



Report on an unannounced inspection of

HMP/YOI Stoke Heath

by HM Chief Inspector of Prisons

9–20 January 2023



Contents

Introduction.....	3
What needs to improve at HMP/YOI Stoke Heath.....	4
About HMP/YOI Stoke Heath	5
Section 1 Summary of key findings.....	7
Section 2 Leadership	9
Section 3 Safety	11
Section 4 Respect.....	21
Section 5 Purposeful activity.....	34
Section 6 Rehabilitation and release planning.....	41
Section 7 Progress on recommendations from the last full inspection.....	47
Appendix I About our inspections and reports	53
Appendix II Glossary	56
Appendix III Further resources	58

Introduction

HM Prison Stoke Heath is a category C training and resettlement prison in rural Shropshire. Holding up to 782 adult men, it serves a wide catchment area, although many prisoners originate from the West Midlands. The prison is a large campus-style institution with a mix of accommodation types, some dating back to the early 1960s, but with other units built more recently. Interestingly, the prison also retains a small open resettlement facility outside of the prison wall. Although the unit can only hold up to 16 men, it has practical and symbolic value, meeting the specific resettlement needs of a small group of prisoners, while acting as an aspirational and incentivising encouragement to others.

Overall, we report on much that was positive, reflecting Stoke Heath's continuing stability and capability. Against our four healthy prison tests, we assessed it to be both safe and reasonably respectful, although the daily regime, in common with many other similar prisons, was now poor, and there was much to do to restore the resettlement offer. This range of assessments encapsulated the key strategic challenges facing a training establishment which had yet to fully recover from the restrictions imposed by the pandemic. We identified a firm foundation for progress, but at the time of our inspection the prison was not delivering on its core mission: equipping prisoners to resettle successfully and sustainably into the community.

We found that barely half of prisoners were engaged in work or education and about a fifth were locked up during the working day. Many prisoners experienced as little as 90 minutes out of cell each day. There was, at least, some predictability to the regime, despite the limitations, and some good outcomes were observed in gym and library provision. Our colleagues in Ofsted identified a whole series of deficiencies – some admittedly caused by a lack of specialists and teachers – in the availability of work places and delivery of an education curriculum that met the needs of prisoners. Their overall assessment of the effectiveness of provision was 'inadequate', the lowest possible assessment.

Work to support family links was limited, and the help given to prisoners to progress through their sentences was not good enough. Weaknesses in offender management were compounded by very limited key work and further inadequacies in public protection arrangements, including arrangements for release on temporary licence. Resettlement work was similarly weak.

Notwithstanding these criticisms, the prison remained settled and was much safer than when we last visited. The stability of the senior leadership team, with the Governor in post for several years, was a strength. Staff shortages were a challenge, but leaders were genuinely seeking to develop a strong, positive and innovative ethos within the jail. This was a firm foundation for progress. The next step was to get prisoners active.

Charlie Taylor

HM Chief Inspector of Prisons

February 2023

What needs to improve at HMP/YOI Stoke Heath

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

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

Priority concerns

1. **There was very little keywork being delivered.** In December 2022 only 5% of sessions had been delivered and entries in case notes showed little evidence of a focus on sentence plan targets.
2. **Prisoners, particularly the unemployed, had far too little time out of cell.**
3. **Prisoners' access to purposeful activity was poor as there were too few full-time places. Attendance and punctuality were not good enough and sessions were often cancelled.**
4. **Leaders and managers had not implemented a curriculum that met the needs of all the prison population.** There were too few education English and mathematics places and prisoners in work and workshops were not receiving the help they needed to improve their English and mathematics skills or study for relevant qualifications. An effective reading strategy had yet to be implemented.
5. **There were not enough places on accredited programmes to help prisoners address their offending behaviour.**
6. **Decisions to grant release on temporary licence were not always sufficiently robust or in line with national procedures.**

Key concerns

7. **Too many cells were small and cramped, particularly when two prisoners were sharing.**
8. **Consultation with prisoners from protected groups was very limited and the analysis of data was insufficient to identify disproportionate outcomes.**
9. **Prisoners waited far too long for dental treatment.**
10. **There was not enough support to help prisoners maintain relationships with their families and friends.**
11. **The application of public protection arrangements was weak.**

About HMP/YOI Stoke Heath

Task of the prison

HMP/YOI Stoke Heath is a closed category C male prison with a small category D unit outside the main site. The prison's primary role is to provide training opportunities to prisoners, alongside supporting their rehabilitation and resettlement.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 767

Baseline certified normal capacity: 662

In-use certified normal capacity: 662

Operational capacity: 782

Population of the prison

- 1,188 new prisoners received each year (around 99 per month) and an average of 67 released into the community each month.
- 39 foreign national prisoners.
- 26% of prisoners from black and minority ethnic backgrounds.
- 279 prisoners receiving support for substance use.
- An average of 66 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: Shropshire Community Health NHS Trust

Mental health provider: Shropshire Community Health NHS Trust for primary care mental health services; North Staffordshire Combined NHS Trust for secondary mental health services

Substance misuse treatment provider: North Staffordshire Combined NHS Trust for clinical services; The Forward Trust for non-clinical services

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GeoAmey

Prison group/Department

West Midlands

Prison Group Director

Teresa Clarke

Brief history

Stoke Heath was built in 1964 as a category C adult prison and from July 2011 held both adults and young adults. In November 2014, it began reconfiguration as a designated resettlement prison for Wales. The resettlement function was reviewed in 2017 and the prison now serves the West Midlands as a category C resettlement and training prison.

Short description of residential units

A–E wings – general population

F wing – designated drug treatment unit

G wing – induction and longer-term sentenced prisoners

I wing – progression and independent substance-free living unit

Clive unit – open unit holding up to 16 category D prisoners

Name of governor/director and date in post

John Huntington, 2009

Changes of governor/director since the last inspection

None

Independent Monitoring Board chair

Barbara Clarke

Date of last inspection

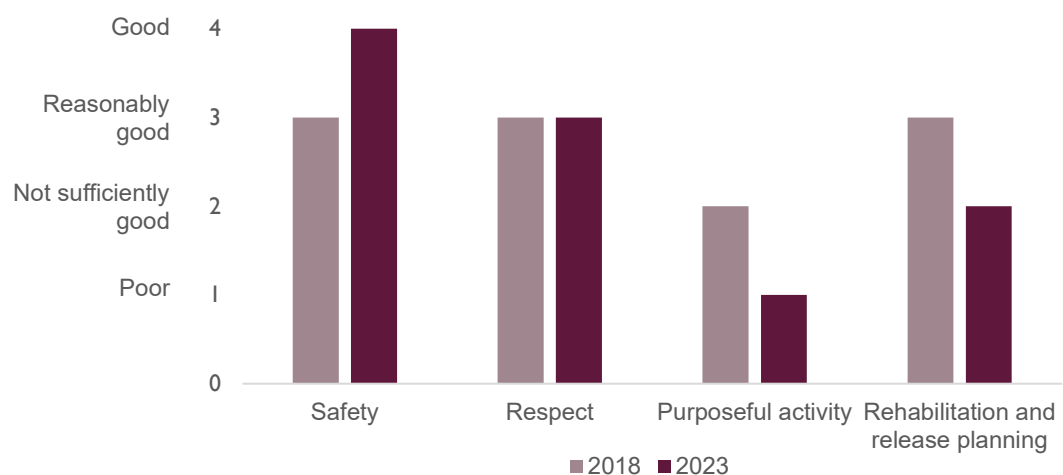
12–22 November 2018

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP/YOI Stoke Heath, we found that outcomes for prisoners were:
- good for safety
 - reasonably good for respect
 - poor for purposeful activity
 - not sufficiently good for rehabilitation and release planning.
- 1.3 We last inspected HMP/YOI Stoke Heath in 2018. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Stoke Heath healthy prison outcomes 2018 and 2023



Progress on key concerns and recommendations

- 1.4 At our last inspection, in 2018, we made 44 recommendations, three of which were about areas of key concern. The prison fully accepted 30 of the recommendations and partially (or subject to resources) accepted 11. It rejected three of the recommendations.
- 1.5 At this inspection, we found that none of our three recommendations about areas of key concern had been achieved, with one partially achieved and two not achieved. The recommendation in the area of safety had been partially achieved. However, the recommendation made in purposeful activity and in rehabilitation and release planning had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.6 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.
- 1.7 Inspectors found five examples of notable positive practice during this inspection.
- 1.8 Effective partnership working between Warwickshire and West Mercia police forces and HMP Stoke Heath enabled good-quality information sharing about the ingress of drugs or illicit items into the prison, so that appropriate action could be taken quickly. (See paragraph 3.34)
- 1.9 Neurodiverse conditions were identified quickly and many prisoners benefited from an individualised care plan, drawn up by a nurse. Care plans were designed to help staff understand how they could better manage this cohort of prisoners. (See paragraph 4.27)
- 1.10 Well-trained health and well-being champions provided good-quality peer support. They were available as a resource and to signpost, but also undertook simple procedures, such as weight and blood pressure monitoring, with evidence of them continuing in similar roles after their release from prison. (See paragraphs 4.44, 4.49 and 4.67)
- 1.11 The introduction of digital monitoring for prisoners with insulin-dependent diabetes had given them the confidence to take greater responsibility for the management of their condition. (See paragraph 4.50)
- 1.12 The prison had developed good links with Stoke City Football Club and had been selected as part of a national scheme which would provide extra resources for the education department and create a new sport and fitness training programme for prisoners. (See paragraph 5.10)

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 prison had benefited from the stability and longevity of the senior leaders' team. Most staff we spoke to were appreciative of the support they received from their manager. Leaders had delivered regular events to promote staff well-being, and well over 40% of respondents to our staff survey said that they were being quite or very well supported. Paradoxically a similar proportion also indicated to us that staff morale was low or very low.
- 2.3 The governor was visible around the prison, but this was not the case for all senior leaders. In our prisoner survey, for example, only 19% of respondents said that they were able to talk to managers and governors if they wanted to, with although 19% and 27% of staff responding to our survey, respectively, said that senior managers were always or often approachable.
- 2.4 Leaders had addressed the recommendations made at the previous inspection with some seriousness and had achieved or partially achieved just over 60%, but had not fully achieved any of our areas of key concern. The current self-assessment report set appropriate priorities and many staff we spoke to were aware of them. However, the self-assessment would have benefited from clearer evidence of the issues to be prioritised and clarity about how success would be measured.
- 2.5 The focus on improving safety had been effective and the large reductions in the levels of self-harm achieved by leaders were impressive. However, not all issues had been addressed. For example, in our prisoner survey, more respondents with disabilities than others said that they felt unsafe, more had experienced victimisation from other prisoners and far fewer said that staff treated them with respect. In addition, senior leaders had not been sighted on the weaknesses we found in the application of public protection arrangements, particularly our concerns about the lack of robust assessment, review and ongoing risk management for the approval and continuation of release on temporary licence.
- 2.6 The prison was not fulfilling its responsibilities as a training and resettlement institution. Our judgement about outcomes in rehabilitation and release planning had declined and Ofsted judged outcomes in education, skills and work to be inadequate. Leaders did not provide

enough places to occupy all the prisoners who would have benefited from participating in purposeful activity. Actions to address the long-term shortage of prison and education staff had not been effective and leaders had been too slow to implement a curriculum that met the needs of the population.

- 2.7 In the few months leading up to this inspection, an average of 28% of officer posts were either vacant or not deployable to operational duties. This had had a negative effect on many aspects of the regime and some important outcomes for prisoners, resulting, for example, in limited delivery of key work (see Glossary) and too little time out of cell (see Glossary) for many prisoners.
- 2.8 Health care leaders had made best use of limited resources to provide accessible and enhanced care, particularly for patients with long-term conditions.
- 2.9 Senior leaders had maintained an overall positive ethos within the prison and the governor was keen to promote a meaningful culture. We saw evidence of this through his commitment to developing peer workers, with the health and well-being champions being a particularly good example. However, prisoners found some staff intimidating, and some prisoners from protected characteristic groups described instances of staff using insensitive and offensive language. Leaders needed to do more to understand these findings and address the negative experiences.
- 2.10 Innovation was encouraged and leaders enabled staff on the ground to develop new initiatives, such as a neurodiversity project on one part of C wing and an informal well-being group for prisoners held on A wing.

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 Some prisoners had long journeys to the prison, partly as a result of its rural location and also because the escort van stopped at other prisons to drop off prisoners on the way. This meant that some prisoners arrived quite late in the evening which limited the time they had to settle in before being locked up for their first night.
- 3.2 The area reception facility was well appointed and welcoming, and prisoners were met by friendly and approachable staff. Prisoners could wait in holding rooms that were not locked, which added to the relaxed experience. The range of information available to new prisoners was extensive, but some of it was out of date.



Reception

- 3.3 Initial safety interviews were held in private, but the ones we observed tended to be rushed. Reception staff were often cross-deployed to other duties, which had an impact on the delivery of some reception

processes. For example, some prisoners did not receive their checked property until the day after arrival.

- 3.4 In our survey, more respondents than in similar prisons said that they had been given a short free telephone call before being locked up for their first night, but far more reported problems getting telephone numbers and contacting their family. As a result of the different systems used between prisons, some arriving from private prisons experienced delays with the approval of telephone numbers and visits details, which had an adverse impact on family contact. Our survey results also showed that far fewer prisoners than in similar prisons had been able to have a shower before being locked in their cell on their first night.
- 3.5 Most cells on the induction wing were furnished adequately, but they were not always clean and ready for use. This was reflected in our survey, with only 26% of respondents saying that their first night cell had been clean, which was worse than at similar prisons (47%).



Induction unit cell

- 3.6 In our survey, most prisoners (75%) said that they had felt safe on their first night, which was similar to the proportion at other prisons, but far fewer black and minority ethnic than white respondents agreed. Staff did not carry out additional checks on new arrivals during their first night, and night staff were not always aware of who was new to the induction unit; during the inspection, this included one individual who needed a personal emergency evacuation plan and did not have one (see also paragraph 4.26).
- 3.7 The induction programme was delivered reliably and took place in a pleasant room on the wing. Although 83% of prisoners responding to

our survey said that they had completed it, this was worse than at the time of the previous inspection (96%). Only 41% said that it had covered everything they needed to know. Delivery of the programme also needed to be more multidisciplinary, with input from the full range of departments to provide comprehensive information and support.



Induction room

- 3.8 Overall, prisoners on the induction wing had an ordered and predictable experience, although the regime was limited, and they had little to occupy them, spending far too long locked up.

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

- 3.9 Most prisoners reported feeling safe, with around one in five respondents to our survey saying that they currently felt unsafe, which was similar to our findings at the previous inspection and at other training prisons. There had been 89 recorded incidents of violence in the last year, representing a 65% reduction since the previous inspection, and levels compared favourably with many similar prisons.
- 3.10 The number of recorded assaults against staff had reduced over the year but had been increasing over the most recent five months. Using

the HM Prison and Probation Service data, there had been 23 serious assaults in the last year, most of which involved other prisoners as the victim. Leaders attributed the large reduction in violence to several improvements that had been implemented. For example, the installation of in-cell telephones had reduced the number of incidents on the landings, the management of security intelligence had improved and measures to reduce the availability of illicit items had been introduced. However, the safety strategy did not acknowledge these changes and its aims were generic, rather than specific to Stoke Heath. The action plan did not use local data to measure the success of steps taken.

- 3.11 The prison was calm and well ordered. Many prisoners described an environment where staff were in control, rules were enforced and there were consequences to poor behaviour. This was supported by prisoners' comments in our survey; for example, one stated: 'It is a safe prison and I have been to a lot of prisons', and another reported that 'no fighting' was the most positive thing about the establishment.
- 3.12 Investigations into incidents of violence were generally timely and of good quality. Challenge, support and intervention plans (CSIPs; see Glossary) were used reasonably well to support victims and it was positive that prisoners could have a violence reduction representative at their reviews. Quality assurance of investigations and CSIPs, completed by the safer custody manager, was effective and had identified areas for improvement. The safety intervention meeting (SIM) provided good multi-disciplinary oversight or perpetrators and victims to further promote safety and control.
- 3.13 The violence reduction peer representatives were used well around the establishment. They visited victims of violence and also, when needed, those who were self-isolating, providing informal support – for example, giving advice about ways to prevent getting into debt. However, not all wings had one, and meetings between managers and peer representatives were not always held as scheduled.
- 3.14 No prisoners were self-isolating at the time of the inspection. Leaders had, however, introduced good systems to support prisoners if they felt the need to isolate, notably individual support plans were discussed and reviewed at the fortnightly safety intervention meeting (SIM).
- 3.15 As a result of the lack of purposeful activity (see also paragraph 5.13), there were fewer rewards available to encourage prisoners to behave well than at the time of the previous inspection. However, I wing was a positive environment and helped to motivate prisoners to be drug free before progressing to release on temporary licence. In addition, Clive unit, an open unit just outside the main prison, provided an excellent incentive, rarely seen in closed prisons (see also paragraph 4.5).
- 3.16 There were five prisoners on the basic regime at the time of the inspection. Reasons for downgrading them to this level were justified and reviews were timely and meaningful.

Adjudications

- 3.17 There had been 972 adjudications in the last 12 months, a reduction of about 50% since the previous inspection. At the time of the inspection, a very low number (20) had been adjourned, all for appropriate reasons, such as seeking mental health advice or waiting for further evidence.
- 3.18 The adjudication system was mainly used for serious charges relating to violence and the possession of illicit items such as weapons or drugs. Awards were generally proportionate, with the issues explored in reasonable detail, and there was a conduct report contribution from the wings, which was considered when deciding on the most appropriate sanction.
- 3.19 Oversight was provided at the quarterly segregation monitoring and review group (SMARG) meeting and was good at identifying trends and monitoring disproportionality. Quality assurance was effective. The deputy governor completed a monthly check of around 10 adjudications, identifying areas for learning and improvement.

Use of force

- 3.20 Since the previous inspection, there had been an approximately 50% reduction in the number of uses of physical force against prisoners, with 141 in the last 12 months. Nearly all incidents had been spontaneous (97%) and often involved staff taking action to prevent an assault or fight.
- 3.21 Around half of all incidents involved full control and restraint, with the others being low-level guiding holds. Rigid-bar handcuffs had been used in 70% of incidents, helping staff to de-escalate events quickly and prevent a full restraint. Batons and PAVA spray (see Glossary) were hardly ever used; when they were, leaders completed investigations to identify learning and areas for improvement. Special accommodation had not been used in the last year.
- 3.22 Body-worn cameras were not used often enough. Footage was available for only about 64% of incidents over the last year. Some of the recordings that we were able to view were of poor quality – for example, the cameras had been turned on halfway through an incident or towards the end, so it was not always possible to see evidence of de-escalation, or justification for the use of force.
- 3.23 The monthly use of force committee reviewed a good range of data, which was analysed well to show any disproportionality, and the location and reason for the use of force. However, leaders' oversight was undermined as the body-worn camera footage that was available was not used alongside documentation as part of routine scrutiny. The fortnightly restraint minimisation meeting scrutinised only the timeliness and quality of use of force statements from staff, so leaders' ability to identify good practice and areas for improvement and/or concern was limited.

Segregation

- 3.24 There had been 324 instances of segregation in the last year, similar to our finding at the previous inspection. Reasons were justified and most resulted from violence or being found with illicit items. At the time of the inspection, the average daily roll was five prisoners, which was low, and stays on the unit were short, at an average of five days.
- 3.25 While our survey results about staff treatment were similar to those at the time of the previous inspection, they were much more negative than at similar prisons. For example, only 36% of the 25 respondents said that they were treated well by staff while on the unit, compared with 67% in other prisons. Prisoners we spoke to had mixed views of their experiences and treatment by staff. Some said that that staff were fair and respectful. However, others gave examples of victimisation and violence from a small number of staff.
- 3.26 The unit was reasonably clean, and the outside exercise yard was better than we normally see, with colourful murals and workout exercises on the walls. An exercise bicycle had been ordered and was due to arrive soon.



Segregation unit exercise yard

- 3.27 Cells on the unit were reasonably well equipped and maintained, but there was no in-cell electricity in some. The daily regime consisted of a shower, a telephone call and time on the exercise yard, but our survey results showed far more negative views about access to these than in similar prisons. Those living on the unit did not have radios and, aside from reading books, there was little available to occupy them in their cells.
- 3.28 We were impressed by the effectiveness of reintegration planning. Most prisoners returned to the wings and only five had transferred to other prisons in the last six months. Prisoners could leave the unit to continue attending work or courses and we saw examples of this during the inspection.
- 3.29 Oversight of the use of segregation, through the SMARG meeting, which the governor usually attended, was reasonable. This meeting analysed a useful range of data, including trends over the previous quarter, with annual comparisons, and also reviewed the timeliness and quality of segregation documentation.

Security

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

- 3.30 The availability of drugs and illicit items remained a risk. For example, in our prisoner survey, 35% said that it was very or quite easy to get illicit drugs in the prison, which was similar to the figure at the time of the previous inspection and at similar prisons. Over the last five years, the number of drug finds had increased, with a total of 150 finds in the previous year, representing around 45% of the total number of finds. The mandatory drug testing positive rate for the last six months was 11.1%, which was similar to that at the time of the previous inspection. Transfers in of prisoners from other establishments, incoming social and legal mail, and social visits were the primary ingress routes. The prison had applied appropriate measures, such as using the body scanner for all new arrivals, targeted searching, photocopying all incoming mail and using drug dogs, in an attempt to tackle this. Suspicion-led drug testing was also carried out promptly.
- 3.31 The monthly security committee meeting was chaired by the deputy governor and provided reasonably good oversight. There was also a separate tactical tasking group meeting each month, which reviewed prisoners of interest, emerging local threats and risks to the prison.
- 3.32 A total of 5,384 intelligence reports had been submitted in the last year, from a range of sources in the prison. These were analysed, prioritised, disseminated and actioned well. A large proportion of intelligence-led searches (70%) resulted in the security team finding illicit items, which indicated that the initial intelligence reports were of good quality.
- 3.33 Two prisoners were on closed visits at the time of the inspection, both for justified reasons relating to drug passes during visits. Managers reviewed their cases and considered any additional intelligence every three months.
- 3.34 There were effective processes to manage staff corruption, and work with the local police and community to share information was good. A memorandum of understanding between Warwickshire and West Mercia police forces and the establishment had been developed, to promote information sharing and agree on the response taken by both agencies when there was intelligence about the ingress of drugs or illicit items into the prison from public areas.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.35 There had been five natural-cause and two self-inflicted deaths since the previous inspection. Leaders were addressing recommendations made by the Prisons and Probation Ombudsman, particularly in relation to health services, but more work was still needed in relation to improving the quality of assessment, care in custody and teamwork (ACCT) case management documentation for those at risk of suicide or self-harm.
- 3.36 Impressively, the recorded level of self-harm had halved since the previous inspection, from 715 to 315 incidents per 1,000 prisoners, in the previous 12 months, and was also lower than the average for comparable prisons.
- 3.37 Leaders attributed this improvement to consistently responding to the basic needs of prisoners, supported by positive staff–prisoner relationships overall, alongside the introduction of supervising officers on the wings and a good level of peer working (see also paragraph 4.3).
- 3.38 Some positive initiatives had been developed to promote well-being. For example, leaders had enabled a peer-led group on A wing which provided a space for prisoners to talk about their mental health, and two sessions a week at the gym had been established exclusively for those struggling with their mental health.
- 3.39 The Listener scheme (whereby prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was underdeveloped and not being used to its full potential. Only 29% of prisoners responding to our survey said that it was easy to speak to one when they needed to. There were only four in post for the whole prison, and they did not feel sufficiently supported by leaders. According to the prison's data, there had been nearly 8,000 telephone calls made to the Samaritans between June 2022 and January 2023, but only 17 Listener callouts over a similar period.
- 3.40 The reasons for self-harm at the establishment were wide ranging, but the safety strategy did not reflect this and was not sufficiently informed by data (see also paragraph 3.10). Leaders collected some helpful data, but this had not been used to drive improvement through a strategic action plan. For example, they had identified that 46% of new arrivals in the last year had a history of self-harm, yet the focus on

safety in the early days processes was not sufficiently robust (see also paragraph 3.3).

- 3.41 All 27 incidents of serious self-harm (requiring attendance at an outside hospital) in the last year had been investigated. However, investigations were not always comprehensive and there was scope for more learning.
- 3.42 Constant supervision was used appropriately, and there had been 24 instances in the past year. However, the cells used were in very poor condition. Prisoners we spoke to said that the poor environment had made them feel worse.



Constant supervision cell

- 3.43 Prisoners subject to the ACCT process told us that they received good care from staff, but we found the quality of documentation to be too variable. The documents we sampled did not always make a clear assessment of risk, and in some instances had underestimated it. Some reviews had not had multidisciplinary input and others lacked meaningful care plans to address the underlying causes of prisoners' distress.

Protection of adults at risk (see Glossary)

- 3.44 There was no local safeguarding policy and leaders were not involved with the local board. Some officers told us that they would refer safeguarding concerns to the safer custody team or through the intelligence reporting system. However, staff were not always aware of the range of potential risks that some vulnerable prisoners might face, which limited their ability to spot concerns.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff knew prisoners well and the interactions we saw were courteous and professional. In our survey, however, only 64% of respondents said that staff treated them with respect, although this was similar to the figure at other prisons and at the previous inspection. We saw a good balance between care and control, setting and enforcing clear behavioural expectations for prisoners. We were, however, concerned by the number of prisoners who told us that that staff were intimidating and antagonistic towards them. In our survey, far more prisoners than in other prisons said that they had been physically assaulted by staff, again similar to our finding at the previous inspection.
- 4.2 Leaders recognised that too little key work (see Glossary) was being delivered and had set this as one of their priorities for improvement. In December 2022, only 5% of required meetings had taken place. Although around two-thirds of respondents to our survey said that they had someone to turn to if they had a problem, this was an inadequate replacement for consistent support from a designated officer. File entries we reviewed following key work contacts varied greatly in quality. There was little evidence that sessions addressed sentence progression, and assurance processes were not robust enough.
- 4.3 A broad range of peer support roles was available across the prison. These included health and well-being champions (HAWCS), violence reduction representatives, induction orderlies and a variety of positions within the equality function. However, some peer workers, such as the equality representatives, were not adequately trained and needed better support and supervision to deliver their roles more effectively.

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 All cells had a telephone, which made it much easier for prisoners to keep in contact with their family and friends and avoided queues for the communal telephones on the landings. In addition, all prisoners had a laptop computer in their cell, so that they could access online information, make applications, select their meals and place orders with the prison shop. However, at the time of the inspection they were unable to use this to access educational materials available through the virtual campus (see Glossary).
- 4.5 Communal areas were clean and well decorated. Outside garden areas were attractive and well maintained. The standard of cellular accommodation varied between the wings. Some needed repainting, but most were in good decorative condition. Single cells on the older units were uncomfortably small. Almost half the population lived in shared cells, many of which had been designed for one. These were cramped, with an inadequately screened toilet, which was not decent. The more modern double cells on E wing had a separate toilet area and cells on I wing also included a shower. Clive unit was a very good and well-equipped facility for prisoners assessed as suitable for less restrictive living conditions (see also paragraph 3.15).
- 4.6 Staff carried out regular checks on the condition of cells, and defects were repaired reasonably quickly. Most cell furniture was in reasonable condition and prisoners had good access to cell cleaning materials and clean bedding.
- 4.7 In our survey, 92% of respondents said that they were able to shower every day. Communal showers were fitted with cubicles, which improved privacy, and they were generally clean and in good condition.
- 4.8 All prisoners, regardless of their level on the incentives scheme, could wear their own clothes. If they did not have enough clothing of their own, they had adequate access to prison-issue clothing. All wings had laundry facilities, but some dryers were broken, which meant that prisoners had to dry clothes in their cells.

Residential services

- 4.9 In our survey, only 29% of respondents said that the quality of the food was very or quite good, which was worse than elsewhere (42%). Meals were served too early, with lunch at 11.30am and dinner at 4.30pm. Breakfast packs were issued at lunchtime on the day before

consumption and were very small. Many prisoners we spoke to said that the lunchtime meal was also far too small, but the portion sizes we saw for dinner were adequate. The catering manager attended regular consultation meetings with prisoners and had made some changes to menu choices as a result.

- 4.10 Serveries on the wings were clean, but some prisoners working in them paid insufficient attention to food hygiene and religious needs, and this was not challenged by staff.
- 4.11 The main kitchen facilities were clean, but they were designed for a smaller population and some equipment needed replacing. For example, two out of six ovens had been out of order for several months, limiting the range of dishes that could be offered.
- 4.12 Prisoners had to wait up to 10 days before they could receive their first shop order, which was far too long. They received a reception pack on arrival, but prisoners told us that this contained only basic items and was not sufficient to last a full 10 days.
- 4.13 In our survey, 48% of respondents said that the prison shop sold the things they needed, but many prisoners told us that price rises were restricting what they could buy. They could prepare their own food using communal hotplates and microwave ovens to supplement their meals, and the shop list provided access to a wide range of items, including vegetables, meat and fish.

Prisoner consultation, applications and redress

- 4.14 Leaders aimed to achieve a sense of community within the prison and saw consultation with prisoners as a way of promoting this. However, in practice, some units were better than others at making sure that this was delivered regularly. The central prisoner consultative meeting had been held in most months, but sometimes lacked the involvement of a governor. Small, but meaningful changes had been made following this consultation and outcomes from meetings were shared effectively across the prison.
- 4.15 Despite a range of forms being available on the in-cell laptop computers, in our survey far fewer respondents than at similar prisons said that it was easy to make an application, and only around half said that these were dealt with fairly. We also found delays in dealing with some applications, and only 43% of survey respondents said that they had received a response within seven days. The difficulties in making an application may have been caused by problems that some prisoners had in connecting their laptop to the system, but this had been recently resolved.
- 4.16 In our survey, only 28% of prisoners said that complaints were dealt with fairly. Around 1,200 had been submitted in 2022, which was lower than in similar prisons. However, too many had not been accepted as a complaint, which was poor practice, and the large number of confidential access complaints showed a lack of trust in the system.

The complaint responses we reviewed were generally polite, but did not always fully address the concerns raised. Complaints were often sent back to the complainant, advising them to take further action to resolve issues themselves, which caused unnecessary frustration for them. Timeliness was also an issue, with 12% of responses being late in the previous year. Quality assurance by leaders had not led to some of these issues being identified, so was not sufficiently robust.

- 4.17 Legal rights provision was adequate and legal mail was only opened if there was a good reason to do so. The visits rooms and video-link facilities provided prisoners with private contact with their legal representatives. An appropriate range of legal texts was available in the library and some Prison Service Orders and Instructions were accessible via the in-cell laptop computers.

Equality, diversity and faith

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

Strategic management

- 4.18 Leaders were committed to promoting positive outcomes for prisoners with protected characteristics. The governor had recently started to attend the equality and diversity action team (EDAT) meeting, to provide better oversight, and prisoners were also represented there. The equality action plan was comprehensive, but some of the work had stalled in the last couple of years. Managers led on each of the protected characteristic groups, but some strands were better developed than others. Although better for religion and faith, consultation with some protected groups was inadequate; much had stopped functioning or was too infrequent to provide leaders with a good insight into the experiences of prisoners from different backgrounds. Most wings had a prisoner equality representative, but they had not received enough training and they had an insufficiently clear job description to fulfil their role.
- 4.19 The EDAT reviewed some data, including allocation to work and the use of disciplinary procedures. However, this approach was not comprehensive, and analysis lacked the rigour required to spot disproportionate outcomes across all protected characteristic groups.
- 4.20 There were too few events to celebrate diversity, such as Black History Month or Pride. Leaders were aware of the lack of diversity among the staff group, which was a repeated concern raised by prisoners, as was the lack of diversity training for staff. We were told of instances when

staff had used culturally insensitive or offensive language, which was unacceptable.

- 4.21 In 2022, only 47 discrimination incident report forms (DIRFs) had been submitted and relatively few of these were from prisoners. Many prisoners we spoke to lacked confidence in the system. While all alleged discrimination complaints were logged, some were not considered to be suitable for the DIRF process and were not investigated. Those that were investigated were handled by the equality team, none of whom had been trained to do this. Of the DIRF investigations that we reviewed, some were not thorough enough and quality assurance by the deputy governor had lacked rigour.

Protected characteristics

- 4.22 With a few exceptions (see below), the perceptions of prisoners with protected characteristics who responded to our survey were broadly in line with those of the comparator groups.
- 4.23 Around 26% of the population were from a black and minority ethnic background. Many who spoke to us complained about discriminatory treatment, particularly concerning the allocation of what they considered to be the most trusted and valued jobs. The allocation of wing jobs did not go through the central allocations process, so it lacked oversight and was potentially leading to unfair treatment. For example, 10 out of 11 orderlies on A wing and 12 out of 13 on D wing were white and there were no 'red bands' (prisoners in trusted jobs) from a black and minority ethnic background on most wings, which was not representative. Consultation with this group of prisoners was too limited, and more regular forums were needed for leaders to understand and act on negative experiences.
- 4.24 At the time of the inspection, there were 39 foreign national prisoners, of whom three were being held solely on immigration powers. Detainees were generally moved to a more appropriate immigration detention facility fairly quickly. Beyond the infrequent attendance of Home Office immigration officials, there was little targeted support for foreign national prisoners. English for speakers of other languages tuition was used well for the few who spoke little or no English, but these prisoners had a poor experience and often felt marginalised. Professional telephone interpreting services were rarely used for routine contact and staff often relied on other prisoners to interpret, including during confidential processes such as assessment, care in custody and teamwork (ACCT) case management reviews for those at risk of suicide or self-harm, which was inappropriate.
- 4.25 Prisoners with disabilities were identified on arrival, but ongoing support was limited, with no suitably adapted accommodation or facilities for them. However, leaders worked hard to transfer prisoners in need of such support to other prisons which could better accommodate their needs. In our survey, fewer prisoners with disabilities said that staff treated them with respect and more said that they felt unsafe.

- 4.26 Personal emergency evacuation plans were not always developed quickly enough. Plans were not always readily available, and some staff were not aware of who needed help, which posed a considerable risk. Peers sometimes provided support to prisoners with disabilities and this role was supervised appropriately by staff. Prisoners we spoke with appreciated the basic help they received, such as having their meals collected.
- 4.27 There was some good work with neurodivergent prisoners. Neurodiverse conditions were generally identified quickly and many prisoners benefited from an individualised care plan, drawn up by a nurse. Care plans detailed risks, triggers and behaviour, and were designed to help staff understand how they could better manage this cohort of prisoners. Staff were generally aware of the plans and their contents, and told us that they improved their understanding of prisoners' behaviour and needs. There were early plans to establish a designated area on C wing to provide tailored support to a small number of neurodivergent prisoners (see also paragraph 4.58).
- 4.28 Young adults and older prisoners had no forum for sharing their experiences and there was little support for either group. Young adults were integrated throughout the prison and were not disproportionately represented in any of the metrics measured by the prison. Other than a well-attended over-45s gym session, there was no specific provision for older prisoners.
- 4.29 The leader with responsibility for those from a Gypsy, Roma, Traveller background had recently prioritised this work. In a forum, these prisoners had identified issues around a general reluctance to disclose their ethnic background and low literacy levels. Work was now ongoing to address some of these concerns, in order to meet the needs of these prisoners.
- 4.30 In our survey, few prisoners disclosed that they were gay or bisexual. Leaders worked proactively to help prisoners feel comfortable to disclose their sexuality, but support for them was limited. There were few LGBT peer representatives and they lacked training and supervision in the role.

Faith and religion

- 4.31 Access to faith provision was very good and services were well attended. Most faiths were adequately catered for, although there were difficulties in recruiting a Pagan and Rastafarian chaplain and attendance by the Jewish minister was relatively infrequent.
- 4.32 Prisoners from a number of faith groups, however, repeatedly told us that their beliefs were not respected. They told us that staff used insensitive language about their faiths and that they found some practices concerning the serving of food to be disrespectful and insulting. We observed very poor management of halal food on the serveries.

- 4.33 The chaplaincy team was visible around the prison and the pastoral support it provided was generally appreciated by prisoners. The chapel and multi-faith room were pleasant. In addition to services, a range of prayer and study classes were held. The Muslim chaplain was trained to work with extremist ideologies, liaised closely with the Prevent team, which aimed to help people vulnerable to radicalisation move away from extremism, and attended Pathfinder meetings (multi-agency meetings that discussed the management of offenders prior to release).
- 4.34 The rural location of the prison had not hindered the chaplaincy team from attracting visits by a range of community-based faith organisations. There was also some good faith-based support for prisoners on release.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 4.35 Although the inspection of health services is usually jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies, CQC did not attend this inspection.

Strategy, clinical governance and partnerships

- 4.36 Shropshire Community Health NHS Trust (ShropComm) was the prime provider of health services, supported by subcontracted services from Time for Teeth (dental), North Staffordshire Combined NHS Trust (integrated mental health and clinical substance misuse) and the Forward Trust (substance misuse, non-clinical).
- 4.37 There was good partnership working, and effective collaboration between agencies made sure that support for patients was prioritised if staffing issues arose. There was strong clinical and managerial leadership of health services, which demonstrated a clear vision and was generating some innovative working and flexible approaches to resource management. However, we were concerned that there was insufficient cover for sickness or annual leave for staff in some critical posts. Some sound-looking proposals had apparently not been supported by senior trust managers, which was disempowering and potentially counterproductive, given the local leadership capability. Oversight of health services was well established, with risks being managed effectively through the local partnership board and effective clinical governance arrangements, which were led by the senior GP.
- 4.38 We saw a willingness to report and learn from incidents, including from deaths in custody. There was an established audit cycle, with systems introduced to improve infection prevention measures. The training, supervision and professional development opportunities provided for

staff were good, but staffing was particularly stretched within primary care, the pharmacy, administration and the specialist mental health team. This was offset by the use of regular agency staff and impressive collaboration between partners. This perspective was supported in our survey, where 52% of respondents described the overall quality of health care to be good or very good, compared with 31% at the time of the previous inspection and 39% at similar prisons.

- 4.39 Most prisoners we spoke to valued the help they received from health care staff, and the patient contacts we observed demonstrated professional, caring support. The clinical records we sampled indicated that record-keeping met professional standards.
- 4.40 There were insufficient treatment rooms in the health care department. The lift had been out of order for a year, which would have been problematic for patients with mobility problems.
- 4.41 Access to a rapid emergency response had improved since the previous inspection, with appropriate and readily accessible resuscitation equipment located on the wings.
- 4.42 Health care staff had received appropriate safeguarding training and knew what to do if they had concerns. However, some examples brought to our attention during the inspection indicated a need to develop further expertise within senior clinicians.
- 4.43 The management of health care complaints had improved considerably. Most issues were dealt with face-to-face and all patients received a detailed written reply. The replies we sampled indicated that patients had been listened to and their concerns responded to appropriately.

Promoting health and well-being

- 4.44 There was no health promotion strategy, but there were several positive examples of joint working, and many local initiatives and campaigns that were making a difference to patients' lives. At the heart of this work were the well-led, well-trained and fully integrated health and well-being champions (HAWCs; see also paragraph 4.67). These prisoners had developed an impressive skillset and were active in the prison in supporting well-being. They were available as a resource and to signpost, but also undertook simple procedures, such as weight and blood pressure monitoring.
- 4.45 Prisoners could access a range of disease prevention measures and screening, including for blood-borne viruses and sexual health. They were also identified for national programmes, such as bowel cancer screening. Although uptake was variable, it was clear that prisoners had been approached and given clear information, and were making informed decisions about their care.
- 4.46 Systems to identify and limit the impact of communicable disease had been tested during the Covid-19 pandemic. Although there had been

no outbreaks at the prison for some time, we were able to evaluate the approach to the previous year's influenza planning, which had been thorough.

Primary care and inpatient services

- 4.47 Prisoners arriving at the establishment received an initial health screening. This was followed by a more detailed secondary screening within seven days, enabling clinical risk to be identified and prisoners with long-term health needs to be reviewed and to access treatment.
- 4.48 Prisoners could arrange appointments through the online booking system, via in-cell laptop computers (see paragraph 4.4). The system to review these applications was thorough and ensured early review and allocation to an appropriate clinic. The lead GP managed a large caseload and reviewed all medical applications directly. This was a major commitment, particularly given their role in managing clinical governance arrangements (see paragraph 4.37). However, this made sure that need was assessed promptly, and as a result there was no GP waiting list. In our survey, 41% of respondents said that it was very or quite easy to see the doctor, compared with 25% at similar prisons. However, there were no substantive cover arrangements for the GP, which carried a serious risk.
- 4.49 Other primary care services, such as optician, podiatry and physiotherapy, did not have excessive waits. Nurses were available from 7.30am to 7.30pm, seven days a week, and provided a range of clinics, including triage. Vacancies in the team meant that they were sometimes stretched. However, the use of regular agency staff and a whole-team approach to delivering core services made sure that patients' needs were largely met. The direct and indirect support of the HAWCs team also made sure that routine support was provided to prisoners, so that risk could be signposted quickly.
- 4.50 A competent and highly committed nurse for primary care led the management of long-term conditions. This role was mostly protected from general day-to-day operational work, but this guaranteed an appropriate level of scrutiny and patient contact, which was appreciated by the patients we spoke to. As a result, needs were clearly identified, with robust care planning and clinical review arrangements established. Care was excellent and the introduction of digital monitoring for prisoners with insulin-dependent diabetes had enabled them to monitor their blood sugar levels consistently and given them the confidence to take greater responsibility for the management of their condition. A multidisciplinary team, led by the GP, held a weekly pain management clinic, which provided good clinical oversight of prescribing practice for opiate and other potentially tradeable medicines (see also paragraph 4.74).
- 4.51 The prison worked closely with the health care team to make sure that access to external hospital appointments was prioritised. Arrangements were closely monitored and few appointments were cancelled by the prison. However, several appointments for non-urgent consultant

appointments had exceeded the 18-week threshold because of cancellation by the hospital.

- 4.52 A pre-release clinic operated and prisoners returning to the community were seen, to determine their support needs, including being issued with a supply of medicines on release.

Social care

- 4.53 An appropriate agreement between the prison and Shropshire Council for the delivery of social care had been drawn up but remained unsigned. The council received about six referrals per year from the prison, which were mostly assessed within the target of five days. No prisoners had needed a social care package (see Glossary) at the prison in recent years. If social care was needed, partners had agreed to discuss attendance at the prison by carers and the continuance of social care post-release for clients with no fixed abode.
- 4.54 ShropComm had a good palliative care pathway, which was used occasionally.

Mental health care

- 4.55 Effective partnership working made sure that most prisoners with emotional and mental health problems had their needs met. In our survey, more prisoners than at the time of the previous inspection said that it was quite or very easy to see a mental health worker (32% versus 13%).
- 4.56 The chaplaincy and Cruse Bereavement Service ably supported those with emotional challenges related to life events. A wing had introduced a peer-led support group, which was valued by participants. Officers had not received refresher mental health training because of Covid-19 restrictions, but most used the threshold assessment grid (TAG) to assess need and most referrals were appropriate.
- 4.57 A small team delivered suitable therapy for anxiety and depression at primary care level, with 18 patients receiving anxiety management, sleep hygiene treatment or solution-based therapy at the time of the inspection. The Axis counselling service was available to six prisoners at a time, but this did not meet demand.
- 4.58 North Staffordshire Combined Healthcare Trust was sub-contracted to provide an in-reach team, which treated patients with enduring and severe disorders. There were routinely around 100 patients in treatment. The team comprised a psychiatrist and psychiatric and learning disability nurses. A large proportion of patients had complex presentations and were receiving psychotropic medicines and treatments for attention-deficit hyperactivity disorder and autism. Support for prisoners with a neurodiversity presentation was being developed, including a residential spur on C wing, but it was too early to judge its impact (see also paragraph 4.27).

- 4.59 The team had been affected by low staffing levels, compounded by an inability to recruit to vacancies. Both ShropComm and Forward Trust teams monitored patients to help the in-reach team, which demonstrated strong partnership working. Thought was being given to delivering psychological interventions in new ways, including training the existing team to offer cognitive therapies, which was appropriate.
- 4.60 In 2022, three patients had been transferred to inpatient beds at HMP Birmingham, and of seven transferred to mental health hospitals, three had waited beyond the 28-day target. Although still unacceptable, the situation had improved since 2018.
- 4.61 Pre-release work included the care programme approach (which ensures that patients with mental illness receive continuity of care) and section 117 pre-release conferences, although representatives from community services rarely attended. It was coordinated with offender managers, but was made difficult by the remoteness of the prison and prisoners being released with nowhere to live (see also paragraph 6.30).

Substance misuse treatment

- 4.62 Mature and strong partnership working between the prison, the Forward Trust and ShropComm ensured impressive support for prisoners with addictions.
- 4.63 The prison addictions pathway had been enhanced by focused leadership and an independent substance-free living unit on I wing. Officers on the recovery unit (F wing) had a good insight into supporting those with addictions, including cognitive behavioural therapy approaches and relaxation therapies, such as acupuncture and tai chi, which was impressive.
- 4.64 ShropComm commissioned North Staffordshire Combined NHS Trust to provide clinical management of substance misuse and the Forward Trust to provide psychosocial services. The teams were co-located and well integrated.
- 4.65 The Forward Trust had a well-led and appropriately supervised team of experienced and motivated recovery workers, who provided 252 prisoners with individualised recovery support and several appropriate therapeutic groups, including 'The Bridge', an accredited programme. There was good support for patients with a dual diagnosis (the co-existence of mental health and substance use problems), in partnership with North Staffordshire Combined Healthcare Trust. Unusually, dedicated support was available for vaping and gambling addictions. Promising developmental work on family involvement and post-release support was under way.
- 4.66 The clinical team provided evidence-based opiate substitution therapy (OST) for up to 100 patients at any one time. Administration of this treatment was exemplary, with careful management of OST medicine queues.

- 4.67 A lead recover worker managed the 15 HAWCs, who were respected for their peer support, including health promotion work (see also paragraph 4.44). They were well trained and there was evidence of them continuing in similar roles after release from prison. Mutual aid groups, such as Alcoholics Anonymous and Narcotics Anonymous, provided valued support, and discussions were under way with Gamblers Anonymous, to provide peer support in this area of unmet need.
- 4.68 The management of patients before release was systematic and included coordination with offender managers, harm minimisation advice, naloxone training and supplies (to treat an opiate overdose in the community), and safe continuation of OST post-release.

Medicines optimisation and pharmacy services

- 4.69 Pharmacy services were delivered safely, with appropriately labelled medicines dispensed by Lloyds Pharmacy. The supply, transportation, storage and management of medicines was good, although controlled drugs were administered from stock, which is not recommended. The out-of-hours cupboard was suitably stocked with a range of medicines, but the gaps between audit periods was too long to provide full assurance over medicine security and stock levels.
- 4.70 Medicine administration took place twice a day, at 7.30am and 4pm, delivered mostly by nurses, which limited patients' daily access to pharmacy support. A late administration was available at 6pm. Patients prescribed mirtazapine (an antidepressant) received this at 4pm, which was too early. Controlled drugs were administered from a separate hatch within the health care department via an individual appointment system that limited the potential for diversion. Officer supervision of the medicine queues was generally effective.
- 4.71 Prescribing and administration were undertaken using SystmOne (the electronic clinical record). The pharmacist clinically screened all medicines prescribed. In-possession risk assessments and medicine reconciliation were appropriately completed and risk assessments were routinely updated. Eighty per cent of the population were able to receive their medicines in-possession. Suitable processes operated for patients who were being transferred or released, to ensure medicine continuity.
- 4.72 There were few medicines available on the prison shop list, but prisoners could access a wide range of over-the-counter medicines from the team at the medicine administration hatches, and were promptly reviewed by the GP if the need persisted. Several relevant patient group directions (which enable nurses to supply and administer prescription-only medicine) were available for urgent treatment and routine vaccinations.
- 4.73 The capacity of the pharmacy team was stretched, which meant that few clinics could be provided, with support limited to medicine use reviews and in-cell compliance checks.

- 4.74 The team was well integrated with the rest of the health care department. There were routine governance meetings and agreed action points which were reviewed regularly. The pharmacist attended a weekly 'safer prescribing' multidisciplinary forum, which included the GP, psychiatrist and primary care lead. This considered patients who had been prescribed addictive and highly tradeable medicines, such as gabapentinoids (which provide non-opiate pain relief) and opiates, and meant that the prescribing of such medicines was clinically suitable and risk assessed.

Dental services and oral health

- 4.75 Time for Teeth provided three full days a week from a dentist and a dental therapy session once every two weeks. Despite this, waiting times of up to 16 weeks for a routine appointment continued and the failure to attend rate was high. Although ring-fenced appointments were available for prisoners in acute dental distress, there was not sufficient capacity to meet need.
- 4.76 The dental suite itself was clean and in good physical condition. All equipment had been properly maintained and tested appropriately. Governance and oversight arrangements, including staff training and incident reporting requirements, were robust.

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 In our roll checks, we found that less than half of all prisoners were engaged in purposeful activity and more than a fifth were locked up during the working day, which was too high for a training prison. Too many (20%) prisoners were unemployed and their time out of cell was very poor, at just 90 minutes a day.
- 5.2 During the working week, prisoners with full-time jobs were unlocked for around eight hours a day. Part-time workers were generally unlocked for 4.5 hours a day.
- 5.3 Our survey results showed that almost all prisoners were aware of the lock-up and unlock times, and 60% of respondents said that these were generally adhered to, which was better than at comparator prisons.
- 5.4 Prisoners had too little to do when unlocked. Each wing had an exercise yard, but prisoners were offered only 30 minutes a day outside, which was far too little and only available between 7.45am and 8.15am. There were no structured activities on offer on the wings, other than table football and pool.
- 5.5 The library was managed by Shropshire Library Service and was popular, with 70% of the population registered as users. In our survey, 64% of respondents said that they could visit the library once a week or more, which was better than at comparator prisons. Staff kept detailed records of those attending, broken down by age and ethnicity to monitor access.
- 5.6 The book stock was large, in good condition and catered for a wide range of reading tastes and abilities. Prisoners could also request books from the Shropshire Libraries catalogue. The collection included easy readers suitable for adults developing their reading skills, graphic novels and some foreign language books. Up-to-date legal texts were available for reference. Prisoners on the enhanced level of the incentives scheme could also borrow music CDs and films on DVD.
- 5.7 There was limited study space in the library, and this was used by the Turning Pages project, providing peer support for prisoners developing their reading skills. There were no other activities to promote reading, such as book groups or a Storybook Dads programme (in which

prisoners record stories for their children; see also paragraph 6.3). The library had recently participated in the Human Library project, which aimed to improve prisoners' understanding of diversity issues.

- 5.8 The PE facilities were good and the team was fully staffed. The two gyms provided well-equipped weights and cardiovascular exercise facilities. Most equipment was in good condition, although some running machines were broken. One gym also had a large sports hall with an adjacent sports field and an artificial sports pitch.
- 5.9 All prisoners received a gym induction and the timetable included opportunities for them to attend two sessions each week. Prison data showed that about 45% of prisoners participated in these, but in our survey only 34% of respondents said that they could visit the gym twice a week. Sessions were allocated by prisoner orderlies, which was not appropriate, and managers did not monitor the demographics of participants to identify under-represented groups, which was a weakness.
- 5.10 A wide range of sports activities was offered, including a weekend 'park run', rowing competitions and football tournaments. Instructors had developed good community links, including a twinning arrangement with Stoke City Football Club. This had led to the establishment being selected for a national scheme in which professional football clubs link with prisons to provide extra resources for education, along with a programme of professional sports coaching. Gym staff also offered a level 2 accredited vocational course, in partnership with the education department. This was attended by 12 prisoners and was linked to potential employment opportunities on release.
- 5.11 PE staff worked well with the health care department to provide specialist sessions for particular groups, such as those with physical and mental health conditions, and prisoners on drug recovery programmes. There were also sessions reserved for the over-45s, to encourage them to participate in exercise.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in

the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Inadequate

Personal development: Requires improvement

Leadership and management: Inadequate

- 5.13 Leaders had not provided enough full-time activity places for the prison population. Current capacity could occupy only around two-thirds of prisoners on a full-time basis. Unemployment rates were unacceptably high. This was reflected in our survey, where prisoners reported far lower participation in education, skills and work (ESW) than at the time of the previous inspection. Leaders' actions to respond to the long-term shortage of prison and education staff had not been successful. Consequently, planned activity start dates were often delayed or cancelled, or places were not used efficiently. Senior managers' strategy of increasing the number of part-time places had yet to improve activity participation sufficiently. Therefore, not all prisoners were engaging in activities that responded to their development needs.

- 5.14 Leaders' allocation of prisoners to activities appropriately included consideration of their prior education attainment and long-term career aspirations. Prisoners were assigned to one of 10 career progression pathways, although four offered insufficient advancement or were not available because of staff shortages. Prisoners' sentence plans were rarely used to inform allocations. The choice of which prisoners undertook accommodation unit cleaner roles was not subject to appropriate management checks. There were waiting lists in many areas, but these were well managed. Pay rates were linked to incentivised pay bands and encouraged self-improvement. They did not discourage attendance at education classes and included financial bonuses for examination success, such as achieving functional skills qualifications in English and mathematics.

- 5.15 Leaders had communicated a clear and relevant vision of the contribution that ESW could make to prisoners' successful rehabilitation and resettlement. However, they acknowledged that many prisoners could not access a curriculum that met this strategic objective. Since the previous inspection, the prison had stopped offering much of the accredited construction and engineering vocational training that had been available.

- 5.16 Leaders had been slow in broadening the availability of qualifications, with much of it offered only at level 1. English for speakers of other languages was not available beyond entry level 3, despite an identified need. Prisoners in workshops were not able to study towards, and gain, accreditation valued by employers. There were insufficient opportunities for prisoners to improve their digital literacy.
- 5.17 The prison had identified that around half of all prisoners had a learning difficulty and/or disability support need. Those participating in education classes received effective in-depth assessment and specialist support. However, most prisoners attended workshops and work, where few received the help they needed, slowing their learning progress considerably.
- 5.18 Leaders had not established a curriculum that raised the English and mathematics skills of the approximately two-thirds of prisoners who had substantial development needs. There were too few English and mathematics education sessions to meet demand. This was exacerbated by teaching staff shortages, which had resulted in cancelled classes, particularly for mathematics at levels 1 and 2. Prisoners in work and workshops received no planned support to improve their skill levels.
- 5.19 Leaders recognised that prisoners had insufficient opportunities both to practise and improve their reading skills. They did not receive an evaluation of their reading levels to inform an assessment of individual support needs. The Shannon Trust (which provides peer-mentored reading plan resources and training to prisons) had 14 trained mentors at the prison, helping 10 prisoners to improve their skills. Staff had still to undertake training in phonics, aimed at supporting prisoners to raise their fluency and accuracy in word use. Managers had recently formulated a reading strategy and associated action plan. Both were at the initial stages of implementation, so it was too early to judge their effect on reading standards.
- 5.20 Leaders had been slow to improve the quality of the curriculum. Most of the recommendations from the previous inspection were still applicable. Leaders did not have appropriate oversight of the quality of training in workshops and work.
- 5.21 Leaders' training and development records for workshop instructors were insufficiently detailed. They did not allow managers to identify instructors' development needs, and thereby to improve their technical expertise. Instructors had relevant industrial qualifications for their role, but no teaching or coaching qualifications.
- 5.22 Managers at Novus, the prison education framework provider, had planned and implemented a logical and coherent curriculum content that made sure that prisoners could build on previous learning. Most teachers checked prisoners' prior understanding thoroughly before introducing new topics designed to extend learning. Teachers held appropriate professional qualifications and typically were experienced in working in prisons. All teachers new to their role received helpful

support from their managers. Long-term prison and education staff vacancies had reduced the number of prisoners who could attend ESW regularly. This slowed their progress in achieving the qualifications and skills necessary for employment on release.

- 5.23 Teachers and instructors selected and sequenced learning activities carefully, to make sure that prisoners encountered and dealt successfully with more complex and demanding tasks. All teachers and instructors helped prisoners to make useful connections to wider concepts that extended their learning. For example, in radio production, they were challenged during interviews to discuss topics such as how to support individuals with mental health concerns. In information technology, they learned about quick response (QR) codes and how employers generate and use them.
- 5.24 Prisoners undertaking vocational training and education routinely received assessment and feedback that aided their understanding of the actions they needed to complete to improve their knowledge and skills further. Staff used comprehensive individual learning plans to review, check and accelerate prisoners' progress. For example, in the kitchens, instructors used training logs successfully to support prisoners' development through the setting and close monitoring of targets. Instructors' feedback was welcomed by prisoners, and helped them to improve their work practices rapidly.
- 5.25 Instructors' recording and recognising of prisoners' employment-related skills in workshops and work were weak. Few prisoners were engaged in completing the recently introduced 'progress workbook' designed for this purpose. Instructors had received no training in the purpose and use of the workbook.
- 5.26 All deployed and managed prisoner mentors work effectively to support prisoners' completion of set tasks. They were enthusiastic about their role and took on additional responsibilities to help their peers achieve. They readily participated in study to achieve relevant qualifications in mentoring or learning support. A few mentors had firm plans to take on work as learning support practitioners on release.
- 5.27 Prisoners studying Open University or distance learning courses received good-quality and timely help from Novus staff. Prisoners benefited from participation in drop-in sessions to help with assignments, as well as access to the virtual campus (see Glossary).
- 5.28 Most of the few prisoners attending learning sessions made reasonable progress from their starting points. However, not all of those in education classes could progress quickly to the next learning stage because of factors such as regime disruption and staff shortages. Prisoners in the fabrication and tailoring workshops and the kitchens made rapid progress in developing a high standard of practical skills and theoretical knowledge. As a result, the quality of their work was good.

- 5.29 The overall achievement of prisoners who stayed on programmes required improvement. Achievement rates on the construction health and safety qualification were high, but on other courses were not consistently high enough. For example, in mathematics functional skills they required improvement and in English they were too low.
- 5.30 The proportion of prisoners who did not attend ESW regularly was high. Attendance at sessions was reduced because of disruptions to the regime, such as when they clashed with deferred prisoner association times. This meant that prisoners failed to attend sessions where they could develop and hone positive attitudes and behaviour. Punctuality at activity sessions was not consistently high enough.
- 5.31 Prisoners in the kitchens and the manufacturing workshop applied themselves well to set tasks and developed a sound work ethic, and most took responsibility readily. For example, those in barista training dealt with customers enthusiastically, were courteous and efficient, and used their catering and hospitality skills confidently. However, many prisoners working in the recycling workshop and as accommodation unit cleaners were underemployed. Consequently, they failed to gain an appropriate attitude to work.
- 5.32 Teachers and instructors set clear expectations of behaviour, which prisoners understood. Prisoners quickly learned the need to abide by rules and expectations. They were fully aware that they would be held to account for their actions. This helped to make sure that sessions were focused on the set tasks and minimised potential disruption. Consequently, prisoners behaved well, demonstrated positive attitudes and were respectful of individual differences.
- 5.33 Teachers and instructors supported prisoners to improve their understanding of values of tolerance and respect, and of equality and diversity. Those on personal social development courses developed a good awareness of topics such as regard for alternative views, coping with change and working with colleagues. Prisoners reported feeling safe when participating in ESW.
- 5.34 Staff provided most prisoners with helpful and impartial careers advice and guidance on arrival at the prison. Their skills, experiences and prior qualifications were identified and recorded appropriately. However, not all prisoners experienced a detailed exploration of the ESW options available to them. Their progress through their chosen career pathway was not always reviewed effectively. Prisoners were suitably prepared to undertake work via release on temporary licence (see also paragraph 6.11).
- 5.35 Leaders ensured that all prisoners within 12 weeks of release participated in relevant sessions to support successful resettlement. This included access to careers advice and guidance, and finance and housing help. In addition, they received individualised assistance, such as creating a CV, job search and disclosure rights. As a result, they were prepared effectively for securing suitable employment following release.

- 5.36 Managers provided monthly employer events linked to sector pathways such as construction and warehousing. These helped prisoners to learn about available vacancies and employers' expectations of applicants. They applied their learning well when completing employment searches and undertaking mock interviews.
- 5.37 Leaders did not provide sufficient opportunities for all prisoners to engage in activities for personal development and leisure. The limited range of extracurricular provision was focused primarily on gym activities, including healthy living courses and the 'park run'. Few prisoners had sufficient access to the virtual campus for research purposes, including training, education and work applications, before release.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 The location of the prison was very rural, and during a recent check by managers more than half of all prisoners (423) had not had a social visit in the last six months. In-cell telephones and laptop computers had been introduced since the previous inspection (see also paragraph 4.4), both of which were valuable additions and provided prisoners with excellent links to their families. Secure video calls (see Glossary) only ran on weekday mornings, which had proven unpopular and had resulted in them being less well used. There was no video calling available after school hours or at weekends.
- 6.2 Other support for prisoners to maintain ties with their family and friends was too limited. Few had accessed a befriending service, such as provided by the chaplaincy's Official Prison Visiting Scheme or the New Bridge Foundation. The latter service was being readvertised to prisoners during the inspection, to encourage take-up.
- 6.3 The Prison Advice and Care Trust (PACT) had taken over the delivery of family work but had struggled with recruitment. So far, only one part-time family engagement worker had been appointed and it was too soon to see any examples of individual casework with prisoners. Storybook Dads (see also paragraph 5.7) had been suspended for several months because of the lack of staff to run it. The Forward Trust had recently successfully piloted the Relationship Matters course for prisoners on their caseload with a history of drug and alcohol misuse.
- 6.4 Family days were held regularly. Space for social visits was adequate. The visits hall had returned to its pre-pandemic capacity, but was only busy at weekends. It was uninspiring and a playworker attended only one session a week. Visitors reported serious problems getting through to the telephone booking line, often waiting one or two hours for someone to answer. There were also problems in getting subsequent confirmation of their visiting time and date.

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.

- 6.5 Oversight of work to reduce reoffending was adequate, with regular meetings, but many of the problems that managers faced were outside their local control. For instance, the absence of a domestic violence programme was a regional decision (see also paragraph 6.26) and resettlement services had struggled because of a national redesign (see also paragraph 6.28).
- 6.6 The offender management unit (OMU) had experienced frequent changes in leadership since the previous inspection and had also struggled with staffing over the last 18 months. The Probation Service did not have enough probation officers in nearby prisons, so Stoke Heath's OMU had redeployed most of its officers to other sites for long periods. Administrative staffing had also suffered. The hub manager was currently having to fulfil two other full-time roles, overseeing prisoner transfers and public protection.
- 6.7 A backlog of initial offender assessment system (OASys) assessments and sentence plans had persisted throughout 2022. On average, there had been a backlog of 60 assessments in any given month. After a peak in November, managers now had a sensible plan to tackle the backlog. The quality of completed assessments and plans was far too variable.
- 6.8 During the inspection, prisoners often complained about a lack of contact with the OMU, although the electronic application system provided a reliable form of communication. We found some examples of excellent work by prison offender managers (POMs), including meaningful supervision sessions and good liaison with other agencies. However, in other cases there was very limited evidence of contact and some long gaps in supervision. The quality and quantity of support were too dependent on being allocated to a particular POM. Key work (see Glossary) from prison officers was not consistent or meaningful (see also paragraph 4.2).
- 6.9 There were about 80 indeterminate sentence prisoners (ISPs). Support for this group was limited to an 'ISPs and over-45s' wing. This gave the benefit of mutual support, but those without work were still locked up for most of the day (see paragraph 5.1). There was no other structured help available.
- 6.10 Too many prisoners were held beyond their home detention curfew eligibility date, usually for reasons outside the prison's control. At the time of the inspection, there were 14 such prisoners at the establishment. Typically, these prisoners needed a space in Bail

Accommodation and Support Service accommodation, which was usually difficult to find; there were delays in getting the community offender manager (COM) to approve the release address; or the prisoner arrived at Stoke Heath with an immediate eligibility date because of a long period spent on remand.

- 6.11 Clive unit, where prisoners lived in open conditions outside the main gate, provided good access for up to 16 prisoners to work and build family ties while undertaking release on temporary licence (ROTL). Eleven prisoners were living there at the time of the inspection. Almost all had full-time work with local employers and benefited from the chance to visit the local town and make monthly overnight trips to see their families (see paragraph 3.15).

Public protection

- 6.12 Fifty-eight per cent of the population were assessed as presenting a high risk of serious harm to others. Public protection arrangements had serious weaknesses and were not well understood by managers.
- 6.13 Oversight of prisoners granted ROTL was not always sufficiently robust or in line with national procedures, and sometimes relied too heavily on the prisoner's behaviour in a trusted role in closed conditions. They were not reviewed every six months and the OASys risk assessments were rarely reviewed within eight weeks of moving into the unit.
- 6.14 There was not a robust system of checks to demonstrate that prisoners were complying with their licence conditions and coping well in open conditions. Traditionally, staff from I wing had visited the unit, but they were too stretched to do this regularly. Those living in Clive unit did not have regular engagement with POMs. In some cases, three months passed without any entries in case notes. Consideration of victims' location and the involvement of the COM was not always good enough. Prisoners each had access to a basic mobile phone 24 hours a day, but call logs were not checked for compliance.
- 6.15 The monthly risk management release meeting (RMRM) only provided oversight of a small proportion of all the high-risk prisoners approaching release. There were 65 high- or very-high-risk prisoners due for release, but only seven of them had been discussed at the RMRM in the previous six months. We were told that arrangements for all the other releases had been checked by managers outside the meeting, but this could not be evidenced.
- 6.16 The lack of multidisciplinary oversight was especially concerning because of recent gaps in probation and resettlement staffing (see paragraphs 6.6 and 6.29), as well as difficulties in allocating COMs to cases. Joint risk management planning between POMs and COMs was inconsistent. Although we saw some excellent examples, in other cases there was not enough evidence of communication.
- 6.17 Not all prisoners who potentially presented an ongoing risk to children while in custody were made subject to the necessary restrictions. About

a third of the population had a history of being a domestic violence perpetrator. Managers also told us that 188 prisoners were subject to a restraining or non-molestation order. Given this context, it was concerning that only 17 prisoners had a specific contact restriction which confirmed whether they could write to, call or be visited by children. There was no process in place for POMs to assess the ongoing risk and determine what contact was appropriate.

- 6.18 The application of mail and telephone monitoring procedures lacked rigour. There were gaps in telephone monitoring logs. Reviews of risk information obtained through monitoring, and decisions about whether to continue monitoring, were completed by already stretched administrative staff rather than POMs.
- 6.19 The quality of OMU contributions to multi-agency public protection arrangements (MAPPA) panels often lacked adequate analysis.

Categorisation and transfers

- 6.20 Nearly two-thirds of the population were serving long sentences and needed to demonstrate progression, but they had too few opportunities to do so. Prisoners we interviewed were frustrated by the severe lack of activity spaces (see paragraph 5.13) and the shortage of places on accredited programmes (see paragraph 6.24).
- 6.21 Recategorisation reviews varied in quality. In the better ones, we saw that assessors were able to acknowledge good behaviour in prison, but balance this sensibly against outstanding risk reduction work. Category D prisoners either transferred to an open prison or waited for a space on Clive unit. The previously established progression route to this unit, which involved complying with ROTL while living in closed conditions on I wing, had stopped because the prison was short of staff to do these checks.
- 6.22 Transfers to other prisons to complete accredited offending behaviour programmes (see paragraph 6.24) were often difficult to achieve. There had been some limited success in moving small numbers of prisoners to HMP Berwyn to complete the Kaizen programme (a high-intensity accredited offender behaviour programme for men who have been convicted of violent or sexual offences), but in general these moves were very hard to arrange because of a lack of escort vehicles or spaces across the prison estate.
- 6.23 Accepting prisoners onto a high-intensity programme like Kaizen in another prison depended on the completion of a programme's needs assessment (PNA). Currently, none of the programmes team's facilitators were trained to complete a PNA.

Interventions

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

- 6.24 There were not enough places on accredited programmes for the population. The prison was supposed to offer three accredited programmes: the Thinking Skills Programme (TSP), New Me Strengths (NMS; a medium-intensity course for prisoners with learning difficulties) and Becoming New Me Plus (BNM+; a high-intensity intervention for the same cohort). However, because of staff shortages, only 35 prisoners would complete an accredited programme in the current financial year and BNM+ had not yet been delivered.
- 6.25 The programmes team had recently successfully recruited staff, but delivery would take time to recover while they were trained. If all these new facilitators were retained, then delivery was projected to increase gradually to about 80 completions by the 2024/25 financial year. Waiting lists were substantial; about 150 prisoners met the basic criteria for TSP, 106 were potentially eligible for NMS and 87 met the initial threshold for BNM+.
- 6.26 The prison's own data and successive programmes needs analyses had identified the need for interventions for perpetrators of domestic violence (see also paragraph 6.5) but neither the Building Better Relationships course nor the Kaizen Interpersonal Violence programme were available at Stoke Heath.
- 6.27 There were some other, less intensive interventions to help short-stay prisoners think about their attitudes, thinking and behaviour. Since May 2022, 24 prisoners had completed the Living with Loss course, about the impact of bereavement, run by the chaplaincy. Workers from PACT Co-Financing Organisation 3 (CFO3; a scheme that supports prisoners who would otherwise struggle to access mainstream services) carried a caseload of about 70 prisoners and provided a variety of individual workbooks and support. These workers also delivered 'Coming Home', a monthly group intervention to help the most vulnerable prisoners prepare for release.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 6.28 About 60 prisoners were released each month, so demand for resettlement planning was high. About 65% went to West Midlands addresses, and the rest to other release areas. Release planning was starting to recover after being adversely affected by the national redesign of resettlement services in summer 2021. For about six

months in 2022, there had been no resettlement staff in place to support low- and medium-risk prisoners. A pre-release team consisting of two probation officers was now in post, but they had not yet been fully trained.

- 6.29 Too many resettlement plans were late. The pre-release team was currently working with low- and medium-risk prisoners about six to eight weeks ahead of release, instead of at least 12 weeks from discharge, as we would expect. POMs supported COMs to make sure that the resettlement needs of high-risk prisoners were identified. The recent redeployment of probation officers to other prisons (see also paragraph 6.6) had affected this aspect of release planning. In the cases we checked, there were sometimes problems identifying a COM to make the necessary referrals. Sometimes the COM was allocated late and in other cases several different COMs had been allocated to the same prisoner, which resulted in disjointed planning.
- 6.30 The prison benefited from the recent addition of a strategic housing specialist, who also worked across two other sites. In addition, a full-time Nacro housing worker supported prisoners from the West Midlands and a part-time worker provided support one day a week to help those from West Mercia, which had far fewer releases. Nacro relied on receiving a referral from the COM before helping prisoners with housing, so if this did not happen, little help was given. There were no reliable data to confirm whether prisoners had sustained their accommodation beyond the night of release.
- 6.31 Prisoners had reasonably good support to manage their finances, benefits and debts. There was a full-time worker from the Department for Work and Pensions to advise on benefits and make Jobcentre Plus appointments on release. Another full-time worker helped prisoners to open bank accounts. A specialist debt adviser from Birmingham Settlement also visited the prison sporadically.
- 6.32 The number of prisoners released into employment was improving. Good progress had been made in promoting jobs on release through links with local employers and an employment board. We also found examples of proactive work being done by staff in the newly created employment hub. There had been a recent increase in the number of prisoners released to employment, with up to 10 a month in the last three months.

Section 7 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, reception was bright and welcoming. Allocation to activities took too long following induction and prisoners spent too much time locked up after their arrival. In contrast to similar establishments, levels of violence had not risen significantly since the previous inspection. Work to reduce violence was effective and there were very few serious incidents. Management of the perpetrators of violence and support for victims were good. Incentives and opportunities to encourage positive behaviour were in place. Use of force was high and, although governance had improved, not all force was proportionate. Segregation was managed well and reintegration was effective. Drug use was relatively low and there was a proactive approach to supply reduction. The number of self-harm incidents had risen and was high. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Oversight of safer custody should ensure that Prisons and Probation Ombudsman recommendations are implemented. Prisoners at risk of self-harm should have a comprehensive care plan that includes access to activity.

Partially achieved

Recommendations

The induction programme should be condensed to avoid prisoners being locked up for long periods between sessions.

Partially achieved

New arrivals should not experience delays in booking visits.

Partially achieved

The prison should be able to evidence that the underlying causes leading to self-isolation have been identified and that there is a plan in place to address these issues.

Achieved

Prisoners who self-isolate should have access to a shower, telephone call and an hour's exercise each day. Records should demonstrate that these prisoners are continuously encouraged and supported to take part in some activities with their peers.

Partially achieved

A comprehensive action plan, based on all available evidence about violence in the prison, should be robustly managed to further reduce levels of violence.

Not achieved

Officers should always use de-escalation to full effect, and the prison should ensure that force is only used as a last resort.

Not achieved

Closed visits should only be imposed for visits-related activity.

Achieved

Prisoners on open assessment, care in custody and teamwork (ACCT) documents should only be segregated in exceptional circumstances.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, staff maintained a good balance between care and control. The new key worker scheme had been implemented well, and the active citizenship initiative was promising. Living conditions had improved and most prisoners could shower every day. Prisoners had some justified complaints about the food. General complaints were handled well, and consultation arrangements were in place. Equality work had improved and was generally good. Faith provision and pastoral care were excellent. Health services had improved but lacked integration. Substance use support and treatment were good, and the recovery wing was excellent. Outcomes for prisoners were reasonably against this healthy prison test.

Recommendations

The prison should ensure that all cells are well-furnished and have suitable mattresses, and that all prisoners have weekly access to clean prison clothing and bedding.

Achieved

Staff should answer cell call bells within five minutes.

Achieved

Prisoners should be able to place a shop order within 24 hours of arrival.

Partially achieved

Prisoners should not be disadvantaged by delays in the transfer of their monies from private prisons.

Not achieved

Prisoner consultation should be improved and actions arising addressed within reasonable timescales.

Partially achieved

Confidential access complaints should be properly investigated.

Partially achieved

There should be regular formal consultation arrangements for prisoners from all minority groups to raise their specific concerns and have these addressed.

Not achieved

Prison managers should explore and address the reasons behind black and minority ethnic prisoners' negative perceptions in our survey.

Partially achieved

There should be formal support structures for gay prisoners.

Partially achieved

Emergency resuscitation equipment should be deployed around the site to enable a swift response in a medical emergency, and there should be no delay in summoning an ambulance when required.

Achieved

Staff should be clear of their duty to report incidents of potential abuse, including unexplained injuries. All safeguarding incidents should be reported to the prison for review.

Achieved

Responses to health complaints should attempt to resolve concerns from patients face to face, and indicate how they can make a formal complaint if they are dissatisfied with the response. Health concerns raised should be monitored to inform service improvement.

Achieved

An enhanced pain management protocol and shared care process should be agreed between service providers to ensure more effective patient-centred care.

Achieved

Prisoners should have access to an integrated range of mental health provision that fully meets the needs of the population.

Partially achieved

The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales.

Partially achieved

Lockable boxes should be provided for prisoners in shared cells to store their medicines safely and securely.

No longer relevant

The arrangements for the collection and supervision of medicines should ensure safe prescribing and administration (including dosage intervals), with practices maintaining patient confidentiality and limiting the risk of bullying and diversion.

Achieved

General stock medicines should be subject to audit to ensure a suitable quantity of appropriate medicines is available for patient need.

Achieved

Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community.

Not achieved

Purposeful activity

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

At the last inspection, in 2018, a third of the population were locked up during the core day, instead of being in purposeful activity, which was unacceptable. The library and gym facilities were good but underused. The range and variety of activities were adequate to meet need but there were not enough full-time work and education places for all prisoners. Attendance rates for those who were allocated to an activity were too low. English and mathematics were prioritised appropriately. The quality of teaching was generally good and prisoners made good progress on most courses. Prisoners in activities behaved well. Achievement outcomes for prisoners were good. Work to prepare prisoners for employment and training on release required improvement. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

There should be sufficient opportunities for all prisoners to participate in full-time purposeful activity.

Not achieved

Prisoners should be allocated to activities promptly.

Not achieved

Recommendations

Prisoners should have at least 10 hours out of cell on weekdays.

Not achieved

Prisoners should receive effective careers information, advice and guidance.

Achieved

Wing workers should be employed productively throughout the working week.

Not achieved

Prisoners should participate in pre-release activities that prepare them effectively for rehabilitation and resettlement.

Achieved

Tutors should ensure that the level of study challenges all prisoners to achieve their potential.

Partially achieved

Prisoners in the production workshops should receive learning target planning and checks to ensure they achieve rapidly.

Not achieved

English and mathematics provision should address all prisoners' needs.

Not achieved

Education managers should ensure that qualification achievement rates are consistently high for all programmes.

Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2018, work with children and families was adequate. The strategic management of resettlement work was reasonably good. Too many prisoners arrived without an up-to-date OASys (offender assessment system) assessment but the prison was working hard to address this. Too few prisoners had a current and relevant risk management plan. The new key workers provided good support to prisoners. Recategorisation and home detention curfew (HDC) were managed well. Public protection work was given appropriate priority. There were not enough interventions to meet the identified need. Pre-release planning was reasonably good. The prison had worked hard to secure accommodation for prisoners leaving custody, and there was a good use of release on temporary licence (ROTL) to assist rehabilitation. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

All prisoners should have an up-to-date OASys assessment that is reviewed regularly by the responsible prison or community offender manager to ensure sentence plans reflect current risks and needs relevant to the custodial part of their sentence.

Not achieved

Recommendations

All eligible prisoners transferred to Stoke Heath should have an up-to-date OASys assessment.

Not achieved

There should be sufficient bail accommodation and support services hostel places to enable the prompt release of prisoners on home detention curfew.

Not achieved

Prisoners should be transferred to Stoke Heath in good time to allow for comprehensive resettlement work.

Not achieved

Prison offender managers should record all prisoner contact and assessments on P-NOMIS to aid communication across departments.

Achieved

All prison offender managers should have regular professional supervision, casework reviews and appropriate training to aid personal development. This quality assurance should be extended across all offender management work to ensure consistency and effectiveness.

Partially achieved

The range and number of accredited programmes provided should meet the identified needs of prisoners at Stoke Heath.

Not achieved

Appendix I About our inspections and reports

HM 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, 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 HM 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.

Most inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison->

expectations/). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
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Sumayyah Hassam	Inspector
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Rebecca Stanbury	Inspector
Jonathan Tickner	Inspector
Steve Oliver-Watts	Associate inspector
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Grace Edwards	Researcher
Emma King	Researcher
Helen Ranns	Researcher
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Tony Gallagher	Ofsted inspector
Alison Humphreys	Ofsted inspector
Mary Devane	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, 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.

PAVA

PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

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 call can be booked, users must upload valid ID.

Social care package

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

Time out of cell

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

Virtual campus

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

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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