affected their ability to deliver effective offender management. The team had been forced to prioritise specific time-critical work such as MAPPA and parole reports.
- 1.29 Most of the OASys assessments that we reviewed demonstrated that prisoner risk management and sentence plans were relevant, well considered and coordinated. Recategorisation was timely and home detention curfew was managed well. There was very limited use of release on temporary licence to support progression. Support for care leavers was very good.
- 1.30 The interdepartmental risk management team meeting was ineffective and leaders did not have oversight of release planning for some prisoners who presented high levels of risk. Phone and mail monitoring was managed well.
- 1.31 The current suite of offending behaviour interventions was based on a needs analysis, and a good range of accredited programmes and extensive non-accredited interventions were delivered. There was still no accredited programme for prisoners convicted of sexual offences.
- 1.32 Release planning arrangements had deteriorated since the unification of probation services and were not good enough. Some commissioned service providers had not returned to the prison since the pandemic which weakened the resettlement service. The remaining resettlement team assessed prisoners' needs at 12 weeks and one month before release, providing support with DWP appointments, bank accounts and ID. There were no reliable data to show how many prisoners had been released to sustainable accommodation or employment.

Notable positive practice

- 1.33 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.
- 1.34 Inspectors found seven examples of notable positive practice during this inspection.
- 1.35 The early days in custody team made preparations in advance of prisoners arriving at Parc to address the risks and meet their needs at the earliest opportunity. A member of the team met each new arrival

and acted as a single point of contact during the induction phase. (See paragraph 3.2)

- 1.36 The Cynnwys unit delivered an excellent level of care and support for prisoners with neurodiverse needs, gaining advanced autism accreditation from the National Autism Society. (See paragraph 3.15)
- 1.37 A very high standard of social care was delivered to patients by a dedicated group of health care support workers. Oversight of care plans and patients' needs was excellent, with a well-attended weekly social care meeting informing practice. Prisoner buddies had received training and ongoing supervision for their role. (See paragraph 4.69)
- 1.38 An experienced liaison mental health nurse and a specialist psychiatrist undertook assessment and support for prisoners with memory problems. The assisted living unit had been adapted for prisoners with dementia and custody staff worked alongside the nurse, sharing knowledge to deliver better care. (See paragraph 4.71)
- 1.39 Medicines practice focused on encouraging individual responsibility. Patients undertook their own medication risk assessment which, once reviewed by the pharmacy, resulted in 78% of medication supplied in possession. (See paragraph 4.86)
- 1.40 Effective leadership during the pandemic made sure that education staff and peer mentors continued to work with prisoners while they were locked in their cells or rotas were arranged to visit classrooms. A good level of progress and attainment was maintained during this difficult period. (See paragraph 5.45)
- 1.41 Services for children and families were excellent, including the appointment of a school coordinator and appropriate activities for children of all ages during family visits. (See paragraph 6.1)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders and observations made during the inspection. It does not result in a score.
- 2.2 The director and her team had set a clear direction for the prison which had enabled a swift recovery from restrictions imposed during the pandemic. An experienced, competent and visible senior team demonstrated an impressive commitment to the delivery of a thriving and purposeful regime and everyone at Parc worked together to support this.
- 2.3 National staff shortages affected outcomes in some areas, particularly in the offender management unit, but a well-led strategy meant that recruitment was ahead of schedule. The director had committed extra resource to the human resources team and had adopted procedures to speed up recruitment, which were clearly having some success.
- 2.4 Leaders understood and strived to mitigate the complexity and size of their population. There was good identification and recognition of individual need and an impressive mix of specialised units to support prisoners.
- 2.5 Leaders had created a culture that was positive and supported their staff to deliver countless examples of innovative and creative work. Excellent leadership from middle managers across the prison, including the various specialist units, security and safer custody, enabled some prisoners to flourish at Parc.
- 2.6 Leaders worked collaboratively with HMPPS and an extensive range of community partners, although partnerships within health and rehabilitation were not always effective in delivering good outcomes for prisoners. There were also gaps in strategic oversight, particularly in the effective use of data in important areas (safety, health and rehabilitation). This made it harder for leaders to identify long-term trends, coordinate work and drive improvement. Oversight of systems of redress, particularly complaints, were not sufficiently robust.
- 2.7 The self-assessment report was presented in a clear, simple format, accurately reflecting current outcomes. Self-assessment was built into the business planning process and the priorities set were in line with those identified by inspectors. Leaders acknowledged the need to build in more measurable targets to drive further improvement. They also welcomed and learned from external scrutiny and were open to new ideas to improve outcomes for the prisoners in their care.

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 About 37 new prisoners arrived at Parc each week, more than half came from HMPs Swansea and Cardiff. Our survey indicated a high level of need among new arrivals: 47% said they felt depressed; 26% had problems with drugs or alcohol; and 13% said they needed protection from other prisoners. This compared with responses at similar prisons of 33%, 8% and 7% respectively.
- 3.2 An early days in custody team (EDiC) comprising a manager and three case workers provided excellent support to prisoners at a time when they felt most apprehensive and vulnerable. The team acted as a single point of contact for all new arrivals, offering advice and guidance during their induction. In addition, selected prisoners had been appointed as early days mentors to provide further support to their peers.
- 3.3 The EDiC team researched the risks and needs of prisoners transferring to Parc before they arrived, including reference to a Welsh drug and alcohol services database. This had enabled the team to make referrals where necessary to make sure that support was available on arrival. In one case the team had identified that a wheelchair user was scheduled to arrive. They made a social care referral in advance and arranged for an accessible cell to be available on the first night. A summary of the risks and needs identified was sent each day to managers across the prison so they could brief staff and provide additional support.
- 3.4 The exterior of the reception area was austere and resembled a factory loading bay. However, the interior had been redesigned and was now much more open and welcoming. New arrivals were greeted by one of the EDiC team, often accompanied by a therapy dog.



Entrance to reception



Welcome to reception

- 3.5 The EDiC case workers interviewed prisoners in comfortable and private surroundings to identify risks and concerns. Prisoners were also asked about their perceptions of safety, which was then followed up two weeks later by the EDiC peer worker to make sure new arrivals had settled in.

- 3.6 The design of the reception unit and the presence of EDiC caseworkers enabled several prisoners to pass through reception at the same time. In our survey, however, only 34% said they spent less than two hours in reception compared with 47% at similar prisons and we saw prisoners spending more than three hours in reception for no apparent reason. Data on the length of time prisoners spent in reception were not routinely collected and analysed to identify how this could be improved.
- 3.7 Information in Welsh and English was available throughout the reception area and a prominent poster identified the Welsh language coordinator. Leaders also had plans to appoint a Welsh-speaking peer mentor in reception. Prisoners were not always asked directly about whether they would prefer to communicate in Welsh (see paragraph 4.24).
- 3.8 Peer mentors helped new arrivals to complete their first shop order while they were still in reception. Some of the initial order was received immediately and the remainder the following day. New arrivals were offered a financial advance of up to £30 for this initial purchase, which reduced the likelihood of accruing debt in the early days.
- 3.9 Prisoners moved from reception to one of two induction units: X1 for vulnerable prisoners and A2 for the remainder. Cells on these units were clean and adequately furnished and staff had a good knowledge of the prisoners. EDiC peer mentors were visible on the units throughout the inspection.
- 3.10 A one-week induction programme started the day after arrival. It was delivered face to face by staff and peer mentors and covered a range of topics. These included an education assessment, which was used to identify vulnerability factors, such as neurodiverse conditions. In appropriate cases, prisoners were referred to the Cynnwys inclusion unit, which offered assisted living for prisoners with learning difficulties or disabilities, autism and brain injury. This was one of several units with a specialist function (see paragraphs 4.4, 4.32). On completion of induction most prisoners transferred promptly to their residential units.

Managing behaviour

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

Encouraging positive behaviour

- 3.11 In our survey, 19% of prisoners said they felt unsafe, which was similar to comparators, but remained too high. Only 52% of prisoners said that they had never experienced victimisation by their peers.

- 3.12 Data collected locally and by HMPPS showed that rates of violence were high, only five other prisons in a group of 25 comparators were higher. The assault rate for the previous 12 months indicated that violence against staff and prisoners was gradually reducing.
- 3.13 Staffing levels in the safety team had been regularly depleted over the last 12 months to cover the restricted regimes imposed in response to COVID. As a result, the oversight of some aspects of safety had weakened since the last inspection in 2019. The published violence reduction strategy was out of date and it was not clear how available data was being used to inform the action plan to drive improvement. Leaders provided detailed plans to reinstate a regular meeting to review all aspects of safety data and associated action plans.
- 3.14 Behaviour at Parc was reasonably good. The prison used traditional HMPPS processes such as challenge, support and intervention plans (CSIPs, see Glossary) and a formal incentives scheme, neither of which was being used as effectively as they could be. However, staff did not have to rely solely on these systems to manage behaviour. Instead, the provision of a purposeful regime and an impressive focus on individual case management offered a much more effective way to motivate good behaviour and support the most vulnerable prisoners.
- 3.15 Prisoners who were vulnerable or presented a greater risk to others were identified early and could be allocated to a number of specialised residential units designed to meet their needs. The safer custody unit could hold up to 15 prisoners with a range of complex issues, including increased risk of violence (see paragraph 3.36); the Cynnwys unit housed prisoners with learning difficulties or disabilities, autism spectrum disorder and brain injury (see paragraph 4.32); B3 held a predominantly young adult population.
- 3.16 We observed impressive work in all three areas and found several examples of care and support for both the victims and perpetrators of violence. One notable example was the management of a prisoner with complex needs on Cynnwys unit who had spent much of the previous 17 years segregated in the long-term high secure estate. With some excellent support from staff at Parc he had been successfully reintegrated and was progressing well. On B3 young adults unit, an impressive middle manager demonstrated a good understanding of the impact of maturity on behaviour and adapted standard sanctions to motivate and engage the young people in her care. This case management approach on specialised residential units gave many prisoners the chance to participate and progress in a way they might not have done if they were located on a general wing.
- 3.17 Other aspects of the regime at Parc that motivated prisoners to behave well included excellent family support (see paragraph 6.1), an effective peer support scheme and a range of enrichment activities.

Adjudications

- 3.18 The number of adjudications had reduced since our last full inspection. Records indicated that there had been 3,467 hearings in the previous 12 months compared with 3,904 in just six months before the 2019 inspection. Despite this reduction, the number of hearings remained higher than in similar prisons.
- 3.19 At the time of the inspection, more than 200 hearings were outstanding, including 52 that had been referred to the police. Many of these adjourned charges, often for serious incidents of violence, had been outstanding since 2021, which undermined the deterrent effect of disciplinary hearings.
- 3.20 Many adjudication records that we examined demonstrated inadequate enquiry and, in some cases, the reporting officer who laid the charge had not attended the hearing. While some adjudication statistics were presented at the management and review group meeting and there had been several standardisation and tariff discussion forums, it was not clear if the identified actions were tracked to improve outcomes.

Use of force

- 3.21 Force had been used on prisoners 849 times during the previous 12 months, a reduction since our last inspection in 2019. HMPPS performance data reported a continuing trend downwards. Most incidents of force did not result in a full restraint and staff often used guiding holds to help calm prisoners and de-escalate an incident safely. It was positive that special accommodation had not been used in the previous 12 months and staff did not carry batons or PAVA (incapacitant spray) to manage violent incidents.
- 3.22 Governance of the use of force was effective. All incidents were reviewed within 24 hours by a senior leader and further reviews were carried out to identify lessons learned. A dedicated use of force lead maintained an impressive action tracker and created detailed reports covering a range of data. A monthly meeting reviewed the data and provided good oversight of force on prisoners.
- 3.23 The incidents we reviewed demonstrated good use of de-escalation and a proportionate application of control and restraint techniques by staff.

Segregation

- 3.24 The segregation unit was clean and bright with 24 cells over two floors. Cells were spacious with basic equipment but no in-cell telephones. The exercise yard was spacious and bright, but there was no consistent risk assessment procedure to allow prisoners to exercise together. Prisoners' regime was limited to daily access to exercise, telephones, showers, distraction packs and library books. There was little opportunity for prisoners to progress or to test their behaviour to support effective reintegration on a regular unit.



Segregation unit

- 3.25 In our survey, only 27% of prisoners said that segregation staff treated them well. While staff had reasonable knowledge of the prisoners in their care, interactions were limited and functional, particularly when compared to those on other units such as Cynnwys and B3 young adults (see paragraph 3.15).
- 3.26 Segregation had been used on 372 occasions during the previous 12 months. An additional 573 stays were recorded for prisoners who had been placed on report and were awaiting their adjudication hearing. This was high, considering that some of these prisoners could be locked up in their own cells pending adjudication for non-violent offences.
- 3.27 Very few prisoners were segregated for long periods and no prisoner had been segregated for more than three months during 2022. For those with longer stays, reintegration planning was often limited. For too many prisoners, reintegration simply meant transfer to another prison rather than an effective plan to address the problems that led to their segregation. This reinforced prisoners' perceptions that segregation was a route to a prison of their choice.

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.

- 3.28 The security team had processed nearly 9,500 intelligence reports during the previous 12 months. They were collated and analysed and actions allocated promptly with adequate follow up by the relevant area of the prison. A tasking and coordination group reviewed all intelligence each week and produced a monthly tactical assessment that was used to identify the prevailing security threats. These included the supply of illicit items including drugs, organised crime and staff corruption.
- 3.29 Leaders had a clear understanding of the security threats and took action to mitigate substantial risks. The security structure had been reviewed in late 2020, responsibilities had been realigned and a more strategic approach to security management taken. There were now three dedicated analysts and six collators who each had a specialist focus such as counter-corruption or illicit items. There was also a dedicated group of staff to conduct searching operations that supported the intelligence recommendations.
- 3.30 Despite this, 49% of the prisoners in our survey said it was easy to get illicit drugs in the prison compared with 32% in similar prisons. Mandatory drug testing had restarted in April 2022 and the positive test rate had been 22.8% for April and May. Eighty-four suspicion tests yielded a 62% positive rate which indicated that the intelligence was reliable. All of this confirmed that the prison faced a considerable threat from illicit drugs.
- 3.31 Leaders understood the risks that illicit drugs posed and were proactive in their efforts to tackle this ongoing threat. For example, prison leaders worked with the police to target staff corruption which had resulted in the removal of several staff and subsequent criminal investigations. Security leaders conducted regular meetings with individual staff to identify potential staff criminality at an early stage and offer appropriate support and guidance where possible. A range of technological interventions had been introduced which had proved effective in disrupting illicit items from entering the prison.

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

- 3.32 There had been one self-inflicted death since the previous inspection. Prompt action had been taken to minimise the likelihood of similar incidents.
- 3.33 There had been five near-fatal incidents during 2022, each of which had been investigated and actions to minimise future risks had been identified. However, the records of these investigations had not been

kept up to date and it was not possible to identify whether these actions had been carried out.

- 3.34 The rate of self-harm was similar to the previous inspection and remained higher than comparable prisons. Leaders had made some reasonable assumptions about the causal factors of self-harm, such as mental health issues and a lack of social interaction. At the time of the inspection, there was no mechanism or forum to discuss these issues and consider changes to policy and practice that may prevent or reduce levels of self-harm. Leaders did, however, have well-developed plans to address this.
- 3.35 Despite limited analysis and strategic planning, there was a clear focus on individualised case by case support for prisoners who had self-harmed and those at risk of doing so. There were two weekly safety intervention meetings, one for the main houseblocks and one for the vulnerable prisoners on X unit. These operational forums provided reasonable oversight of actions taken to support prisoners who had self-harmed.
- 3.36 A dedicated safer custody residential unit provided consistent and multidisciplinary support to prisoners with a range of complex issues, including those with the most serious and prolonged histories of self-harm. Staff worked with prisoners on the unit to reduce the risk they posed to themselves. Work to help prisoners progress off the unit was also good: staff often adopted a step-by-step approach to increase a prisoner's confidence and ability to reintegrate, for example through short visits to the main houseblock to complete an activity that appealed to them.
- 3.37 In our survey, 29% of prisoners said they had been on an ACCT against the comparator of 19%. At the time of the inspection, 70 prisoners were being case managed through the ACCT process (assessment, care in custody and teamwork; case management of prisoners at risk of suicide or self-harm). Three safer custody outreach workers regularly visited prisoners on an ACCT to ensure consistency of support and many prisoners whom we spoke to said they had received a good level of care from staff. We saw evidence of ACCT reviews carried out in the Welsh language, which was welcomed by the prisoners concerned. A safer custody peer mentor visited those who had self-harmed, giving them an opportunity to discuss their needs and concerns with a fellow prisoner.
- 3.38 In some of the ACCTs that we looked at, the identified risks and triggers were extremely limited and the quality of ACCT care planning was too variable. We saw examples of care plans and review meetings that did not clearly explore the identified triggers and sources of support. The closure of many ACCTs followed a predictable pattern, with the number of required observations each hour reduced by one each week. There was no record of why continued monitoring was necessary, even when it was evident that the prisoner had asked for the ACCT to be closed. A few prisoners told us they felt they had

remained on an ACCT for far too long and the continued observation had made them feel more stressed.

- 3.39 In our survey, 40% of prisoners said it was easy to speak to a Listener (prisoners trained by the Samaritans to provide emotional support to fellow prisoners). Listeners were available on each houseblock and there was a rota of Listeners who would be unlocked if they were needed overnight.

Protection of adults at risk (see Glossary)

- 3.40 Arrangements to identify and protect vulnerable adults at risk were good and better than we usually see. The adult safeguarding lead had developed excellent links with the local authority safeguarding board, worked closely with the safer custody unit, attended the weekly safety intervention meetings and contributed to risk meetings before release. In a recent example, a prisoner had exhibited behaviour on arrival at Parc which required him to be housed in the safer custody unit. He was due for release imminently and staff had recognised that he presented a public protection risk and a risk to his mother. They convened a meeting which included police safeguarding and probation representatives and a referral was made to the local authority safeguarding team. There had been 18 such safeguarding referrals during the previous 12 months.

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, 64% of prisoners said that staff treated them with respect. Relationships between staff and prisoners remained good and most interactions that we saw were informal, relaxed and often on first-name terms. Relationships were stronger on the smaller specialist units, where staff demonstrated a good knowledge of the needs and backgrounds of prisoners in their care. Leaders recognised the importance of fostering good relationships between staff and prisoners, and we saw evidence of inexperienced and experienced staff alike being referred for additional training to improve their interpersonal skills and interactions with prisoners.
- 4.2 Leaders aimed to create a sense of community and responsibility at Parc and this was most evident in the wide range of peer worker roles available to prisoners. The roles were often meaningful, substantial and valued by both prisoners and staff. Prisoners assumed leadership roles, for example leading outdoor exercise sessions or teaching language classes, and were well supported and supervised by staff and managers.
- 4.3 The use of key work to support and develop prisoners was too limited, and only prisoners deemed to be the highest risk were identified for contact (see paragraph 6.13) which impeded the building of positive and supportive relationships. In our survey, only 52% of prisoners said they had a named officer or key worker compared with 89% at the previous inspection and 71% in similar prisons.

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

- 4.4 Most prisoners were allocated to units with a specialist function, according to their individual needs, which helped to mitigate the risks associated with a large and complex population.
- 4.5 The communal areas of the residential units were clean and bright, with little vandalism or graffiti. There were pool tables and table tennis tables on most wings, microwaves and toasters that prisoners could use while on association and seating areas for prisoners to eat and socialise together. Access to showers was good and some units had in-cell showers. Almost all units had laundry facilities and there was a central laundry for those that did not. In our survey, prisoners responded significantly more positively than at similar prisons about access to showers and clean bedding.
- 4.6 Most prisoners kept their cells very clean. Too many cells were missing essential items such as toilet seats and brushes, almost none had lockable cabinets, and many had too little table space for prisoners to store items, eat at or write letters.



Single cell on B3



A2 induction unit

- 4.7 Prisoners living on the general residential wings in A and B units (about 27% of the population) were frequently described by leaders and staff as the 'poor relations'. Living conditions on these wings were notably worse than on other blocks, with many broken windows, a lack of cleaning materials on some wings and litter on the ground surrounding the units. Prisoners on these units were more likely to be English and/or from a black or minority ethnic background and unemployed. They told inspectors that they perceived inequality in the allocation of employment and progression to other units (see paragraph 4.28), which had not been addressed.



Broken windows on B1



A1 showers

- 4.8 The grounds around the prison remained impressive, well kept and colourful, in stark contrast to the exercise yards which remained bare, with no seating or exercise equipment.



External grounds

- 4.9 The intercom cell bell system allowed staff to answer calls from within the wing offices but, despite this, in our survey only 29% of prisoners said that their cell bell was normally answered within five minutes. The system did not allow the electronic monitoring of response times and we could not be confident that it was effective.

Residential services

- 4.10 The main kitchen remained too small to provide a varied and healthy diet for 1,600 prisoners and it was disappointing that leaders had no immediate plan to improve the facilities.
- 4.11 In our survey, only 32% of prisoners said that the food was either good or very good and only 28% said they got enough to eat. Across all the units, most of the prisoners we spoke to complained that menus were repetitive, bland and unhealthy, with chips served most days with small portions of vegetables. Menu choices had recently increased from three to five each day, but the quality and quantity of food were inadequate. Fruit that was delivered to the wings was often mouldy and prisoners were unable to buy fresh fruit or vegetables from the prison shop, which compounded their frustration.
- 4.12 The prison shop was based on site and run in house. The quantity and variety of products were restricted by the limited storage space available. Prisoners told us that popular items were often out of stock and there were restrictions on the number of certain items they could buy. They were frustrated that they could not easily supplement the unpopular food from the main kitchens with either fresh food or staples such as noodles or rice. This frustration was reflected in our survey,

where only 31% of prisoners said that the canteen sold the things they needed compared with 55% at similar prisons.

Prisoner consultation, applications and redress

- 4.13 Prisoners expressed a lack of confidence in the complaints system. In our survey, they responded much more negatively than at similar prisons about the ease of making a complaint, the perceived fairness of the system and how quickly complaints were responded to. Only 8%, for example, said that complaints were responded to within seven days compared to 23% elsewhere.
- 4.14 Systems for managing complaints were poor. Regular complaint forms, which they also had to be used for health care complaints, were put in the same box as discrimination incident report forms (DIRFs) which was not appropriate (see paragraph 4.22). Assigned respondents were contacted by secretariat staff when their response was due, but not again after that, and managers and leaders were not held accountable for slow responses in their areas. About 11% of complaints received between January and June 2022 remained unanswered, with an average delay of 56 days, which was far too long.
- 4.15 Prisoners could submit applications to most departments using the electronic kiosks on the wings, but some areas remained paper based, such as requests to buy catalogue items. Departments were responsible for managing their own applications and there was no central oversight of response times or quality assurance of responses.
- 4.16 During the pandemic restrictions, leaders had met prisoner representatives at least once a month to share information and to hear feedback from prisoners. These meetings had since ceased and there was now no prison-wide consultation. Some individual units had held regular or spontaneous consultation meetings in recent months, for example on T and A units, but other units had not. Consultation had, however, taken place with protected groups (see Glossary and paragraph 4.25) and the kitchen manager had held focus groups on food with prisoners on T unit and black and minority ethnic prisoners.

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

- 4.17 Leaders at Parc aimed to provide a fair and inclusive environment for staff and prisoners, and in many ways they were achieving this.

- 4.18 The equality, diversity and inclusion team was appropriately resourced, with a diversity manager, officer, administrator and a foreign nationals coordinator. They were an experienced team who regularly engaged with prisoners and liaised effectively with partner agencies such as the Home Office.
- 4.19 Leaders had empowered the team to develop innovative ideas to support their diverse population, such as the recent Pride march (see paragraph 4.36) and drop-in centres for foreign national prisoners.
- 4.20 The equality, diversity and inclusion committee met monthly to review data and identify solutions to address disproportionate treatment. However, there was no effective analysis of the vast amounts of data before they were presented at the meeting. This was overwhelming for the attendees and created a risk that important findings such as disproportionate treatment could go unnoticed. This also affected the quality of action planning, which was relatively weak despite the availability of data and some good consultation with prisoners from protected groups (see paragraph 4.25).
- 4.21 The quality of responses to DIRFs in the sample that we viewed was good. Quality assurance was carried out by the Director, who viewed 100% of responses, and by the Zahid Mubarek Trust which provided independent external scrutiny each month. Investigations into the issues raised in DIRFs were thorough and handled sensitively. The prisoner who had submitted the DIRF was interviewed in most cases.
- 4.22 Prisoners' confidence in the DIRF process was reduced by the fact that the same box was used to post all complaints, not just those that related to discrimination (see paragraph 4.14). Some prisoners believed that this compromised confidentiality and was the reason for many DIRFs going missing.
- 4.23 It took more than a week for most responses to be returned but some took longer. Prisoners and staff told us that responses regularly took so long that the issue raised had lost relevance, further reducing prisoners' confidence in the system.
- 4.24 A Welsh language coordinator had been appointed to make sure that the prison met its commitments to Welsh speakers. Most necessary information was available in Welsh via the kiosk, the coordinator held focus groups, cultural events were celebrated, Welsh speaking staff were easily identifiable on posters and by their lanyards. We also observed Welsh being used during an ACCT review.

Protected characteristics

- 4.25 Prisoners with protected characteristics were consulted regularly in two ways. Each unit had an equality, diversity and inclusion mentor who conducted peer-led consultation with a minimum of two groups a month on each wing which consisted of prisoners from every protected group. Feedback was given to the equality officer who, together with a lead

peer mentor, offered advice and support to the wing mentors and sat in on different groups each week.

- 4.26 These consultations were complemented by groups specific to each protected characteristic which were led by the head of equality or the equality manager. Issues that could not be resolved in the peer-led forums were escalated and discussed at these meetings.
- 4.27 Our survey highlighted only a few but nevertheless important differences in the experiences of prisoners from protected groups. For example, only 18% of black and minority ethnic prisoners said that their families were treated respectfully when visiting the prison, and 67% compared with 30% of white prisoners said they were prevented from making a complaint.
- 4.28 About 19% of prisoners were from England. They had predominantly come from the London or Midlands areas and a considerable proportion were from black and minority ethnic backgrounds. A number of these prisoners felt that the opportunities available to them in Parc were restricted (see paragraph 4.7). We observed that more of these prisoners were located on A wing and some parts of B wing than the more progressive units on T wing.
- 4.29 Prisoners from black and minority ethnic backgrounds were consulted regularly. The consultative forums were popular with prisoners from a range of groups who told us they felt confident enough to discuss difficult issues in a confidential environment where they would be heard.
- 4.30 Events such as Black History Month were celebrated, with a focus on celebrating the lives of people of colour from Wales and the surrounding areas.
- 4.31 Five trans prisoners were held at the time of the inspection. Those whom we spoke to felt well supported and it was pleasing to see that all were living fully in their acquired gender. Prisoners at any stage of transition were helped and we spoke to some women who had received hormone replacement therapy, which we rarely see. There was good access to gender-specific products such as make up. Staff were proactive in challenging any inappropriate behaviour by other prisoners.
- 4.32 The Cynnwys unit held prisoners who were diagnosed with a neurodiverse disorder such as autism and held advanced autism accreditation from the National Autism Society. Staff conducted detailed assessments of the prisoners held on the unit which helped staff from all agencies to understand the triggers for refractory and self-harming behaviour in these prisoners. Prisoners benefited from higher levels of supervision and a therapeutic environment that included a sensory room.
- 4.33 Prisoners with a neurodiverse disorder were also supported in their learning when they moved from individual work into bigger groups with

the aim of eventually joining their peers in mainstream education classes.

- 4.34 Prisoners with disabilities were well catered for across the prison. Specially adapted cells on X3 landing were designated for older prisoners and those with a physical disability. Prisoners were supported by local authority carers and peer mentors called buddies (see paragraph 4.69), who cleaned their cells and brought them meals. Social care assessments were completed where necessary and appropriate adaptations and equipment were provided in the cells.
- 4.35 Prisoners with a clinical vulnerability or severe physical disability were housed on T6 unit, where conditions were very good. Prisoners could access a full regime and received good levels of support from health care staff.
- 4.36 Prisoners who identified as gay or bisexual were identified on arrival. About 36 had disclosed their sexual orientation, which was much more than we usually find. This group was regularly consulted. A recent Pride event had been well organised and was very popular. It was refreshing to see confident prisoners being able to express themselves and celebrate in a custodial environment.
- 4.37 An under-25s unit was well led by a dedicated manager and the prisoners on the unit were mentored by former servicemen who were serving a sentence at Parc. This arrangement had reciprocal benefits: veterans were able to use their skills and experienced a renewed sense of purpose while younger prisoners benefited from advice and support from their mature role models. The unit had become increasingly more settled following the implementation of this initiative.
- 4.38 A dedicated foreign nationals coordinator, in conjunction with the Home Office, provided good support for about 98 prisoners. A small number of prisoners who identified as Gypsy, Roma or Traveller were also consulted regularly.

Faith and religion

- 4.39 Faith provision was good for most prisoners. A managing chaplain led a team representing most of the more common faiths. Leaders found it difficult to recruit locally for other faiths such as Hinduism, Buddhism, Paganism and Rastafarianism, and had asked HMPPS for support. Prisoners from these groups were supported by the chaplaincy, who facilitated worship and notable events to the best of their ability, but this did not fully meet the needs of these prisoners.
- 4.40 Corporate worship was well attended and Islamic and bible study classes were organised each week.
- 4.41 Prisoners on X unit had a separate multi-faith room and were not disadvantaged.

- 4.42 The chaplaincy had an extensive calendar of events to celebrate days that were important to a range of religions, using the kiosks to communicate information about these events.
- 4.43 Pastoral care was provided for prisoners in crisis and those who needed additional support. The chaplaincy was visible around the prison and fulfilled their statutory duties in relation to segregated prisoners and those being supported through the ACCT case management process. However, chaplains were not kept informed about prisoners who were on restricted high-risk regimes which limited the support available to a potentially vulnerable group of prisoners.

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.

Strategy, clinical governance and partnerships

- 4.44 G4S Health Care was the provider of primary care services, including mental health. The subcontracted services included dentistry which was provided by Time for Teeth, GPs by Marnell Medical Services, secondary mental health by Swansea Bay University Health Board and substance misuse services by Dyfodol. A suitable health needs assessment had been published in 2021 and there was an action plan to address identified needs.
- 4.45 Partnership boards had been implemented since the previous inspection and local governance meetings had continued throughout the pandemic. Strategic oversight by senior leaders had not identified poor practice in pharmacy services and there was no oversight of the clinical risks for patients on long waiting lists, which was poor.
- 4.46 Incident reporting levels were low and potential risks to patient safety were not readily identified. There was no formal process to notify clinical staff of any learning or changes in practice that had been identified following incidents. Managers shared information by email and they were not confident that all staff received the information, which was poor.
- 4.47 The turnover of nursing and pharmacy staff and the impact of vacancies in the mental health team had compounded the already stretched staff resources. Staff recruitment had been in progress and limited business contingencies had been introduced to manage the staff shortages in mental health.
- 4.48 Clinical leaders regularly participated in medicines administration or emergency response and were not available to provide oversight of the wider clinical risks.

- 4.49 Mandatory training rates in some key areas, including level three adult safeguarding and intermediate life support, were below 85%, which presented a potential risk to patient safety. Regular clinical supervision was offered to support safe and effective practice.
- 4.50 A patient advice and liaison lead supported 16 peer health champions who undertook patient surveys on each wing and gave feedback to health providers. This feedback had not been used to inform service development which was a missed opportunity.
- 4.51 Health care applications and repeat prescription requests were made through the electronic kiosks and all communications were transferred to the clinical record, which was good practice. A complaint was submitted using the prison complaint form and placed in a confidential envelope in the DIRFs box. We were advised that complaints received in health care were nearly always in a sealed envelope.
- 4.52 Responses to complaints addressed the patients' concerns. They were written in plain English and respectful in tone and content.
- 4.53 SystmOne clinical records were kept for all patients and the standard of record keeping was reasonable.
- 4.54 Adequate emergency bags were supplied and easily transported. Suction equipment that had been checked and marked as ready to use was incomplete, which was poor. This was addressed swiftly when we reported it to managers. Officers and health care staff said that an ambulance was always called for an emergency, which was good practice.

Promoting health and well-being

- 4.55 A limited range of health promotion material was visible across the prison, but only in English. There was no information in Welsh which was contrary to the national guidance.
- 4.56 The peer workers who acted as health champions had a clear job description. They had participated in health promotion activity during the recent prison-wide Pride event, which was positive.
- 4.57 Although some NHS screening had restarted after the pandemic, there were long waiting lists for a range of programmes including abdominal aortic aneurysm, blood-borne virus and retinopathy.
- 4.58 A sexual health clinic was led by a consultant on site, although there was a long waiting list of 318 patients and a maximum wait of 74 weeks, which was far too long.

Primary care and inpatient services

- 4.59 All new arrivals received a health assessment in reception, where they were screened for urgent medical needs and referred to clinical substance misuse or mental health services. A secondary health

screen started with a self-assessment questionnaire followed by a face-to-face appointment to review the results. This was good practice.

- 4.60 Staff shortages had necessitated a focus on medication administration and emergency or acute need. The recent recruitment of a practice nurse had allowed some nurse-led clinics to take place. However, there were long waiting lists for patients with long-term conditions, including asthma, and the opportunity to review care and support self-management was missed.
- 4.61 Waiting times for other services varied. There were long waits for the podiatrist and optician, but additional clinics had been held to address the backlog.
- 4.62 A routine GP appointment was available within seven days which was good. Urgent, same day appointments were available if required. The GP team also undertook the out-of-hours service and visited patients to assess them, which was good. A prescribing pharmacist delivered medicines use review clinics.
- 4.63 A multidisciplinary team led by the physiotherapist, who was a non-medical prescriber, ran a pain clinic for safe and effective management of symptoms.
- 4.64 'Did-not-attend' rates were not monitored on the local reporting system, although we were advised that patients were followed up by the health champions. There was no consistent approach to following up or rebooking appointments.
- 4.65 Our review of clinical records indicated that some patients with complex health needs did not have a care plan to guide their care to reflect national clinical guidance.
- 4.66 External hospital appointments were managed efficiently and patients needing urgent treatment were prioritised. Patients were not routinely told if an appointment, either internal or external, had been cancelled or rearranged, which was not best practice.
- 4.67 Patients who needed medication on release were given seven days' supply and advised of how to register with a GP.

Social care

- 4.68 There was a memorandum of understanding between the prison and Bridgend County Borough Council and an information-sharing agreement to deliver good social care to those who met the threshold. The Council commissioned G4S Health Care to deliver social care and the service had been developed during the pandemic, which was a notable achievement.
- 4.69 The Council employed two social workers and an occupational therapist to undertake referrals, which were managed effectively. At the time of the inspection, 10 patients were in receipt of a social care package which was delivered by a dedicated group of health care

support workers who were never re-deployed to other health care duties. Patients spoke highly of their care and treatment. Prisoner buddies provided good practical support and told us they felt supported and had received training and ongoing supervision for their role.

- 4.70 Care plans that we looked at were of good quality and were updated following each episode of care. Oversight of care plans and patients' needs was excellent, with a well-attended weekly social care meeting informing practice.
- 4.71 An experienced liaison mental health nurse from Cwm Taf Morgannwg University Health Board and a specialist psychiatrist undertook assessment and support for prisoners with memory problems. This innovative service was improving outcomes for these prisoners. For example, we saw several cases where this intervention had enabled prisoners who had previously been isolated to socialise more comfortably on the wing. Changes had been made to the assisted living unit to make it more appropriate for prisoners with dementia and custody staff worked alongside the nurse, sharing knowledge to deliver better care.

Mental health care

- 4.72 Mental health services were failing to meet the needs of the population.
- 4.73 In our survey, 64% of respondents said they had a mental health problem but only 13% said they were being helped with it and only 9% said it was easy to see a mental health worker. Patients told us of their frustration at not receiving mental health support and, in many cases, their symptoms had deteriorated.
- 4.74 Primary mental health care was delivered by G4S Health Care which was so severely under-resourced that only a crisis service was delivered. Demand was very high, with 394 referrals received in the previous three months. About 150 patients were awaiting an assessment by the team and the waiting list lacked clinical oversight. An agency nurse had been tasked with assessing about 120 of these patients by telephone, which was inadequate and concerning. We were made aware of at least two cases recently where the delay for a mental health assessment had caused poor outcomes for patients.
- 4.75 Counselling and psychologist-led therapies were not delivered and staff relied heavily on prescribing, which was inappropriate. About a fifth of the population were prescribed an anti-depressant with a sedating effect, which was far higher than the general population. The needs of patients with mental health conditions such as depression and anxiety were not being met and there were no plans to address this.
- 4.76 Wider health care demands, such as medication administration and emergency response, frequently took primary mental health staff away from their duties. This resulted in the neglect of high-risk areas such as the safer custody unit, where the majority of patients had acute and severe mental health conditions.

- 4.77 Secondary mental health services were delivered by Swansea Bay University Health Board from 9am to 5pm on Monday to Friday only. The team were supporting 65 patients which was a low number contributed to by the backlog of primary mental health assessments. Patient referrals and progress were discussed at the weekly multidisciplinary single point of access meeting, but primary mental health care were not represented at these virtual meetings.
- 4.78 Patients under the care of the secondary mental health team had good access to a psychiatrist and a consultant forensic psychologist ran a weekly clinic. During the previous 12 months, 31 patients had been transferred to a secure hospital bed under the Mental Health Act, most within 28 days.
- 4.79 The G4S learning disability service no longer provided specialist support because they were used to cover health care tasks such as medicines administration and nurse clinics. There was no psychiatry or psychology contribution to prisoners with a learning disability and a list of 23 patients were awaiting an autism assessment, with the longest of 17 months. Thirty patients were waiting for an ADHD review, 13 of whom had waited for more than 12 months.

Substance misuse treatment

- 4.80 Dyfodol, the substance misuse service, was well integrated in the prison and the team manager worked closely with the drug strategy manager and head of function to make sure that substance misuse was a consistent strategic priority through regular, well-attended meetings.
- 4.81 Despite high demand for the service, the substance misuse needs of patients were met by a well-led and adequately resourced service. A sizeable team of well-trained and supervised caseworkers were easily accessible and this was enhanced by a well-advertised phone number that prisoners could use for support and advice. The team had been expanded and two assistant psychologists were now delivering therapy to prisoners with substance use and mental health needs, which was good. Patients on the Dyfodol caseload could also see a counsellor.
- 4.82 All new arrivals were screened in reception for drug and alcohol issues and saw clinical prescribers as necessary. Clinical prescribing was appropriate and flexible and reflected evidence-based treatment. Clinical substance misuse assessment clinics were delivered twice a week by Dyfodol and the clinical prescriber which ensured that appropriate clinical reviews were taking place. At the time of the inspection, 194 prisoners were receiving opiate substitution therapy.
- 4.83 A network of prisoner recovery peer mentors worked across the prison, overseen by the Dyfodol team manager. Peer mentors were enthusiastic and proud of their role in helping others. They all described feeling valued in their role and receiving the necessary support. Peer mentors co-facilitated recovery groups on D wing and gave good support to newly arrived prisoners.

- 4.84 All prisoners who were suspected of using psychoactive substances continued to be seen and this had been extended to prisoners using 'hooch' to offer support and advice.
- 4.85 Throughcare arrangements were good and were enhanced by a web-based universal case management system (Palbase) used across Wales in custody and the community. Naloxone, an agent used to reverse an opioid overdose, was given on release if appropriate.

Medicines optimisation and pharmacy services

- 4.86 Medicines were supplied in a timely manner by a provider on site. Medicines that were not in possession were supplied and managed appropriately. Patients completed their own risk assessments every six months and these were reviewed by pharmacy staff. The in-possession policy allowed prescribers to override restrictions when they considered it appropriate. This meant that some medicines on the red list were supplied in possession. Patients ordered their own in-possession medicines and about 78% of patients received medicines in possession, mainly for 28 days. This was good practice.
- 4.87 Patients ordered their own in-possession medicines but, if they did not do so, there was no follow up by pharmacy staff.
- 4.88 Not all cells had locked cupboards for storing medicines. There were no regular cell checks, despite some tradeable medicines in possession, which presented a safety and security risk to patients.
- 4.89 Medicines were administered from the wings from 7.30am and in the afternoon. Afternoon administration could start as early as 3.30pm because of regime restrictions which meant that evening medicines were not administered at therapeutically appropriate times.
- 4.90 We observed some queues that were well managed by officers, but this was inconsistent across the prison. Prescribing and administration were recorded on the clinical record, including when patients missed their medication. We saw anti-psychotic in-possession medicines that had not been collected by patients. The clinical records had not been completed and there was no record of follow up, which was poor practice.
- 4.91 The pharmacist clinically reviewed all medicines. Over-the-counter medicines could be supplied for minor ailments. There was provision for the supply of medicines out of hours. The pharmacy hand wrote names and dates on some medicines, although they did not have a licence to do so.
- 4.92 A local medicines formulary, used to guide medical professionals in what to prescribe using the best available clinical evidence, was in place, but it was not always followed. Some administered medicines were crushed before being supplied. This was a long-term local practice with no written protocol to support it.

- 4.93 We found medicines on tables in the wings rather than locked in cupboards. A considerable number of unlocked cupboards had broken locks which we were told had been reported. There was no date for repair and, in the meantime, the storage was unsafe and did not reflect best practice.
- 4.94 There was no auditing of over-the-counter medicines. The medicines administration room on the safer custody unit had been condemned because it did not meet infection control or safe storage of medication standards. It was now being used again, which was unsafe.
- 4.95 Medicines and therapeutics meetings had been erratic and were not well attended, which limited scrutiny and governance. Controlled drugs management was generally robust but not all controlled drugs were stored securely in the pharmacy and not all out-of-date drugs were regularly audited.

Dental services and oral health

- 4.96 The dental service operated each day from Monday to Friday. Patients from the vulnerable prisoner wings had separate appointments from those in the main prison. The longest waiting list was for routine assessment, with 247 patients at the time of the inspection taking up to 18 months for their first appointment. A dental nurse was undertaking telephone triage for patients experiencing pain as part of an initiative to address the waiting list. Patients were advised on the use of over-the-counter analgesia and, where appropriate, offered an appointment with the dentist.
- 4.97 Patients requiring a series of appointments for treatment saw the same dentist which provided continuity of care and was good practice. Aerosol-generating procedures were carried out in the surgery which ensured that patients received a range of treatments.
- 4.98 Dental hygiene advice and oral health promotion were offered at every contact.
- 4.99 Infection prevention and control measures were followed and there were regular audits to monitor standards. The surgery had a separate decontamination room with clean and dirty areas that were clearly labelled.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Although the pandemic and restricted regimes had affected delivery at Parc, a commitment to the delivery of a thriving and purposeful regime remained central to the ethos of the prison. A new regime had been implemented shortly before our inspection and most prisoners were unlocked for between six and 10.5 hours a day during the week, which was much better than in similar prisons. Many prisoners had one or two hours' association in the evenings. In our survey, 74% of prisoners said they could associate more than five days a week compared with 55% in comparable prisons. Leaders supported delivery of various initiatives and activities to enable prisoners to use their free time constructively, for example B3 (the young adults and veterans wing) offered bingo, outdoor circuit training and Highway Code classes.
- 5.2 The regime at weekends was inadequate and 54% of prisoners in our survey said they spent less than two hours out of their cell on Saturdays and Sundays. Time out of cell remained poor for the unemployed and those on the basic level of the incentives scheme, who received about two hours a day out of cell.
- 5.3 Unemployment was low at about 7%, although a recent COVID spike during the week of our inspection had caused staff absences and temporary regime restrictions. This resulted in about 40% of prisoners being locked up during our spot roll checks, but there was evidence that this was an unusual occurrence.
- 5.4 Gym facilities were very good across the prison and prisoners from all areas had equitable access to the gym. Leaders in the gym monitored attendance which showed that about half the population attended the gym regularly for around three and a half hours each week, which was good.
- 5.5 Gym staff consulted prisoners and conducted a needs analysis which had led to some innovative practice. Yoga, weight loss sessions and over-50s gym were popular and separate sessions for trans and LGBT prisoners were also held to help these prisoners build confidence to attend the gym.

- 5.6 Gym staff also delivered vocational courses to a limited number of prisoners including level two gym, nutrition and sports leader courses.
- 5.7 Before the pandemic, there had been close links between the gym and the local community. There were credible plans to restart work with The Prince's Trust, The Dragons rugby union and Cardiff City Football Club through a twinning project.
- 5.8 A large and well stocked library was located in the education block and prisoners who attended education could use the library. Prisoners who did not attend education had no access at all to the library and relied on a remote ordering system. This had initially been well used but the number of orders had consistently reduced over time and was now very small.
- 5.9 The situation was worse for prisoners on X unit as their library was closed. They could only access the remote ordering system but an increasing level of apathy was felt by these prisoners and others who could not attend the library in person.
- 5.10 There was good support for literacy. The Shannon Trust scheme that helps prisoners to read and write was led by the education team and well embedded with 22 peer mentors helping 55 learners.
- 5.11 A reader in residence had been recruited and had started to employ reading peer mentors on some wings with the eventual aim of holding book clubs and providing further support with reading for all prisoners. These good initiatives were undermined by poor access to the library.

Education, skills and work activities



Arolygiaeth Ei Mawrhydi dros Addysg a Hyfforddiant yng Nghymru
Her Majesty's Inspectorate for Education and Training in Wales

This part of the inspection is conducted by Estyn inspectors using Estyn's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

Expected outcomes: All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

- 5.12 Estyn made the following assessments about the learning and skills and work provision:

- Standards: Good
- Well-being and attitudes to learning: Excellent
- Teaching and learning experiences: Good
- Care, support and guidance: Excellent
- Leadership and management: Excellent

Standards

- 5.13 Across the range of education and training offered at the prison, most learners, including those with additional learning needs (ALN), developed their skills well from their starting points. Many gained accreditations that could help them progress into employment or further training in the prison or on release.
- 5.14 During the pandemic restrictions, the previous rate at which learners attained accreditations had reduced. Nevertheless, many learners continued to make progress towards and attain qualifications during this period. At the time of the inspection, COVID restrictions had been lifted and the education system was returning to a more normal pattern, although a few learners experienced disruption to learning because of COVID-related illness.
- 5.15 In vocational training, most learners developed useful vocational skills. In bike maintenance, they refurbished and repaired bicycles which were then used in community and school cycling schemes. They gained useful tool and maintenance skills and attained qualifications at levels 1 and 2. In carpentry and painting and decorating workshops, learners developed valuable trade skills. A few prisoners in carpentry had made modular building units that had been used by a construction company to build houses. Learners with previous experience in these sectors practised and developed skills beyond those required by the accreditation syllabus. Across the prison, a few learners did not have the opportunity to study vocational courses that best matched their aspirations.
- 5.16 In literacy and numeracy skills development classes at entry level and levels 1 and 2, most learners learned, developed and practised their skills appropriately from their starting points. Most gained accreditations that helped them progress to the next level of learning or employment in the prison. In literacy and numeracy classes, learners completed workbooks designed to develop their skills in the weaker areas identified by diagnostic assessments completed on entry to the prison. This developed learners' skills effectively and prepared them for external assessments.
- 5.17 In art and craft sessions, learners made rapid progress in developing art and hand skills and produced work of good quality. They used a range of appropriate influences to shape and inspire their work. A few learners applied their skills in work around the prison, creating murals or working in the printshop design bureau.
- 5.18 In further and higher education sessions at levels 2, 3 or above, most learners on supported self-study programmes made sound progress

and developed higher-level skills in a broad range of disciplines, including mathematics, science, project management and accounting.

- 5.19 Learners with additional learning needs made suitable progress and gained relevant accreditations. Those who were unable to read fluently developed basic literacy skills with support from tutors and peer mentors.
- 5.20 The few learners who were Welsh speakers benefited from the opportunity to speak to other Welsh speakers or developed language skills through Welsh community gatherings and conversation classes. A few gained accreditations for adult learners of Welsh.
- 5.21 A few learners who had demonstrated commitment to learning and who had the necessary underpinning skills acted as peer mentors. They supported teachers in classes and workshops and gave other learners support. Nearly all these learners developed a useful range of skills in teaching and listening while improving their craft or subject knowledge and attaining a qualification in mentoring.

Well-being and attitudes to learning

- 5.22 Most learners appreciated the commitment that education staff and peer mentors had shown to enable them to continue with activities during the pandemic. Many learners, who had continued to work towards education qualifications during this time, had only been able to do so because staff and mentors had helped them to access the learning resources they needed. A few prisoners had also been able to access IT equipment on a rota basis, which helped them to complete assignments.
- 5.23 Many prisoners had found the art activity packs and distraction packs that education staff issued to be therapeutic during COVID restrictions and several observed that these had helped them to cope with being confined to their cells.
- 5.24 During the pandemic, Welsh speakers had not had the opportunity to converse with other Welsh speakers, and they were pleased to be able to use their language once restrictions had been lifted.
- 5.25 Nearly all prisoners felt safe in education sessions and in vocational workshops. Most prisoners understood whom they could talk to about any concerns they might have. They showed a high level of trust in teaching staff and mentors.
- 5.26 Nearly all prisoners established good relationships with tutors. They showed respect to staff and to each other. In activity sessions, learners supported each other well, listened to others' views and worked together effectively in groups. The strong contribution that peer mentors made to helping learners in sessions and on wings strengthened their own self-esteem and confidence.
- 5.27 Most prisoners attended sessions regularly. Learners' behaviour in sessions was outstanding. When they arrived in classes and work, they

focused on their activities quickly and worked purposefully towards completing their tasks. Learners who were following open learning programmes showed a high degree of self-discipline in managing their own learning.

- 5.28 There were many good examples of prisoners reflecting on how the education and training opportunities they had taken up were giving them an opportunity to break cycles of reoffending behaviour. One prisoner explained that the opportunity to pursue a degree was ensuring that his children would not 'inherit a legacy of criminal behaviour'.

Teaching and learning experiences

- 5.29 There was an extensive range of education, training and employment opportunities. These ranged from provision for early reading and number skills to relevant accreditations for vocational training and work experiences, as well as a wealth of opportunities to engage purposefully in and obtain further and higher education qualifications. Many prisoners valued the wide range of options available to them. The curriculum model ensured that all prisoners had the requisite literacy and numeracy skills to secure their access to and success on meaningful further learning, training or work pathways during their time in prison and on release. On a few occasions, the timing of initial assessment when learners had just arrived in prison resulted in a few scoring at a lower level than appropriate and being allocated to learning at the wrong level. In these few cases, tutors were unclear as to whether they could reassess these learners to redress any problems with their allocation of courses.
- 5.30 During COVID restrictions, about half the prisoners were supported to take advantage of a useful range of in-cell provision, so that they could continue their learning or engage in well-being activities despite the disruption (see paragraph 5.23).
- 5.31 Nearly all teachers had relevant skills, subject knowledge and experience. Since resuming normal activities, they had built strong working relationships with learners which helped to make sure that they managed learners' behaviour and engagement in all sessions effectively. Teachers knew most of their learners well, with a clear understanding of their starting points and their short- and medium-term goals. They used this information appropriately to give learners beneficial support and feedback in sessions to reinforce their progress. They motivated and encouraged nearly all learners to believe in their abilities.
- 5.32 Trained peer mentors gave strong support to learners and used their experience and understanding to develop learners' skills, particularly in classes or workshops with learners at different stages of learning. The most skilled peer mentors occasionally led small group sessions.
- 5.33 A detailed tracking system provided curriculum managers with a range of information on learners' previous attainments, chosen pathways,

behaviour and any barriers to learning or progress. This enabled managers to track completion of accreditations, as well as to identify and address any concerns about learners' progress.

- 5.34 Many teachers planned an appropriate range of learning activities, which enabled learners to make sound progress in developing their literacy, numeracy and ICT skills. Particularly on vocational courses, learners benefited from opportunities to practise and enhance these skills in occupational contexts. In creative arts sessions, tutors secured strong progress in learning while providing prisoners with safe spaces to support their mental well-being. Many workshop tutors and teaching staff had created stimulating environments for learners. Workshops and classrooms were suitably well resourced.
- 5.35 Tutors effectively supported learners through feedback and encouragement while they engaged in meaningful accredited pathways, but a few literacy and numeracy opportunities did not develop learners' wider skills well enough, such as their social and communication skills. A very few staff were not confident in adapting and tailoring their teaching strategies to meet the more complex learning needs of the broad range of learners.
- 5.36 Despite considerable disruption to the provision for Welsh language and cultural development during the COVID-19 pandemic, displays around the prison and in classrooms and workshops signalled a sense of pride in Wales and the Welsh language. In a few sessions, local and national references were integrated meaningfully into learning. For example, tutors made helpful reference to Welsh artists in art lessons. Welsh language lessons had resumed and, although numbers were small, learners benefited from opportunities to practise and develop their language skills.

Care, support and guidance

- 5.37 The learning environment was positive and provided learners with a worthwhile range of support and guidance to overcome their barriers to learning. For example, staff used targeted interventions, such as one-to-one reading programmes, or the allocation of individual resources to meet additional learning needs.
- 5.38 In response to the challenges of the pandemic, workbooks and support systems had been developed for learners to access helpful information, advice and guidance in their cells, for example through booklets for levels 1 and 2 employability units. Learners valued these beneficial opportunities to continue to develop their skills and knowledge.
- 5.39 There were suitable systems for gathering relevant information about prisoners during induction. Initial assessments took place in Welsh or English depending on the needs of the prisoner. A thorough system had recently been developed for identifying extremely vulnerable prisoners on admission. This information was used to track these prisoners and make sure that they received appropriate support to engage with employment, education or training.

- 5.40 Welsh speakers were supported through the helpful development of Welsh champions. These prisoners were present across many areas of the prison, in workplaces, classrooms and leisure facilities, to develop a community of support for Welsh speakers. This important community was in the early stages of being re-established after the pandemic.
- 5.41 Learners benefited from a range of worthwhile support and guidance on the practical aspects of finding work, for example they learned how to disclose prior convictions positively and completed practice interviews. Effective links had been developed with a wide range of employers who offered interviews and employability workshops to learners. Since the easing of restrictions, all learners had been able to access workshops to develop these important skills, enabling several to leave prison with an employment offer.
- 5.42 Learners valued the guidance they received to help them plan to develop skills and gain relevant qualifications. The training and employment pathways provided many learners with a clear understanding of progression opportunities both in prison and on release.
- 5.43 Peer mentors had a highly valued and beneficial role in providing guidance and support to learners, including delivering lessons on residential wings, guidance in selecting a progression pathway and developing important skills such as writing CVs. Nearly all learners said that this support enabled them to make better progress in their learning. Mentors reported that the training and qualifications they received to fulfil this role was beneficial for their own personal development.
- 5.44 Leaders had made recent changes to monitoring and tracking systems to oversee the progress of learners through their chosen pathway and share helpful and important information with, and about, learners. These systems were not yet fully integrated and it was too early to judge their overall effectiveness.

Leadership and management

- 5.45 During the pandemic, leaders and managers had worked effectively with a team of dedicated staff to maximise the opportunities that prisoners had to access learning resources and to make sure that work activities could continue where possible. Examples included learners who were able to leave their cells to type open learning assignments to continue progress towards their qualifications and digital print room workers continued to meet customers' production orders.
- 5.46 Senior leaders gave high priority to restoring full access to education, skills and employment at the earliest opportunity. Their strategic planning and management reflected a high regard for the value of education, skills and work in encouraging prisoners to reduce reoffending behaviour.

- 5.47 Effective planning ensured that there was enough purposeful activity to meet prisoners' needs, with good opportunities for prisoners to combine education and work within their activity timetable. Arrangements were good for a few vocational or employed prisoners to access education in their workplaces if they needed to improve their literacy or numeracy to develop their occupational skills.
- 5.48 When planning to strengthen services, leaders took good account of labour market information and developed strong links with local employers to improve employment prospects for prisoners. For example, continued relationships with the rail industry had enabled prisoners to access employment, and leaders had used this link to help them evaluate the impact of the support they had given prisoners. They had identified that, of the 45 prisoners who successfully completed railway training in prison and progressed into employment, 81% had not reoffended.
- 5.49 The learning and skills team had produced a comprehensive self-assessment report which drew effectively on the views of a wide range of staff and reflected prisoners' views when evaluating the quality of education and training. The report was evaluative and made effective use of data and a broad range of evidence to identify strengths and areas for improvement in the provision.
- 5.50 The self-assessment report informed the quality development plan which prioritised appropriately areas for improvement. Senior leaders monitored progress towards the plan's objectives effectively.
- 5.51 There were appropriate systems for recording learners' attainments which staff monitored regularly and reported progress to senior leaders.
- 5.52 There were also appropriate systems for managing the performance of education staff.
- 5.53 Staff had good opportunities to access training and systems to identify staff training needs were good. Good attention had been given to raising staff awareness of additional learning needs, including the needs of neurodiverse learners and those who had experienced trauma.

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 The strategy for maintaining and developing relationships with family and friends was impressive and support for prisoners in this area was excellent. Leaders had thoughtfully extended the innovative services seen at the previous inspection. This was reflected in our survey where prisoners were much more positive in this area than their counterparts in similar prisons. Notably, the uptake of video calls was very good and among the highest across all prisons.
- 6.2 Leaders had also developed the family interventions unit T4 with the introduction of numerous new initiatives to help prisoners rebuild, develop and maintain relationships with their families. These included a course called Fathers Inside, Nursery Rhyme time and other peer-led support. Prisoners on T4 articulated powerful personal testimonies about how they had been helped to rebuild personal relationships with parents, partners and children which was critical in preparation for their release.
- 6.3 Invisible Walls Wales was a Big Lottery funded project that used a whole family approach to improve and maintain relationships between male prisoners and their children and families. This operated for up to 12 months before release and six months after release through three integrated hubs of activity: prison, transitional and community. Key elements of the project were interventions-led visits in family-friendly facilities, through-the-gate casework by Family Integration Mentors, and partnerships with community agencies. Weekly family visits were well planned, encouraging interaction between fathers and their children. The broad range of activities catered for children of all ages including homework, reading and interactive joint activities for older children.
- 6.4 Since the last inspection, leaders had introduced the invaluable role of school coordinator, who liaised with schools to arrange family visits with fathers, their children and children's teachers outside term time. School teachers attended the prison with prisoners' children to look at school work with their fathers, discuss achievements and share

success. A pre-scheduled show case day had taken place during the inspection where we observed rich positive interactions encouraged by supportive prison staff.

- 6.5 Prisoners' families were very well supported by family support workers. Regular consultation with families elicited helpful feedback that leaders responded to such as adjusting centre opening times, optional discreet baby feeding and changing areas and organising transport to and from the nearby station.
- 6.6 Access to social and video call visits was excellent. The visitors' centre was bright, comfortable and welcoming. Social visits took place every day and the visits hall was a welcoming environment which put visitors at their ease. Clearly displayed information offered interesting reading for visitors to look at as they entered.
- 6.7 Vulnerable prisoners on X unit had a separate visits hall which kept these prisoners safe. Their facilities were equally good and the maintenance of important ties was well supported.
- 6.8 There were 122 care leavers in the population and work to support them was good. The care leaver coordinator and prisoner care leaver champions actively helped families and prisoners to keep in touch. The care leaver team also bridged contact with personal advisers in the community to make sure that benefits and other entitlements continued to be received while in custody.

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.

- 6.9 The reducing reoffending strategy was comprehensive, up to date and based on a good analysis of prisoner needs. However, it was severely undermined by a shortage of staff of more than 50% which prevented the strategy from being delivered effectively.
- 6.10 The population included remand prisoners, young adults, a large population of prisoners convicted of a sexual offence (12%) and a sentenced population convicted of a wide range of offences. At the time of the inspection, 96% were sentenced, 30% were licence recalls and just over half the population was assessed as presenting a high or very high risk of harm to others. Fifty-three per cent of prisoners were serving sentences of four years or more.
- 6.11 There had been no forum for senior managers to meet and discuss rehabilitation for some time, although the appointment of a new resettlement manager was in progress which we were told would address this.

- 6.12 The offender management in custody (OMiC, see Glossary) model, which had been well embedded at the previous inspection, had deteriorated. Senior leaders had prioritised about 350 prisoners for key work which meant that most prisoners did not receive this level of support.
- 6.13 The quality and frequency of keywork were inconsistent. Prison records reflected meaningful conversations on personal history, substance misuse and mental health but there was little evidence of follow-up action. Most prisoners we spoke to said they did not find key work sessions meaningful or helpful.
- 6.14 The offender management unit (OMU) was very understaffed. The team included two out of three senior probation officers, three probation offender managers out of a target staffing of six, and just three prison offender managers compared to 20 at the previous inspection.
- 6.15 Caseloads for each prison offender manager (POM) were between 50 and 150 depending on their experience. For some this level was too high to deliver effective case management and they had to prioritise time-critical tasks for parole and MAPPA reports (multi-agency public protection arrangements). The absence of regular effective contact with POMs was a considerable source of frustration for prisoners.
- 6.16 Leaders in the OMU were supportive and committed but very frustrated by the shortage of staff. There had been no supervision of POMs and, despite the determined efforts of the whole team, the deteriorating situation was concerning.
- 6.17 A recent analysis of needs enabled leaders to plan appropriate interventions for prisoners to complete sentence plan targets and work towards reducing their risk. In our survey, 47% said they had a custody plan, 77% of whom knew their targets, but only 38% said staff were helping them to achieve their targets.
- 6.18 We reviewed a selection of 19 cases in depth, including sentences ranging from 28 months to 14 years. The backlog of prisoners with no offender assessment system (OASys) was small and remained similar to the previous inspection. Most cases that we looked at had an up-to-date OASys, although the quality was variable.
- 6.19 Home detention curfew (HDC) was managed very well and few prisoners experienced delays in their release. During the previous 12 months, 257 HDC files had been considered of which 205 had been approved. Decisions to approve or reject were clearly justified and outcomes communicated to prisoners in writing.

Public protection

- 6.20 The shortage of OMU staff had placed a strain on the delivery of effective public protection work which had deteriorated in some key areas since the previous inspection.

- 6.21 The interdepartmental risk management team meeting (IRMT) had become ineffective. Discussion focussed on very high-risk violent prisoners (for example MAPPA levels 2 and 3) which was appropriate. However, some prisoners who had been deemed less critical (those who were at high risk of serious harm but did not engage in prison violence or self-harm or meet the MAPPA threshold) were not robustly monitored by the IRMT.
- 6.22 Attendance at the IRMT was limited, record keeping was poor and POMs did not attend. Their absence resulted in a failure to share important information across a multi-agency team to keep them informed of behaviours of concern, changes to the level of risk of serious harm or substantial changes to a prisoner's circumstances. Over-reliance on community offender managers to manage risk with limited oversight by prison staff had become accepted practice and was a weakness.
- 6.23 Ten MAPPA Fs (the formal information-sharing report for MAPPA offenders managed at levels 2 or 3) had not been submitted on time in the last 12 months. Leaders we spoke to were receptive to our concerns about IRMT and MAPPA Fs and fully committed to address them.
- 6.24 More positively, contact restrictions were applied appropriately and promptly and were regularly reviewed. At the time of the inspection, 18 prisoners were on phone and mail monitoring with no backlogs.

Categorisation and transfers

- 6.25 Categorisation reviews were timely and leaders had good oversight of the transfer of prisoners to open and category B prisons. Most category C prisoners remained at Parc for the duration of their sentence, apart from a small number of security related transfers.
- 6.26 There were 54 category D prisoners, 34 of whom were waiting to be moved to an open prison. None had been waiting for more than a month.
- 6.27 At the time of the inspection, 134 prisoners were serving indeterminate sentences for public protection or life sentences, many of whom were licence recalls. We spoke to a prisoner living on the designated unit for prisoners serving long sentences who appreciated having a separate space. Prisoners were able to provide peer support to each other but otherwise there was very little specific support for these prisoners.

Interventions

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

- 6.28 In our survey, 35% of prisoners said they had completed an offending behaviour programme, 26% other programmes and 29% said they had received one-to-one work.
- 6.29 The pandemic had adversely affected the delivery of interventions, but leaders had commendably enabled the delivery of some programmes to small numbers of prisoners as soon as possible in early 2022. Group sizes had been increased in May 2022 and, at the time of inspection, a full schedule of accredited interventions was in operation, including the thinking skills programme, Resolve (for violence and aggression), Pillars of Recovery (for substance misuse and reducing the risk of reoffending) and Building Better Relationships (for intimate partner violence). During the previous 12 months, 176 accredited programmes had run, of which 161 had been completed, which was remarkable.
- 6.30 Plans to start Timewise (a one-to-one intervention addressing violence) in the next few weeks and a promising bid to secure funding for Kaizen (a programme for high and very high-risk prisoners) were encouraging. The gap in interventions for sex offenders who comprised 20% of the population prevailed, but the schedule of more than 300 planned interventions over the next 12 months was positive.
- 6.31 Prison leaders had introduced a wide suite of non-accredited initiatives and programmes which motivated and supported prisoners. The 'men shed' initiative delivered useful life skills sessions such as creative writing, barbering and peer taught instrument lessons. It also provided a peaceful place for prisoners to talk if they had concerns.
- 6.32 The employment team delivered workshops for CV writing and mock job interviews that prepared a small number of prisoners for employment. We observed pockets of activity across the prison ranging from quizzes to exercise clubs and it was uplifting to see leaders enabling enrichment activities in a structured and safe way that prisoners valued.

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.

- 6.33 Release planning arrangements had deteriorated since the unification of probation services and were not good enough. In our survey, only 35% of those being released in the next three months said they were receiving help to find accommodation, 23% to gain employment, 31%

with education and training, 19% with arranging benefits and 18% with finance. Many prisoners we spoke to raised concerns about the lack of support in these areas.

- 6.34 Key providers had been absent from the prison during the pandemic, including The Forward Trust and St Giles Wise. The latter had only returned the week of the inspection. There was minimal access to community services such as supporting attendance at appointments, assistance with obtaining and maintaining suitable accommodation and preventing homelessness. Some of the form-filling tasks in these areas had been absorbed by the on-site HMPPS resettlement team who also assessed prisoners' needs at 12 weeks and one month before release. They offered support with DWP appointments, bank accounts and ID, but it was evident that many prisoners were frustrated by a lack of support in this area.
- 6.35 During the previous 12 months, records indicated that 11% of prisoners had been released without a suitable address, although this had improved in recent months. However, the data were not reliable and we could not be certain how many prisoners had been released to sustainable accommodation and employment.

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. **Levels of recorded self-harm remained too high.**
2. **Mental health and learning disability services did not provide accessible, evidence-based care and treatment.** There were not enough resources to make sure that all referred prisoners received a timely assessment of their needs and subsequent treatment.
3. **The shortage of staff in offender management and resettlement roles had led to a deterioration in rehabilitation and release planning for prisoners.**

Key concerns

4. **Overall rates of violence were too high.**
5. **The availability of illicit drugs remained a significant threat.**
6. **There were gaps in the strategic oversight of important areas, including safety and rehabilitation.** Data were not always used effectively to measure progress and drive improvement.
7. **Opportunities to progress for some prisoners on A and B wings were more limited than for other prisoners at Parc.** Black and minority ethnic prisoners were under-represented on the more progressive units.
8. **A significant shortfall in health care staff across many grades created a risk to patient safety.**
9. **Governance and oversight of medicines management were poor and ineffective.** Systems and procedures did not meet the robust standards required for safe and effective medicines management.
10. **Access to the library was poor.**

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 2019, prisoners arrived at the establishment with a range of needs, particularly substance misuse and mental health problems. Staff on first night and induction were supportive and worked well to address these issues. Violence among prisoners was marginally higher than at similar prisons. Behaviour management was reasonably good. Oversight of use of force was particularly good. The regime on the segregation unit was limited. There had been six self-inflicted deaths since the previous inspection. A large number of prisoners needed support to prevent self-harm and suicide. Managers had implemented initiatives to prevent substance misuse, reduce the risk of debt and provide activity for those at risk. Levels of self-harm, while reducing over the previous year, were much higher than at the time of the previous inspection. **Outcomes for prisoners were reasonably good against this healthy prison test.**

Key recommendation

Levels of self-harm should be reduced as a matter of urgency. (S47)

Not achieved

Recommendation

The segregation unit regime should be enhanced, to ensure that prisoners consistently get time outside and are able to contact their families at an appropriate time. (1.36)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, staff–prisoner relationships were positive and the key worker scheme was working well. Internal and external areas were clean, well maintained and graffiti free. Prisoners had justifiably poor perceptions of the food provided. Applications and complaints were well managed. The equality team was relatively new in post and consultation

was developing well. Equality provision was reasonably good for most groups. The chaplaincy was unable to meet the needs of all faiths. Most health services remained reasonably good but secondary mental health provision was poor. **Outcomes for prisoners were reasonably good against this healthy prison test.**

Key recommendations

The mental health needs of the population should be established and the model of service should provide prompt assessment and timely access to integrated support and a full range of therapeutic interventions for all psychiatric conditions. (S48)

Not achieved.

All prisoners should have equitable access to dental care, including the provision of urgent care. (S49)

Achieved

Recommendations

Emergency cell call bells should be answered within five minutes. (2.8)

Not achieved.

Information about prisoners who are on personal emergency evacuation plans should be clearly and prominently displayed on or near their cell doors and in the main office. (2.33)

Achieved.

Transgender prisoners should get easy and quick access to suitable clothes and make-up. (2.34)

Achieved

Purposeful activity

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

At the last inspection in 2019, most prisoners could access a regime that met our expectations and fewer prisoners were locked up during the working day than at the time of the previous inspection. Gym and library provision were both good. Prisoners worked to a high standard in many areas and achievement rates were good. Attendance, punctuality and behaviour in learning, training and work were good. Teaching was of a high standard in most sessions and the use of peer mentors was excellent. Managers delivered a well-planned curriculum and there was enough activity to occupy the population. The unemployment rate had reduced and was low. **Outcomes for prisoners were good against this healthy prison test.**

Key recommendation

Prisoners' individual learning plan targets should be personalised to drive improvement planning. (S50)

Achieved

Recommendations

Continuing professional development arrangements should be informed by robust identification of the strengths and shortcomings in teachers' skills. (3.49)

Achieved.

Learners' and teachers' access to online learning resources should be improved. (3.50)

Achieved

Rehabilitation and release planning

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

At the last inspection in 2019, work to support prisoners to maintain contact with children, families and significant others remained among the best we have seen. Managers had implemented the offender management in custody model well. Offender managers worked hard to complete offender assessment system (OASys) assessments, and the backlog was small. Contact between key workers and prisoners was good and there was regular liaison between prison offender managers and their counterparts in the community. Public protection arrangements were good. With the exception of prisoners convicted of a sexual offence, a wide range of appropriate programmes and interventions was provided. The community rehabilitation company provided a timely assessment of the needs of prisoners approaching release, but around 17% of prisoners did not have accommodation to go to on the day of release. **Outcomes for prisoners were good against this healthy prison test.**

Key recommendations

Prisoners who are convicted of sexual offences should be able to access relevant offending behaviour interventions without the need to transfer to another prison. (S51)

Not achieved.

HMPPS should work with the Welsh Government to ensure that accommodation is available for prisoners being released from custody. (S52)

No longer relevant

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

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

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

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

Inspections of prisons in Wales are conducted jointly with Estyn and Healthcare Inspectorate Wales. 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.justiceinspectors.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
Deborah Butler	Team leader
Ian Dickens	Inspector
David Foot	Inspector
Angela Johnson	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Esra Sari	Inspector
Dionne Walker	Inspector
Helen Ranns	Researcher
Heather Acornley	Researcher
Rachel Duncan	Researcher
Isabella Raucci	Researcher
Sarah Goodwin	Lead health and social care inspector
Shaun Thomson	Health and social care inspector
Richard Chapman	Pharmacist
Alun Connick	Lead Estyn inspector
Mamta Arnott	Estyn inspector
Steve Bell	Estyn inspector
Rachel Hackling	Estyn inspector

Appendix II Glossary

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

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.

Healthcare Inspectorate Wales

The independent inspectorate and regulator of health care in Wales. It inspects NHS services and regulates independent health care providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Social care package

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

Special purpose licence ROTL

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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