Report on an unannounced inspection of

HMP Birmingham

by HM Chief Inspector of Prisons

30 January – 9 February 2023

Contents

Introduction 3

What needs to improve at HMP Birmingham 5

About HMP Birmingham 7

Section 1 Summary of key findings 9

Section 2 Leadership 12

Section 3 Safety 14

Section 4 Respect 23

Section 5 Purposeful activity 40

Section 6 Rehabilitation and release planning 46

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports 52

Appendix I About our inspections and reports 60

Appendix II Glossary 63

Appendix III Further resources 65

Introduction

The inspection of HMP Birmingham in the summer of 2018 led to an Urgent Notification to the Secretary of State, in which the then Chief Inspector of Prisons described: ‘a prison that was rife with drugs and violence, a staff team that had retreated to wing offices for their own safety and prisoners held in conditions of utter squalor.’

I am delighted to report that our latest inspection of this large, inner-city reception jail found that it was much safer and more decent. Much of the credit for this transformation must go to the governor, who took over in 2018 and had applied a relentless effort to improve standards. He had focused on reducing the ingress of drugs, including dealing with some serious staff corruption issues. With the supply of drugs far lower than in 2018 there has been a fall in violence by more than 60%.

He had also sought to improve the competence and capability of his staff and restore authority and order to the jail. The leadership team, which was well-motivated and supportive of the governor’s priorities, had helped to improve stability. Officers who had worked at the prison for many years told me it had never been as good and that they were now able to enjoy their work, while feeling safe and supported.

Wings felt calm, well ordered and clean. Significant spending by the prison service had led to improvements in the fabric and infrastructure of the prison. Where before cells had been covered in graffiti, with broken observation panels and windows, they were now well maintained and in much better condition. Similarly, showers had been refurbished and an extensive cleaning programme meant there were no longer piles of rubbish around the prison.

The governor was well aware that there remained some staff members who continued to undermine progress. Both in our survey and in conversations with prisoners, we were disappointed to hear the behaviour of some officers was not acceptable. The prison was understaffed and had struggled to recruit enough officers; this affected delivery in some key areas that will need to be addressed for the prison to make further progress. Retention of staff also continued to be difficult, but leaders were putting effort into improving the welfare of frontline officers. When wings currently undergoing refurbishment reopen later in the year, the population will rise considerably and there will be a major challenge to make sure that the prison is sufficiently staffed to accommodate new prisoners.

Despite these improvements, inspectors were very concerned about the amount of time that prisoners were spending in their cells. Most were unemployed and there were not enough spaces in education, training or work, which meant that many were spending up to 22.5 hours a day locked behind their doors. This was not acceptable. Making sure that prisoners spend longer unlocked in purposeful activity must be a priority for the jail.

We were also concerned that some aspects of release planning were overly complicated and disjointed. An under-resourced offender management unit meant that some risky prisoners had not been assessed early enough or with

sufficient attention to make sure that their transition to the community was as safe as possible. The prison suffered badly from some of the effects of the unification of probation services, particularly in relation to the increasingly large remand population for whom there was little support.

The work that had gone into the transformation of this prison should not be underestimated and the governor and his team should be proud of their achievements. I am confident that with this current leadership team in place the prison will continue to progress. The challenge will be to reduce further the levels of violence and maintain cleanliness while getting prisoners out of their cells for much longer periods of time. This will lead to improvements in the fragile mental health of many of the prisoners, reduce the incentive to take drugs and give prisoners a better sense of progression. It will also help to alleviate the frustration of prisoners, who had to make the choice between exercise, showering and other activities.

The substantial improvements at Birmingham show what can be achieved when there is strong leadership, clear priorities and support from the prison service in improving infrastructure. I wish the prison well on the next phase of its journey.

Charlie Taylor
HM Chief Inspector of Prisons
March 2023

What needs to improve at HMP Birmingham

During this inspection we identified 15 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. **Many prisoners only had 90 minutes a day out of their cells, which was far too little.**

2. **In our survey, too many prisoners, particularly those who had been segregated or those with a mental health problem, had negative perceptions of safety and some reported being victimised by staff.**

3. **Leaders had not established sufficient activity spaces for education, training or work, and attendance was not good enough.**

4. **The range of workshops on offer was too narrow and leaders had not improved sufficiently the quality of training in work and workshops.**

5. **Risk management planning for the release of high-risk prisoners was weak.**

6. **Resettlement services were poorly staffed, and the provision of support was disjointed.** It was not clear who assessed needs in the lead up to release, which meant that some prisoners did not get the help they required.

Key concerns

7. **Prisoners' perceptions of the help they received during their early days were not sufficiently good and the induction programme lacked structure.**

8. **Body-worn video cameras were not being used routinely, which limited leaders' oversight of the use of force.**

9. **Very few prisoners received meaningful key work support.**

10. **Professional telephone interpretation services were rarely used to interact with prisoners who had limited or no English.**

11. **Clinical and medication rooms did not meet patient safety or infection prevention and control standards.**

12. **There was a considerable shortage of suitably trained and experienced nursing staff.**

13. **Despite being raised at the last inspection, weaknesses in the management of medication persisted.**

14. **Staff providing initial advice and guidance did not spend enough time discussing prisoners' aspirations or the opportunities available to them in the prison. Too few had a personal learning plan.**

15. **Too many calls by prisoners using their emergency cell bells were not answered quickly enough**. In some cases it took up to an hour, which was far too long.

About HMP Birmingham

Task of the prison/establishment
HMP Birmingham is a category B adult male reception prison serving West Midlands courts.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 961
Baseline certified normal capacity: 1,099
In-use certified normal capacity: 789
Operational capacity: 977

Population of the prison
- Over 60% of prisoners were unsentenced or on remand.
- 3,638 new prisoners were received each year (about 303 per month).
- About 145 were released into the community every month.
- 159 prisoners were foreign nationals.
- 42% of prisoners were from black and minority ethnic backgrounds.
- 381 prisoners were receiving support for substance misuse.
- About 121 prisoners were being referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical and mental health provider: Birmingham and Solihull Mental Health NHS Foundation Trust
Substance misuse treatment provider: Cranstoun
Dental health provider: Birmingham Community Healthcare Trust
Prison education framework provider: Novus
Escort contractor: GEOAmey

Prison group
West Midlands

Prison Group Director
Teresa Clarke

Brief history
The public sector took over the management of the prison in 2019 and it is now part of the West Midlands directorate. It is a split site establishment with older Victorian wings, built in 1849, holding local prisoners convicted at Birmingham courts.

Short description of residential units
A, B and C wings: closed for refurbishment.
D wing: drug recovery wing.
G wing: enhanced level prisoners.
J wing: older prisoners.
K and L wings: main population.

M wing: drug treatment unit.
N wing: prisoners convicted of sexual offences.
P wing: early days and induction wing.
Health care: inpatient unit and clinics.

Name of governor and date in post
Paul Newton, August 2018

Independent Monitoring Board chair
Gary Holz

Date of last inspection
30 July – 9 August 2018

Section 1 Summary of key findings

Outcomes for prisoners

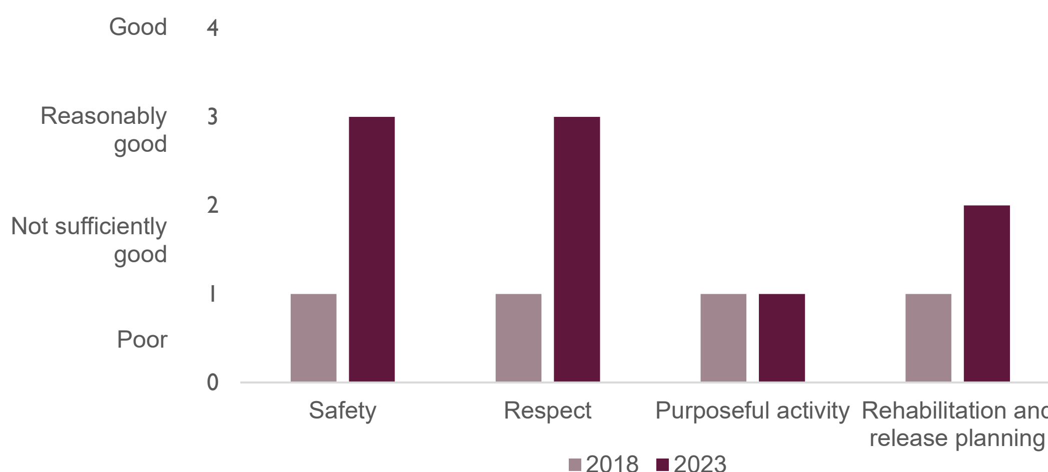
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of Birmingham, we found that outcomes for prisoners were:

- reasonably 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 Birmingham in 2018. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Birmingham healthy prison outcomes 2018 and 2023



Progress on key concerns and recommendations from the full inspection

1.4 At our last inspection in 2018 we made 59 recommendations, nine of which were about areas of key concern. The prison fully accepted 53 of the recommendations and partially (or subject to resources) accepted six. It rejected none of the recommendations.

1.5 At this inspection we found that all four of our main recommendations in the area of safety and the one main recommendation in the area of purposeful activity had been achieved. Both main recommendations in the area of respect had been partially achieved, while both main recommendations in the area of rehabilitation and release planning had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

1.6 In November 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.7 At the SV we made four recommendations about areas of key concern. At this inspection we found that two of the recommendations had been achieved, one had not been achieved, and one was no longer relevant.

Notable positive practice

1.8 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.

1.9 Inspectors found six examples of notable positive practice during this inspection.

1.10 A heatmap, known as a spectrum matrix, identified issues relating to several aspects of safety – including violent incidents, managing known gang members and self-harm – and was used at all meetings. The matrix was used effectively to communicate risks, allowing for a more coordinated and rapid response to identified trends that threatened stability. (See paragraph 3.10.)

1.11 Leaders had introduced a regular 'crime clinic' with prison police liaison officers (PLOs). A PLO screened all charges brought against prisoners following adjudication to make sure that serious offences were dealt with appropriately, which led to fewer charges being adjourned for lengthy periods. (See paragraph 3.17.)

1.12 Leaders used self-harm data effectively to determine what measures had led to reductions. This was carried out through a case study involving the prisoner from which lessons were learned. The information was then relayed to case managers. (See paragraph 3.33.)

1.13 Health, social care, and community providers worked together to make sure two patients who were released into nursing homes received continuity of care by providing an appropriate care package. (See paragraph 4.64.)

1.14 Independent prescribers were available to make sure that any disruption to prisoners' prescribed medication was kept to a minimum

and patients could meet them and discuss their needs. (See paragraph 4.85.)

1.15 A full-time Shannon Trust co-ordinator had trained 38 prisoners to become mentors. They were active across the prison and helped other prisoners to improve their reading. (See paragraph 5.28.)

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 leadership of the prison returned to public sector management, following our urgent notification in 2018. The governor, who had been in post since then, was an excellent role model. He was very visible across the site and understood the value of developing competent leaders to provide better oversight and accountability. To promote this work, he had commissioned a training package to build confidence in and an understanding of the prison's leadership, which was being rolled out among staff.

2.3 Leaders had regained control of the prison, which was much more stable than in 2018, and safety outcomes for prisoners and staff had transformed. Staff corruption continued to be a significant risk but was dealt with robustly and there had been dismissals and criminal charges whenever possible.

2.4 Improving decency was high on the agenda for which leaders held staff and prisoners to account. The use of peer workers continued to help set and improve standards across the prison and much needed, large-scale investment by the Ministry of Justice was underway on three wings. Leaders' other improvements over the previous four years had led to significantly better living conditions for prisoners.

2.5 Over a third of officers were not available for operational duties, which meant there were significant levels of redeployment of those on site. This affected many aspects of delivery, including specialist functions such as equality, drug testing, offender management, key work and safer custody.

2.6 Just under half of all officers had been in post for less than two years. Support for them had improved through the national apprenticeship scheme, and existing staff could receive mentoring from a 'buddy' to support them in their role. Consultation with staff was good, but too many responding to our survey (46%) described their morale as low or very low.

2.7 Leaders did not provide enough purposeful activity places and a very restricted regime had been implemented in November 2022. This meant most prisoners spent hardly any time out of their cells, limiting their opportunities for rehabilitation.

2.8 Health care services were well led by knowledgeable managers who had a clear vision for service integration to provide better outcomes for patients.

2.9 The absence of comprehensive resettlement help for remanded prisoners was unacceptable given the number was due to increase and they would eventually make up over three quarters of the total population. Leaders had not yet made sure that all resettlement help was coordinated effectively and there were instances where joint working should have been much better. Public protection work was not robust in some key areas.

2.10 Leaders promoted a community ethos and gave prisoners a better voice through a number of initiatives. There were Inside Job prisoner representatives, who helped other prisoners to gain employment on release, expectations hub workers, who oversaw living conditions, as well as well-being navigators (see paragraph 3.38) and wing-based community information representatives (see paragraph 4.5).

2.11 Leaders had set out an honest assessment of the strengths and weaknesses of the prison, as well as a sensible set of priorities that had been clearly communicated to staff and prisoners. However, more needed to be done to demonstrate which areas required improvement and to provide clearer measures of success.

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 It was positive that men arriving were not placed in handcuffs to walk from the escort vehicle to reception. Vehicles were clean and prisoners we spoke to reported that escort staff treated them well.

3.2 The number of prisoners going through reception had halved since our last inspection. However, they moved through this area over 1,000 times a month. Some arrived late in the evening, which limited the amount of time available to help them settle in.

3.3 The reception area was relaxed, prisoners were not automatically locked into holding rooms, and they were offered a hot meal, a shower, and a free phone call. Most prisoners received their property on the night they arrived.

Holding room

3.4 Induction staff carried out interviews in private to assess a prisoner's safety. The initial screening was thorough, and staff considered prisoners' presentation and any prior risk factors for suicide and self-harm. Staff followed up on the screening on the second day to see if anything had changed, which helped to safeguard new arrivals. However, safety checks that should have happened on prisoners throughout the first night did not always take place as often as they should have.

3.5 All new prisoners went to P wing. The cells were not always adequately equipped or sufficiently clean. Time out of cell (see Glossary) was very limited (see paragraph 5.1) and far too many prisoners spent too long in the induction unit, delaying their access to education, training or work.

First night cell

3.6 More than three quarters of prisoners responding to our survey said they had completed an induction programme, but there was no system for monitoring completion rates. In our survey, only 31% said the induction programme covered everything they needed to know, which was lower than in similar prisons (45%). We found that it lacked structure and too much information was given to new arrivals on the first night in custody, which could have overwhelmed them. Limited written information was provided. Staff from a good range of departments saw prisoners over the following week, but there was too little input on how to navigate some of the basic amenities, such as the kiosk system where they could place a canteen order or book a visit.

Managing behaviour

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

Encouraging positive behaviour

3.7 The prison environment was much calmer and more ordered than in 2018, with staff providing much better control over prisoners. Violence had decreased by about two thirds since the last inspection and was now comparable to other reception prisons. While there had been few serious incidents, there had been a suspected murder in late 2022, which the police were investigating.

3.8 Despite the much-reduced rates of violence, too many prisoners who responded to our survey (32%) said they felt unsafe at the time of the inspection. Those who reported having a mental health problem were far more negative about their safety as well as some other important aspects of prison life, such as a timely response to emergency cell bell calls, which needed to be investigated further.

3.9 Data were now being used effectively, and there was a good understanding of the main risks that needed to be addressed, which included debt, self-isolation and gang affiliation. Work to tackle these was supported by weekly safety intervention meetings, focusing on current complex cases, as well as a strategic safety meeting that looked at emerging trends and themes. There was also a regular stability meeting, which residential, safety, and security staff attended. This focused on emerging threats and operational risks, and it was another example of proactive management to keep prisoners and staff safe.

3.10 A heatmap, known as a spectrum matrix, identified issues relating to several aspects of safety, including violent incidents, managing known gang members and self-harm and was used at all meetings. The matrix was created by the safety team's analyst and employed effectively to communicate risks, allowing for a more coordinated and rapid response to identified trends that threatened stability. (See paragraph 1.10.)

3.11 The safety team screened all acts of violence promptly before residential managers undertook a further investigation. The managers then considered the initial findings and options, such as management through a challenge, support and intervention plan (CSIP) (see Glossary). CSIPs were used reasonably well to support victims and manage perpetrators of violence, but some investigations lacked depth and interventions were limited in scope. For example, in the cases that we reviewed investigations did not consider all aspects that had led to the incident or the needs of the victim, and some targets were generic.

3.12 The support for self-isolating prisoners had improved since 2018 and all were managed through a CSIP to make sure there was sufficient managerial oversight in place. While their regime was limited, it was offered consistently and there was evidence of several prisoners progressing to a full regime once their individual concerns had been addressed.

3.13 There were some good examples of managers trying to promote good behaviour by tailoring incentives to prisoners' individual needs. For instance, prisoners could become a peer worker or gain a place on G wing, the unit for enhanced level prisoners, which had a more relaxed regime and a better environment.

3.14 Despite the range of progression opportunities available to them only 36% of prisoners said the local incentives scheme encouraged them to behave well. Very few prisoners were on the basic regime and managers made sure that reviews were timely and meaningful. Electronic case notes indicated that behaviour warnings were issued, but several prisoners commented that staff did not always tell them that they had received one.

3.15 Despite the prison being well-ordered, we observed some examples of staff failing to challenge prisoners' poor behaviour, such as vaping in communal areas.

Adjudications

3.16 There had been just over 2,000 adjudications during the previous 12 months, which was an increase since 2018 and might have reflected staff's greater level of confidence in challenging poor behaviour. About 70% of charges, most of which were for illicit items or acts of violence, now reached a meaningful outcome rather than going unchallenged.

3.17 In the charges that we reviewed, prisoners were given sufficient time to prepare for hearings and access legal advice. Although adjudicators did not always demonstrate that cases had been fully investigated before reaching a judgement, the deputy governor had recently introduced robust assurance processes to build on lessons learned and address this concern.

3.18 The prison had introduced a regular 'crime clinic' with prison police liaison officers (PLOs). A PLO screened all charges brought against a prisoner to make sure that serious offences were dealt with appropriately. This had led to fewer charges being adjourned for lengthy periods. (See paragraph 1.11.)

Use of force

3.19 The number of times force had been used against prisoners had increased since the last inspection, but we were now confident that the level of reporting was far more accurate. Nearly all incidents were spontaneous. Officers did not carry PAVA incapacitant spray and while batons had been drawn twice in the previous year, they had not been

used. It was also encouraging that special accommodation had not been used in over 12 months.

3.20 Leaders' ability to provide oversight for the use of force against prisoners was undermined because an insufficient number of body-worn cameras was available. Of the very few that were used, footage was often poor quality as they were not switched on early enough to provide robust evidence. This made it difficult for leaders be confident that all force was necessary and proportionate.

3.21 Although data analysis was good, not enough was done to make the improvements needed. For example, documentation and staff statements did not always record what had led to an incident or provide evidence of de-escalation techniques being routinely applied.

3.22 We were concerned that an officer in one incident we reviewed used rude and inappropriate language when addressing the prisoner. Other footage showed that de-escalation opportunities were missed, which resulted in unnecessary force being used. Where leaders did identify inappropriate use of force, robust and appropriate action was taken, including making referrals to the police.

Segregation

3.23 In the previous 12 months, just over 600 prisoners had been segregated, which was similar to 2018. The average length of stay was relatively short and enabled by good reintegration planning that started at the first review board.

3.24 In our survey, prisoners were significantly more negative than those in similar prisons about their experiences in the unit, including about how staff treated them and access to the regime. In our observations, relationships were reasonably good, but we spoke to some prisoners who had previously been segregated and their views were very mixed – some were fairly positive, while other reported negative and threatening experiences.

3.25 The unit was in a temporary location when we inspected. Cells were clean and adequately equipped, but the regime was limited to a daily shower and access to fresh air. Other than a small selection of books and access to prison radios, there was little to stimulate or motivate prisoners.

3.26 Oversight of the unit was reasonably good. Segregation management meetings had restarted, but despite considering a very useful range of data, there was little evidence that action was identified to drive improvement and reduce the use of segregation.

Security

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

3.27 Security measures were mostly proportionate, however the routine strip-searching of prisoners on arrival, before release and as they were admitted to the segregation unit was not supported by an individual risk assessment to make sure it was always necessary.

3.28 There had been significant investment in physical and procedural security arrangements to prevent the ingress of drugs and other contraband. They included the body scanner, enhanced gate security and more netting to prevent drugs being thrown over the wall. In our survey, far fewer prisoners than at the previous inspection (22% compared with 50%) said that it was very or quite easy to get hold of illicit drugs.

3.29 There was a reasonable flow of intelligence, with about 700 reports submitted every month. Reports were processed promptly and enabled leaders to identify current and emerging threats. However, action to respond to individual intelligence reports was limited, for example target searching was not always timely, and no suspicion testing for those suspected of taking illicit substances took place because of staff shortages. There was no random mandatory drug testing, which meant leaders were not fully aware of the drugs being used in the prison or the extent of the problem.

3.30 There was an up-to-date drug strategy in place, with a good emphasis on reducing demand as well as supply, which was supported by regular meetings.

3.31 Leaders had good relationships with the police and other external agencies. Staff corruption had been a huge problem over the previous few years. Prevention work was now very well developed, and a robust approach had been taken, which had resulted in a number of staff dismissals and prosecutions. Relationships with the police also supported challenging crime within the prison through a proactive approach by onsite PLOs (see paragraph 3.17) and a fortnightly crime meeting.

Safeguarding

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

Suicide and self-harm prevention

3.32 There had been three self-inflicted deaths since the last inspection. Leaders had implemented action from Prisons and Probation Ombudsman reports and a coroner's inquest. Good oversight of changes made was provided to make sure they continued. For example, there was a quarterly review meeting and a joint meeting with the health care manager to make sure that improvement was sustained.

3.33 In the previous 12 months, there had been 481 recorded incidents of self-harm. The rate was lower than the average for reception prisons and had been decreasing over the previous three years. The recording of incidents had improved, and leaders were using data effectively to make sure they understood the causal factors. Lessons learned, such as the importance of having family contact and purposeful activity, were then promoted among case managers. (See paragraph 1.12.)

3.34 In our survey, 21% of prisoners said they had been on an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm, but just 46% said they had felt well cared for. When speaking to prisoners we heard about very mixed experiences – while some said they felt staff did not care about them, others were more positive. We found good examples of care in some very high-risk cases, including some where family members had been invited to attend review meetings.

3.35 In the previous 12 months, there had been 541 ACCT documents opened. ACCT procedures required improvement. For example, not all reviews were fully multidisciplinary, and a few involved only one member of staff and the prisoner. Care maps did not reflect the needs of the prisoner and some reviews were of an insufficient quality, although it was positive to see triggers and risks identified well. Case management was consistent in most cases. Despite staff shortages, leaders had prioritised safety related training, and in the previous year, 193 staff had been trained in suicide and self-harm prevention.

3.36 An up-to-date safety strategy, relevant to Birmingham, was in place. It was supported by a good meeting structure, which included the monthly safety meeting, a weekly stability meeting and the safety intervention meeting, which focused on those most in need. (See also paragraph 3.9.)

3.37 The use of interventions, such as constant supervision and anti-ligature clothing, had not been recorded or monitored until very recently.

3.38 There were a number of initiatives to support prisoners in crisis. As well as the Listener scheme (which involves prisoners being trained by the Samaritans to provide confidential emotional support to fellow prisoners), some prisoners had received mental health first aid training and other packages so they could support others and provide advice. They were known as well-being navigators. The safety team provided additional support for those on ACCTs, such as coffee morning sessions so they could meet and talk to each other and staff, although this was sometimes cancelled because of staff shortages.

Protection of adults at risk (see Glossary)

3.39 An up-to-date safeguarding policy was in place, as were established links with the local safeguarding adult board. Most staff we spoke to were unfamiliar with the full range of potential safeguarding risks, which increased the possibility of issues being missed.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 In our survey, 62% of prisoners reported that staff treated them with respect and 72% said there was a member of staff they could turn to if they had a problem. Both results were similar to the previous inspection and other reception prisons.

4.2 However, it was a concern that 52% of prisoners said they had experienced victimisation from staff compared with 42% in similar prisons. Far more (18%) also said they had been physically assaulted by a staff member compared with those in similar jails (11%). Prisoners who reported having a mental health problem were more negative – 61% said they had experienced bullying or victimisation from staff compared with 36% of those who did not have a mental health problem.

4.3 Throughout the inspection week we observed some patient and meaningful interactions between staff and prisoners, and a number of prisoners we spoke to were able to highlight positive relationships. However, others described some staff as antagonistic and not interested in helping them and prisoners commonly said their requests were ignored.

4.4 As we found in our scrutiny visit in 2021, the delivery of key work (see Glossary) remained far too limited, and many prisoners we spoke to did not know the name of their key worker or what their role was. Staff had been allocated time during the core day to hold sessions, but so few actually took place that neither staff nor prisoners could yet see the benefits. Custodial managers had recently put in place a quality assurance process, but it would not be useful until key workers had more frequent contact with prisoners.

4.5 The governor had established a number of good peer working roles, such as well-being navigators (WBNs) (see paragraphs 3.38 and 4.46) and wing-based community information representatives who arranged consultation and provided helpful support to other prisoners. The roles promoted positive working relationships and gave prisoners further incentives to behave well so they could take up one of these posts.

Daily life

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

Living conditions

4.6 The prison was much cleaner than in 2018 and living conditions had improved across most wings. There had been significant investment from HM Prison and Probation Service, and the older wings A, B and C had been closed for refurbishment. Other local refurbishment projects were also underway and included a 'clean, rehabilitative, enabling and decent' project. It had started on L wing where the showers and conditions in cells were being improved, and regular works parties addressed smaller in-cell issues, such as providing pinboards and removing toilet stains.

Gullies and communal areas in 2018 (top) and at this inspection (bottom).

4.7 Outside and communal areas were now reasonably clean and tidy. Prisoners' perceptions of cleanliness had also improved and in our survey, 67% said the communal areas of their wing or houseblock were normally very or quite clean compared with 49% at the previous inspection. N wing was notably cleaner, and 89% of prisoners living there said communal areas were clean compared to 62% of those in the main population.

4.8 About 35% of the population lived in overcrowded conditions, where cells, particularly those on D wing, were cramped and lacked privacy, as toilets were not adequately screened.

4.9 A quality assurance tool, or decency tracker, monitored conditions and equipment in cells. Custodial managers and residential leaders carried out monthly checks and compiled quarterly reports on issues that needed rectifying and items that needed replacing. This process had identified poor conditions in some cells on K wing, for example, the flooring and windows needed replacing, which had been escalated to the governor and funding had been secured to address the issues.

K wing cell with no floor or curtain

4.10 Cells on G wing had recently been refurbished and prisoners living there were much more positive about their living conditions.

Better cells on G wing which had recently been refurbished

4.11 Most cells were generally well equipped but too many did not have curtains or lockable storage space (see paragraph 4.86). Graffiti remained an issue in some cells but had been identified and plans were in place to address it.

4.12 A shower refurbishment programme had improved facilities across most of the prison and, overall, they were reasonably clean. Access was good and, in our survey, 82% said they could shower every day, which was better than at similar prisons (69%).

Refurbished showers

4.13 In our survey, only 53% said they had enough clean and suitable clothes for the week and fewer prisoners than in similar prisons said they could access clean sheets every week (54% compared with 65%). In addition, fewer than in comparable prisons could obtain enough cell cleaning materials every week (39% compared with 52%). Most cleaning store cupboards we viewed were reasonably well stocked, but they were not always unlocked when prisoners were out of their cells. The availability of prison clothing was sometimes problematic as clothing sent away to be washed was not always returned.

4.14 Too many emergency cell bells were not answered promptly enough. Data from 2022 showed that some were not answered for very long periods – up to an hour in some cases, which was a concern. Response time monitoring had not taken place for the previous two months owing to technical problems but was due to resume soon.

Residential services

4.15 In our survey, only 28% of prisoners said the food was very or quite good and just 18% reported they had enough to eat at mealtimes compared with 39% and 35% respectively in similar prisons. We could not understand these perceptions. The menu cycle provided a reasonable range of choices, including healthy options, such as home-made soup, and catered for special diets. Prisoners had a hot meal every day and, on some days, two.

4.16 Appropriate systems were in place for serving halal food, although staff's supervision of the meal service and the general cleanliness of some serveries required improvement. Prisoners working in the

kitchens had been trained in food hygiene, and food trollies were much cleaner than at the previous inspection.

4.17 In our survey, 47% of prisoners said the shop sold what they needed which was lower than in similar prisons (57%). There was a good range of products, although costs were increasing for some items. New arrivals sometimes had to wait up to two weeks to receive their first order, which increased the risk of them getting into debt. The list of available goods was reviewed as part of the monthly prison council meeting and changes were made as a result.

Prisoner consultation, applications and redress

4.18 Consultation with prisoners was good. A monthly prison council meeting, chaired by the governor, was well attended by senior leaders and community information representatives from all wings. It was a valued platform that was well-used by prisoners. Leaders often took reasonable action as a result – this had recently included offering early morning gym sessions and providing longer phone calls.

4.19 In our survey, only 57% of respondents said it was easy to make an application and less than half felt that applications were dealt with fairly or in a timely way. Prisoners used electronic kiosks to make applications but the limited time out of cell affected access. The delay in responding to applications was a source of frustration, and leaders had not done enough to address the issue.

4.20 In the year to the end of January 2023, 3,890 complaints had been made. Although comparably high, the number was declining, primarily because leaders had taken action to address some of the issues relating to property and shop orders. Timeliness was a concern and 13% of responses had been late in the previous year. The responses we reviewed were generally polite but did not always address the concerns raised in full and some replies to complaints about staff were dismissive.

4.21 Legal advice provision was adequate and there was a high demand from the large proportion of remand prisoners. Bail information and advice were available. The video conference centre was impressive and allowed prisoners to attend court hearings remotely. Prisoners often found it difficult to book legal visits rooms, but consultations could take place in private. Although access was limited, an appropriate range of legal texts was available in the library. Legal mail was only opened if there was good reason to do so.

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

4.22 Leaders promoted equality, diversity and inclusion (EDI) well and had made improvements since the last inspection. The EDI lead staff member was visible, well-known and properly focused on the issues facing prisoners with protected characteristics. There was, however, still work to be done to make sure the needs of all prisoners with protected characteristics were properly considered and consistently met.

4.23 The governor chaired the equality meeting, which prisoners also attended. A good range of data on most protected groups was considered at this and other meetings, and action was taken when disproportionate outcomes were highlighted. The EDI lead staff member organised the timetable for consultations with prisoners, but it was not always delivered by managers responsible for each protected characteristic. Consultation was, however, often targeted at particular areas or residential units when the EDI lead staff member was alerted to potential issues, which was a sensible way of identifying and addressing any disparities or less favourable experiences.

4.24 Prisoners we spoke to had confidence in the discrimination incident reporting form process. Ninety-nine had been submitted in the previous year. They were generally investigated thoroughly and, while few were upheld, it was appropriate in the cases we reviewed. Quality assurance, which the governor undertook, was robust and was further supported by an external scrutiny panel, which usually met quarterly but had not been convened since August 2022.

4.25 Most residential units had a prisoner identified as an EDI peer worker. The position was added to the community information representative job (see paragraph 4.5) and not all prisoners we spoke to had been trained or were confident in their EDI role. Those who were more experienced were complimentary about the promotion of EDI and action taken by leaders to provide fair and equitable treatment.

Protected characteristics

4.26 Our survey showed few disproportionate outcomes for prisoners with protected characteristics, including those from a black and minority ethnic background. At the time of the inspection, this group made up 425 of the population. Most of those we spoke to were happy with their experience, but some complained that allocations to wing work was unfair. We found that, although a central allocations board made decisions about activity placements, staff sometimes overruled them. This was potentially leading to differential treatment and needed to be addressed.

4.27 At the time of the inspection, 16% of the population were foreign nationals, many of whom spoke little or no English. Professional telephone interpretation services were rarely used, and staff often relied on gestures or other prisoners to interpret. This presented significant risks when assessing well-being and left some prisoners feeling marginalised. A number of prisoners said they had not communicated with a member of staff in their own language since they had arrived at the prison.

4.28 During the inspection 12 prisoners were held solely under immigration powers. While some were moved swiftly to more suitable places of detention, others had spent far too long at Birmingham – the longest was almost two years past the end of his sentence. The charity Detention Action provided much needed support and advice for this group of men.

4.29 Prisoners with disabilities were identified on arrival. Those with the most severe physical disabilities were often located in the health care centre or on J wing where there were adjustments of which many were tailored to the individual.

Adapted shower

4.30 We did, however, find some prisoners whose lower-level needs were not met, such as those affected by low in-cell toilets, where there were no grab rails or raised seats. (See also paragraph 4.62.)

4.31 While personal emergency evacuation plans were drawn up reasonably quickly and staff knew who had a plan and what support they needed, a minority did not include all relevant information. The lack of a formal prisoner buddy scheme meant prisoners who would have benefited from some additional help did not receive assistance.

4.32 Work to support neurodivergent prisoners was developing but was not yet widespread enough and wing staff did not always understand prisoners' needs.

4.33 During the inspection, three prisoners identified as transgender. Support for them was reasonable. It was, however, disappointing that staff were not aware of one trans woman who had not showered for about four months following a traumatic incident. Not enough had been done to reassure or support her.

4.34 There was little support for Gypsy, Roma or Traveller prisoners or those identifying as gay or bisexual. Few prisoners from these groups felt comfortable disclosing personal information for fear of differential treatment.

4.35 The provision for older and younger prisoners was underdeveloped. There was no specific provision for the young adult population between 21 and 25. Support for most older men was limited to a gym session. The experience for those who lived on J wing was better than that of others, and they had more time out of cell and could take advantage of the pleasant garden.

J wing garden

Faith and religion

4.36 Access to faith provision was good and the diverse chaplaincy catered well for a range of religions. The new multi-faith centre was welcoming, and a range of religious services, classes and study groups were held there each week.

4.37 Friday services for Muslim prisoners were so well attended that they took place simultaneously in three locations across the prison. The Muslim chaplain checked the food service to make sure halal food was served appropriately (see also paragraph 4.16.)

4.38 The chaplaincy was visible throughout the prison and provided much appreciated pastoral support. Staff from a range of faith-based organisations visited the prison and provided some support for prisoners on release if requested.

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.

4.39 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC did not identify any breaches in the regulations.

Strategy, clinical governance and partnerships

4.40 The effective partnership between the health care providers and the prison was underpinned by regular meetings and up-to-date terms of reference for the local delivery board.

4.41 The memorandum of understanding for social care provision between Birmingham City Council (BCC), HMP Birmingham and Birmingham Solihull Mental Health NHS Foundation Trust was in the process of being reviewed. The partnership was aware that the governance and management of social care at the prison was weak. There was no clear system in place for monitoring referrals or determining who should hold responsibility for it, which needed to be addressed.

4.42 Two senior health care managers had been appointed within the previous six months and provided clear leadership to the management team. Staff told us they received good support from managers.

4.43 Clinical governance arrangements were well-established, areas of patient risk were identified and action to address the issues was implemented and monitored. We saw evidence that the Prisons and Probation Ombudsman recommendations following patient deaths in custody had been addressed.

4.44 Mandatory training was being delivered, including immediate life support, but the rates of compliance in some areas was below 75%. Nevertheless, we were confident any shortfalls were being addressed. Monitoring of clinical supervision uptake needed to be embedded in some areas. Information-sharing protocols were in place and patient consent was obtained as part of the reception process.

4.45 Although we observed health care staff being polite and professional in their dealings with patients, many of the treatment areas did not comply with infection prevention and control standards and were dirty. Resuscitation equipment was appropriate and regularly checked, which was good.

4.46 The patient engagement lead staff member was responsible for a team of peer WBNs (see paragraphs 3.38 and 4.5) who obtained feedback

from their peers, carried out health promotion and worked with the alcohol and substance misuse recovery team.

4.47 The provision of escorts for patients going to hospital for routine appointments was not reliable, although in an emergency, the prison promptly arranged for patients to be transferred.

4.48 The medicines administration hatch area on N and P wings was far too small, appropriate medication cupboards were limited and there was a lack of effective temperature control in this area to make sure medicine was stored safely.

4.49 The complaints process was not well advertised, and health care complaints were collected by a member of prison staff, which meant they were not confidential. A dedicated member of staff dealt with all primary health care complaints. Sampled responses were excellent and polite – they fully addressed the concerns raised and were timely.

Promoting health and well-being

4.50 There was no prison-wide strategy for health promotion. The service had not yet developed a calendar of events linked to national campaigns. There was some health-related literature available to patients, either in the health centre or on the wings. There were limited materials to promote patients' health and well-being and, due to severe staff shortages, no dedicated health promotion lead staff member. One-off health promotion initiatives, such as hepatitis C testing day, were supported by WBNs (see paragraphs 3.38, 4.5 and 4.46).

4.51 Patients could access sexual health clinics, and condoms were made available at the health centre, but they were not well advertised. Blood borne virus and sexual health testing were offered at reception and could be accessed on request, but uptake was low. The service had recently introduced mouth swabs to test for hepatitis C, which had improved uptake. The service had links with an external sexual health clinic for patients with more complex conditions.

Primary care and inpatient services

4.52 GP- and nurse-led clinics were available Monday to Saturday and emergency nurse cover was provided overnight and at weekends. However, there were severe nursing staff shortages. This meant that a nurse in charge would also hold the emergency radio and administer medication. Consequently, in an emergency, the nurse would have to close the medication hatch to respond elsewhere in the prison.

4.53 Nursing staff screened new arrivals in a dedicated room in reception and, where appropriate, referred patients to services. A secondary health assessment took place within seven days. The facilities in reception did not meet infection control standards and staff did not have anywhere to wash their hands before or after clinical activities, such as testing for blood borne viruses. This exposed staff and patients to unnecessary risks.

4.54 Patients were seen promptly for urgent GP or nurse appointments. Patient applications were processed and triaged by GPs and nursing staff.

4.55 Nurses with a specialism in long-term conditions and sexual health, identified relevant patients and offered regular reviews. However, those with long-term conditions did not always have a personalised care plan in place, which did not meet practice guidelines.

4.56 There was a range of visiting practitioners and allied health care professionals, including physiotherapists, a podiatrist and an optician, and waiting times were reasonable. The service had its own dialysis unit, which served surrounding prisons and reduced the need for patients to be escorted to hospital.

4.57 Telemedicine appointments (the use of telecommunication and information technology to provide clinical health care at a distance) at the local hospital were available but did not always work well, which meant that the patient had to be rebooked for an in-person hospital appointment. Routine external outpatient appointments were sometimes disrupted by the lack of availability of prison escorts. In addition, there were issues with the transport service, which contributed to delays. During the inspection, external appointments were not monitored sufficiently well, which was raised with managers.

4.58 The physical health ward provided support for those with ongoing care needs, which were well managed. Patients were complimentary about the care they received.

4.59 Primary care nurses identified patients due for release and saw each one individually to prepare for their ongoing care, which included providing take-home medication and a letter for their GP.

Social care

4.60 Social care was provided by the local authority via an external agency, but BCC and the prison did not share some information. This meant health care staff did not have access to patient care plans when their care workers were not on site, which was unsatisfactory. Discussions were taking place to resolve the matter.

4.61 Most referrals were made by health care staff and 12 patients were receiving a social care package (see Glossary). Patients with high-level needs were supported well, and those we spoke to were complimentary about the care they were receiving. Regular reviews took place, but not all patients had copies of their care plans. Necessary equipment was in place to support them, such as pressure relieving mattresses.

4.62 However, we found examples in which patients with lower-level needs had not been referred for an assessment. One patient in a wheelchair told us he did not have a handrail to support him to move to his bed, which posed a safety risk. (See also paragraph 4.30.) Officers’

understanding of the social care referral process was limited and it was unclear how patients could refer themselves.

4.63 Some patients with mobility difficulties told us they struggled to carry their food and would have benefited from assistance, but there were no peer workers to support them (see paragraph 4.31). The prison did not provide patients with personal alarms so they could summon assistance in an emergency, which posed a risk.

4.64 Good partnership working between health, social care, and community providers made sure two patients who were released into nursing homes received continuity of care by providing an appropriate care package (see paragraph 1.13). This assistance was also available for patients leaving the prison to go back into the community when they required ongoing care and support.

Mental health care

4.65 In our survey, 66% of respondents said they had a mental health problem. Mental health and psychological therapy services were provided seven days a week. A first night duty nurse saw anyone with an urgent need who had been identified at reception or before their arrival from liaison and diversion services (which work with patients in court and police custody and share information with the prison nurse). There was an open referrals system, which meant that patients could refer themselves.

4.66 Nurses managed urgent referrals within 48 hours and routine referrals within five days and attended all assessment, care in custody and teamwork case management reviews for prisoners at risk of suicide or self-harm. Care that was tailored to individual patients and access to mental health services met national guidance. The stepped care model (mental health services that address low level anxiety and depression through to severe and enduring needs) was implemented in full and the provision of self-help materials for patients was good.

4.67 Access to a consultant psychiatrist was prompt and five visiting psychiatrists met the needs of patients across the prison and the inpatient ward. The ward could receive mental health patients from prisons in the region. A regular meeting, attended by all relevant practitioners, was held to discuss referrals.

4.68 Officers in the health care unit had participated in joint training as part of the Safe Ward initiative, which worked to make sure the environment minimised sensory overload. Measures had been implemented in October 2022 and patient feedback had been very positive. We observed the ward was calm and patients told us they felt staff really listened to them.

4.69 Psychological therapies were available and patients who had started therapeutic work were placed on a medical hold, which meant they could not be transferred to another prison until it had been completed,

which was good. Care plans were relevant and well documented but lacked patient involvement.

4.70 There were two learning disability nurses who worked with those with neurodiverse needs and who provided assessment and ongoing support.

4.71 A weekly multidisciplinary complex care meeting, attended by mental health practitioners, was well documented, and patients' key risks and changes to care plans were noted.

4.72 In some areas, patients were unable to access the community mental health team on release if they were not registered with a GP. An outreach team provided good support to those who needed to access services in the community.

4.73 The service did not consistently achieve the 28-day standard timeline for transferring patients to a mental health hospital.

Substance misuse treatment

4.74 The substance misuse service was delivered by an integrated service known as the Birmingham Recovery Team (BRT).

4.75 The clinical and psychosocial teams were not fully integrated and joint patient reviews and multi-disciplinary meetings did not take place. However, managers were co-located, and plans were in place to convene them. Both clinical and psychosocial teams were experiencing staffing shortages, but patients' needs were prioritised and met.

4.76 An up-to-date drug strategy was in place and partnership working between the service and the prison was good. Regular meetings were held to share relevant information.

4.77 The drug recovery unit on M wing was well-established and effective. D wing had very recently opened and aimed to provide group and tailored interventions to support patients who had completed opiate substitution treatment (OST).

4.78 All patients arriving at the prison had their records reviewed by a GP and were prescribed a maintenance dose of OST where applicable. A non-medical prescriber or GP saw them the next day to carry out a more in-depth assessment and develop a plan of care. Flexible prescribing that was reviewed regularly was in place.

4.79 Patients received welfare checks during their first five days. However, we found some overnight observations were not performed correctly. One patient could not be viewed as the observation panel was covered, and others were not fully observed. This was unsatisfactory and posed a risk.

4.80 One hundred and twenty patients were receiving OST medication and 261 support from the psychosocial team. Patients we spoke to told us

they were satisfied with the care and support they received. We observed staff's caring interactions with patients.

4.81 The psychosocial team saw all patients the day after their arrival. Those identified for support were seen in a timely manner for an assessment and a plan of care and detailed recovery plans were in place. There was an open referral system and patients could also refer themselves.

4.82 There was an 'under the influence' pathway and patients were seen within 24 hours so targeted support could be provided. A variety of groups were held, including those for peer support work, and mutual aid groups visited the prison regularly.

4.83 Release planning was in place and training in administering naloxone (a drug to prevent an opiate overdose) as well as treatment were offered to patients on an individual basis.

Medicines optimisation and pharmacy services

4.84 The pharmacy delivered its services in a safe and effective manner. Medicines were supplied by a well-staffed in-house pharmacy, but some were administered from stock due to limited storage in treatment rooms. This was not best practice and not in line with current recommendations. Well-attended monthly medicines management meetings were held where issues raised were escalated and acted on.

4.85 Patients had access to weekly pharmacy-led clinics. The prescribing of tradeable medicines was controlled well, except for the painkillers codeine and dihydrocodeine, which required monitoring and oversight to make sure safe practice was maintained. Independent prescribers were available to make sure that any disruption to prisoners' prescribed medication was kept to a minimum and patients could meet them and discuss their needs. (See paragraph 1.14.)

4.86 Those who had their medicines in possession made up 32% of patients, with half of them receiving in-possession medication for 28 days. However, most double-occupancy cells did not have lockable cupboards to safely store these medicines (see paragraph 4.11).

4.87 Medicines were administered twice a day from treatment rooms, which were not suitable and lacked sufficient storage space. There was no provision for night-time administration, which was either given in-possession, or at 3pm which meant that patients did not receive the full benefit of it at night. A range of medicines, including emergency medication, was available to treat minor ailments and allow patients access out of hours.

4.88 Officers' supervision of medicine queues was variable and meant there was the potential for diversion and bullying.

4.89 The provision of medication for patients being discharged or transferred was appropriate. Community-style prescriptions and the non-medical

prescribers were available to make sure patients continued to have access to their medicine supplies.

Dental services and oral health

4.90 Nine dental sessions a week were offered. Waiting times for routine appointments were about six to eight weeks, although a small number of patients waited longer. The health care and dental teams triaged patients and offered pain relief for those waiting for an appointment if required. The dental nurses and hygienist provided advice on teeth and gum care.

4.91 Care records reviewed showed the treatment provided was well documented and that patients had been informed of possible options.

4.92 The use of X-rays and their clinical justification were documented and supported by recent audits.

4.93 The newly commissioned dental surgery was functional and all necessary equipment was well maintained. There was a separate decontamination area, decontamination procedures were followed, and infection control standards were met. Equipment was in good working order and all routine servicing had taken place. There was an enhanced air purification system in place. The dental team had some emergency medicine to hand and sought others from the health care team, when necessary.

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 During the inspection, far too many prisoners were unemployed (41%), and they received only 90 minutes out of their cells each day, which was very poor and among the most limited we have seen in a reception prison recently. In our survey, 57% of prisoners said they usually spent fewer than two hours out of their cell on a typical week day, compared with 19% in 2018. The weekend regime was no better and, in our survey, more (77%) said they spent less than two hours unlocked on a typical Saturday or Sunday compared to the last inspection (32%).

5.2 Prisoners in our survey highlighted the impact of such limited time out of cell. When we asked what they would most like to see changed at the prison, one said:

‘1.5 hours isn't enough time out of cell. It will create mental illness if there weren't any before.’

Another answered:

'Something meaningful to do. Be able to progress, there is little here I can do.’

5.3 Unemployed prisoners had to do several things in the small amount of time out of cell they had each day. This included exercising, having a shower and completing domestic tasks, such as cleaning their cell and using the kiosk to make applications. There were often competing demands, which meant prisoners found it impossible to do everything they needed to do.

5.4 Employed prisoners, for example those who worked in the workshops or on the wing in roles, such as cleaners, servery workers or peer workers, had more time out of cell – about six hours a day during the week. Prisoners living on J and G wings had the most time out of cell – about seven hours a day.

5.5 There were few constructive activities to promote prisoners’ social or recreational interests and when we tried to speak to some, we found

them sleeping during the day. In our survey, only 37% of prisoners said they could go outside to exercise on more than five days in a typical week compared to 54% in similar prisons.

5.6 Due to the refurbishment of the old wings, the library had been temporarily relocated and access was now poor for most prisoners. In our survey, only one fifth said they could visit once a week or more, lower than at the previous inspection (33%). The temporary library was very small and only six prisoners could attend at any one time. In December 2022, only 15% of prisoners had used it – they were individuals who were involved in purposeful activity, such as education or workshops.

5.7 There was a mobile service, which was reasonably well used. Prisoners could request books or other material, such as wordsearches and crosswords through the kiosks, which the library team delivered to them. Our survey found that 33% of prisoners said they were able to have library materials delivered to them once a week or more often, which was better than in similar prisons (21%).

5.8 The gym and shower facilities had been refurbished and a good range of exercise equipment was available, including weights and cardiovascular machines. Most prisoners could only access the gym once a week, which was less often than in other similar prisons. In our survey, only 9% said they typically went to the gym or played sports twice a week or more compared with 20% in similar prisons.

5.9 The regular redeployment of gym staff in 2022 had meant that prisoners did not always receive their allocated weekly slot, but in the month before our inspection, there had been no redeployments and prisoners had had more reliable weekly access. Following consultation with prisoners, early morning gym sessions for workers had recently been introduced.

5.10 The PE department had good links with the community and there was a twinning project in place with Aston Villa Football Club. Together with the prison, the club delivered accredited coaching and education sessions. The initiative was only available to a small number of prisoners but those who participated valued it.

Education, skills and work activities

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

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

5.12 Leaders and managers had developed a well-considered curriculum plan. They included courses that reflected the needs of the prisoners. The governor and senior leaders were committed to making sure that all prisoners accessed education and training, including the high proportion of prisoners who were unsentenced. Leaders and managers had rightly prioritised the assessment and teaching of English and mathematics in this local prison. In addition, there were courses in English for speakers of other languages (ESOL).

5.13 Leaders acted on the need to prepare men for release. They offered two vocational training classes, three workshops, and a wide range of jobs in the prison. Leaders also offered a well-designed course to help prisoners prepare for self-employment.

5.14 Too many prisoners were unemployed, which amounted to about a quarter of the population at any one time. Leaders had invested in a large refurbishment programme and therefore some workshops were not yet ready for use. Leaders had redeployed officers due to staff

shortages, which meant that there were currently insufficient activity places to meet the needs of the prison population. There was an insufficient range of workshops. Leaders offered a narrow curriculum to vulnerable prisoners, but they were aware that they needed to expand it and had clear plans for responding to these gaps on completion of the building project.

5.15 Leaders had made progress on 12 of the 16 recommendations from the previous inspection. They had changed the prison education framework (PEF) provider to Novus. The new education team had been instrumental in addressing five recommendations and had improved initial assessment, target-setting, teaching and achievements in education courses. The team provided better support for prisoners with specific learning needs. In education, skills and work, leaders had improved prisoners' behaviour, and along with staff, had challenged any incidents of inappropriate conduct.

5.16 Prison leaders managed the quality of the work of Novus well and the contract effectively. They reviewed the provider's performance against targets and intervened appropriately. The education manager used a range of approaches to review and improve the planning and teaching of education courses. Leaders had an accurate understanding of the strengths and weakness in education. They had made sure that the quality of education from the PEF provider improved over time.

5.17 Novus provided prisoners with a positive educational experience. Most of the teaching in the core subjects of English and mathematics was good. Teachers used prisoners' starting points well to shape what and how they taught them. They broke down the learning into small steps and checked on learning frequently. Prisoners understood and remembered what they had been taught. For example, the mathematics tutor clearly demonstrated the steps necessary to complete long division. They checked on the prisoners' understanding and reviewed their work, and with helpful feedback, the prisoners successfully completed the task.

5.18 Most prisoners who completed accredited courses achieved their qualifications. In response to the high number of withdrawals, leaders had developed a range of short courses that met prisoners' specific needs. As a result, the proportion of withdrawals had decreased.

5.19 Managers had provided recent staff training to improve teaching. All teachers had received training on how to improve prisoners' reading. English teachers used their knowledge of phonics well to develop reading. Prisoners could recognise letters and their appropriate sounds and were using this knowledge to build words for reading. For example, one prisoner could now read letters from his family. In mathematics, teachers used the idea of rhythm effectively to enable prisoners to identify patterns in numbers.

5.20 In business enterprise, prisoners understood the purpose of the course, and learned how to prepare a business plan. They could talk fluently about the importance of market research, when estimating market

demand. As a result, they were able to work out estimated revenue, profit and cashflow. In ESOL classes, teachers emphasised the importance of developing speaking skills, concentrating on words that were most useful to prisoners. In education, prisoners learned how to use dictionaries to find the meaning of words and how they applied in different contexts.

5.21 In education, specialist staff identified prisoners' learning needs promptly. They produced detailed support plans. Staff provided good in-class support and prisoners made the progress expected of them in education. However, staff did not provide prisoners who did not attend education, with the same level of support.

5.22 Leaders did not manage or improve the quality of training in work or workshops well enough. The training in work and workshops was not consistently strong. Instructors developed prisoners' knowledge and skills well in the industrial cleaning workshops, kitchens and the distribution workshop. For example, in the kitchens, instructors taught prisoners about food safety and food preparation skills. Instructors trained a few prisoners to take responsibility for a section of the kitchen. However, prisoners did not develop or record their skills in mathematics and English. On the building course, instructors expected prisoners to complete complex tasks before they had learned basic skills. Prisoners became frustrated and made slow progress.

5.23 Leaders had appropriate policies and risk assessments for each of the workshops and work areas. During the inspection inspectors identified a health and safety issue in a workshop. Leaders were swift to respond and rectify the poor practice.

5.24 Wing workers carried out cleaning, catering and painting tasks. Leaders did not provide additional training and managers did not allocate these roles in line with the prisoners' personal learning plans. As a result, too many men remained in roles that did not develop their knowledge or skills.

5.25 The few prisoners who attended education, skills and work worked well in a calm and respectful environment. Although attendance was low, there was a pattern of sustained improvement in the previous few months. Leaders were keen to find out the reasons for absences. They had identified two problems in the textiles workshop – prisoners considered the pay too low and the work unappealing. As a result, leaders planned to increase pay (as part of a pilot scheme) and to adapt the course.

5.26 Leaders provided prisoners with access to a wide range of personal development courses. They included: Understanding Crime and its Effects, Understanding Mindset and Working in a Team. Most prisoners who completed these courses achieved their qualification. At the time of the inspection, about 20 prisoners joined the singing group. A similar number of men participated in excellent coaching sessions in the gym. Leaders had developed the course in partnership with Aston Villa Football Club (see also paragraph 5.10). A wider group of prisoners

benefited from high-quality mentoring training and teachers used their skills well in classroom education to support other prisoners.

5.27 Leaders demonstrated their commitment to education training and skills through their investment in information technology. Staff provided prisoners in education with access to the virtual campus (internet access for prisoners to community education, training and employment opportunities). Leaders recently purchased laptops for men on the wings and had invested in more teaching in residential units and in workshops. They rightly prioritised support for prisoners with poor mental health, physical disabilities and those who were vulnerable. Leaders acknowledged that the changes were recent and yet to have a significant impact.

5.28 Working with Novus and the Shannon Trust, leaders had developed a well-considered reading strategy. They had conducted an initial assessment to identify the number of non-readers and knew the scale of the challenge. Prison leaders had invested in a full-time coordinator from the Shannon Trust. The coordinator had made a positive impact in the prison. Since September 2022, she had trained 38 mentors and made sure there was at least one mentor on each wing. Mentors were supporting 25 men during the inspection. The coordinator demonstrated that they had improved prisoners' reading skills. Leaders acknowledged that the reading strategy had yet to have an impact on prisoners in workshops. (See paragraph 1.15.)

5.29 Well-qualified initial advice and guidance (IAG) staff met with most prisoners on their arrival at the prison. Staff focused excessively on completing an initial assessment of prisoners' English and mathematics and did not spend enough time on discussions about their aspirations or the opportunities in the prison. Too few prisoners received a personal learning plan.

5.30 The allocations process was only partially effective. Staff allocated prisoners well to English and mathematics, based on their initial assessment. In a minority of cases staff used prisoners' personal learning plans as the basis for allocating them to education, skills and work. In too many cases, staff allocated prisoners to work, including wing work, based on prisoners' wishes rather than their needs.

5.31 Inside Job mentors and the employment hub provided prisoners with good support before their release. They helped prisoners identify jobs, complete CVs and prepare for interviews. However, too few prisoners used this important service. (See also paragraph 6.29.)

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 Support to help prisoners stay in touch with family and friends was adequate, but some weaknesses needed to be addressed. Leaders had prioritised making improvements to the visits hall, which was now bright and welcoming. Visits took place every day in the morning and afternoon and take up was good, but we saw sessions starting late. While appreciated by the relatively few who accessed them, family days were only organised every other month.

Visits hall

6.2 The charity Prison Advice and Care Trust (PACT) had taken over family work in October 2022. The trust was experiencing acute recruitment problems, which meant there were not enough staff to respond to calls, affecting the visits booking service. Although leaders

were aware of this and were supporting PACT staff to address the issues, this caused considerable frustration for both prisoners and their visitors.

6.3 In-cell telephones had been installed since the last inspection and provided prisoners with good links to their families. Some prisoners could, however, experience lengthy delays before they could access the numbers they needed to make calls. Although declining, secure video calls (see Glossary) were still reasonably well used, including at weekends.

6.4 Other support for prisoners to maintain relationships with their family and friends was too limited. There had been no parenting courses since April 2022 and the Storybook Dads scheme (in which prisoners record a story for their children to listen to at home) had only been operating three times in the previous year.

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 Birmingham was now a reception and resettlement prison and the proportion of prisoners who were unsentenced had increased from about a third to nearly two thirds since the last inspection. Prisoners often spent long periods on remand, in some cases as long as two or three years. Nonetheless, it remained a busy inner-city prison and 70% of prisoners had been there for fewer than six months. There also remained a small long-term sentenced population, which included prisoners convicted of sexual offences.

6.6 Offender management and resettlement provision no longer met the needs of what had become a mostly unsentenced population. These prisoners were contractually excluded from help with housing, and they received too little assistance to resolve practical difficulties, such as informing their employer of their imprisonment or making arrangements for mortgages or tenancies to be dealt with.

6.7 Work to reduce reoffending was not well joined up. For instance, release planning had several different strands, which were currently too disjointed to provide consistent support for prisoners. Staff shortages and regular redeployment undermined the effectiveness of the programmes team, pre-release team and employment hub (see paragraphs 5.31 and 6.29).

6.8 Only about a third of the population was eligible for offender management. The offender management unit (OMU) lacked a second senior probation officer and one of the 3.5 full-time equivalent probation officer posts remained vacant. There were supposed to be a further 12 prison offender managers (POMs), but only eight were in post and five

were operational staff who were redeployed to other duties virtually every day. It was quite normal for only three or four POMs to be working in the OMU on most days.

6.9 Initial offender assessment system (OASys) reports and sentence plans were generally good but were usually completed too late to be useful, sometimes just before the prisoner was released. This was caused by short staffing in the OMU and prisoners spending long periods on remand. Some OASys reports had not been reviewed at all during the prisoners' current sentence, which meant their most recent offending behaviour was not taken into account and risk assessments were out of date (see paragraphs 6.14 and 6.15).

6.10 Most prisoners we interviewed could not name their POM. Contact between POMs and prisoners was limited but appropriately focused on achieving tasks related to their sentences, such as parole. Short staffing meant there was little evidence of meaningful one-to-one work, for instance with prisoners convicted of sexual offences. There was a small group of about 30 indeterminate sentence prisoners, who received no additional support. The quality and quantity of key work (see Glossary) was much too variable to either help remanded men with their problems or to support the progression of sentenced prisoners (see paragraph 4.4).

6.11 Only 38 prisoners had been released on home detention curfew in the previous 12 months. This was partly because many prisoners reached their conditional release date as soon as they were sentenced, following periods on remand, and partly because anybody with over four weeks left to serve was typically transferred elsewhere (see paragraph 6.18).

Public protection

6.12 About 45% of the sentenced population was assessed as presenting a high risk of serious harm to others. The management of these cases was weak. Oversight and planning were severely hampered by extremely short timeframes between arrival and release. Of those scheduled for release in the three months following our inspection, two thirds had arrived in the preceding eight weeks. Bearing this in mind, we checked 10 other high-risk prisoners due for release who had been at the prison for longer and planning for this group was still poor. Only one prisoner's case had been reviewed at the multidisciplinary interdepartmental risk management meeting (IRMT) to put in place plans for release.

6.13 We randomly selected five prisoners approaching release who were subject to multi-agency public protection arrangements (MAPPA) and only two had confirmed management levels in place. The process for confirming management levels with community offender managers (COMs) was not good enough. Where the OMU had been asked to make contributions to MAPPA meetings, the quality was too mixed and the prisoner's behaviour in custody was too often simply described rather than analysed for relevant risks.

6.14 Two cases we checked illustrated critical weaknesses in risk management planning. One of the prisoners without a confirmed MAPPA management level was being released without accommodation at the end of the inspection week. His OASys report was five years old and did not reflect his recent, more serious, offending. As a consequence, he was still assessed as presenting a medium risk and his case had not been discussed at the IRMT.

6.15 Another prisoner was confirmed as requiring MAPPA level 3 management, supervision that is reserved for only the those presenting the highest risk. He was due for release the week after our visit. Managers had contributed to a recent MAPPA meeting about him, which was positive. However, the POM allocated to the case to support the community offender manager in putting in place arrangements for release was not a probation officer and his allocated worker had a very high caseload of about 120. His OASys report was out of date and did not reflect his most recent offence. There had not been a three-way handover meeting involving the POM, COM and the prisoner, and the first time the case was discussed at the IRMT was three days before release, which was too late to put in place robust risk management plans.

6.16 About 40 prisoners were subject to phone monitoring. There were not enough staff to listen to calls promptly and many of the logs were two weeks out of date.

6.17 Work to implement child contact restrictions was developing well. Staff in the mailroom and managing social visits showed a good awareness of restrictions and their implications. However, PACT staff responsible for booking visits had only just gained access to prisoners' records to check for the correct alerts.

Categorisation and transfers

6.18 Having often spent very long periods on remand, many prisoners were released very soon after sentencing without being able to complete any interventions or receive a sentence plan. If they had more than 28 days left to serve at the point of sentencing, they were typically moved to a nearby training prison, but these transfers were rarely informed by sentence plan targets.

6.19 About 130 prisoners were on a transfer hold. Many were peer workers, and while their remaining at Birmingham had helped to improve safety outcomes and bring stability, some of these prisoners now needed to have their cases reviewed so they could move on.

6.20 Since our last inspection, there had been good efforts to transfer prisoners convicted of sexual offences to prisons that delivered appropriate interventions. In the previous 12 months, 82 had moved to specialist establishments. However, during the inspection, there were still 65 who remained at Birmingham without receiving the necessary offending behaviour interventions. Many of them had disabilities and

managers faced significant challenges securing transfers to suitable prisons with adapted facilities.

Interventions

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

6.21 A small team ran the Thinking Skills Programme (TSP). It had been reintroduced despite short staffing and the redeployment of the two operational facilitators to other duties. The team was likely to deliver 46 completions against a target of 51 for the year. There were still no accredited programmes for the remaining prisoners convicted of sexual offences (see paragraph 6.20).

6.22 There was only a limited number of interventions to help those serving very short sentences to address their offending behaviour, which managers had identified in their needs analysis. The education department ran a Dealing with Problems course and 47 prisoners had completed it this year. The psychology team had introduced an in-cell workbook called Facing up to Conflict.

6.23 Help for prisoners with financial problems was reasonably good. A team from the Department for Work and Pensions was on site, although its access to prisoners and ability to implement improvements were limited (see paragraph 6.32). A Managing Personal Finance course was available, and 20 prisoners had completed it in the current academic year. Support to open bank accounts had been limited but a dedicated worker had just started. A worker from Citizens Advice was on site once a week and support with debt and money management was evident in the cases we reviewed. A specialist debt adviser visited regularly.

6.24 It was very challenging to find housing for prisoners on release. Unsentenced men were excluded from housing support and there was only one housing worker on site. The worker could not start planning for a prisoner's release until they had been sentenced and the COM had made a referral. Many prisoners were released straight from court or just weeks afterwards, and such tight deadlines meant it was very difficult to achieve positive outcomes. Prisoners often underwent last-minute housing assessments and frequently had to report to their local authority on the day of their release. Some of the prisoners we interviewed did not know what arrangements had been made for their release and were trying to secure their own accommodation. There was no reliable data to confirm how many prisoners were released to sustainable accommodation.

6.25 There was a good supply of supported accommodation in the city of Birmingham, but much of it was of very poor quality. Housing workers made sure prisoners from the West Midlands were only referred to the better providers that abided by the charter of rights, but outcomes for

prisoners from the Black Country were much less certain because they did not follow this referral route. A strategic housing specialist had started work in October 2022. She had reviewed the provision and had advanced plans to hold regular meetings with local authorities about prisoners who faced homelessness on 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.

6.26 Over 100 prisoners were released each month so demand for help was very high. Release planning was disjointed and poorly staffed. The pre-release team (PRT) was supposed to have six staff but only four officers were in post, one of whom was about to leave, and the manager was responsible for four other prisons. This made it impossible to focus sufficiently on the high number of releases.

6.27 It was not clear who reviewed prisoners' resettlement needs as they approached release. A pilot called Inside Out was meant to address deficiencies that had emerged in release planning since 2021. It involved peer workers interviewing prisoners about their outstanding needs prior to their release. However, it was inappropriate for them to obtain information about other prisoners' issues, such as restraining orders.

6.28 POMs were too stretched to have a good focus on high-risk release planning (see paragraph 6.15) and the PRT was similarly short-staffed. Overall, support as prisoners approached release was often provided reactively and too late to be fully effective.

6.29 Aside from peer workers, the Inside Out pilot showed promise, and the manager used a spreadsheet to coordinate the work carried out by resettlement agencies. However, they had encountered a lack of engagement from staff who refused to share information or attend a weekly meeting.

6.30 The employment hub was a positive initiative that brought resettlement agencies together in one building. However, prisoners could not reliably access it because the escorting officer was frequently redeployed.

6.31 A former prisoner working for New Leaf, a local charity, was based in reception, providing some help and directions to external agencies, but she had been unable to carry keys and visit prisoners on wings to prepare them for release.

6.32 Prisoners were meant to be able to complete and submit benefits claims from the visitor's centre as soon as they were released but few had done so. A probation officer was supposed to hold their first appointments with offenders in the centre, but a lack of staff in the community had prevented this from happening.

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

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 and first night procedures were good and prisoners were well supported on arrival. Too many prisoners felt unsafe. Levels of violence were exceptionally high and many incidents were serious. Many perpetrators of violence did not face sanctions and not enough was being done to make the prison safer. Too many adjudications were not proceeded with. Levels of use of force were relatively low in comparison to the amount of poor behaviour and managerial oversight was good. The regime on the segregation unit was poor. There was a lack of order and control on some wings. Drugs were easily available. There had been three self-inflicted deaths since the previous inspection, and a further three deaths likely to be linked to the misuse of new psychoactive substances. Prisoners at risk of suicide and self-harm were not well cared for. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

All steps, including consultation with prisoners, should be taken to understand and analyse the causes of violence and antisocial behaviour. Actions should be taken to reduce violence, and the effectiveness of these should be monitored over time.
Achieved

Perpetrators of violence and antisocial behaviour should be subject to appropriate administrative or disciplinary actions.
Achieved

The prison's drug supply and demand strategy should be further developed, to identify additional practical measures to stop the ingress of drugs and reduce demand more robustly. It should include measures to develop a culture that does not tolerate drug use and actively supports those who are using to stop.
Achieved

There should be a fundamental improvement in the quality of care for prisoners in distress. Those at risk of self-harm should be properly supported, and triggers such as poor living conditions and isolation should be addressed. The care of those most at risk under assessment, care in custody and teamwork (ACCT) procedures should focus on their assessed needs through a well-managed and effective casework approach.
Achieved

Recommendations

The delivery of induction should be monitored centrally, to ensure that all new arrivals have completed it.
Not achieved

All victims of violence and antisocial behaviour should be identified and assisted with comprehensive support plans which include access to regime activities.
Achieved

A regular adjudication standardisation process should be implemented to ensure adjudications are dealt with promptly and appropriately.
Achieved

Prisoners who are segregated, including those who are self-isolating, should be kept safe and have access to an adequate regime which safeguards their mental well-being.
Achieved

The safer custody meeting should analyse the reasons for self-harm (including acts of serious self-harm), monitor the actions taken and identify lessons learned.
Achieved

The Prisons and Probation Ombudsman death in custody action plan should be regularly monitored and action taken should be reviewed, to check that the recommendations have been thoroughly embedded.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, staff-prisoner relationships had deteriorated markedly. Many staff lacked confidence and did not exert appropriate authority or challenge blatant poor behaviour. Some staff ignored vulnerable prisoners being openly bullied. The prison was dirty, and many prisoners were living in exceptionally poor cells, some of which were not fit for habitation. Consultation arrangements were inconsistent, and applications were poorly administered. Some serious complaints were not adequately tracked or progressed. Equality and diversity were given insufficient priority and more needed to be done to meet the needs of prisoners with disabilities. The food provided was adequate, but some servery areas were filthy. Health and substance misuse services were reasonable overall but there were some significant gaps. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

Staff should be effectively supervised, coached and trained to maintain appropriate professional standards and provide a proper balance of care and control.
Partially achieved

All prisoners should live in decent, humane conditions.
Partially achieved

Recommendations
All cell bells should be answered within five minutes.
Not achieved

Matters, including allegations against staff, submitted through the confidential complaints system should be dealt with promptly, fairly and efficiently.
Not achieved

Equality and diversity should be given a higher priority within the establishment. The needs and treatment of prisoners from minority groups should be monitored, and action taken to ensure that their needs are met.
Achieved

Prisoners requiring a personal emergency evacuation plan should have one, and all staff having contact with prisoners should be aware of their responsibilities in relation to this procedure.
Achieved

All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff.
Not achieved

Prisoners should be able to complain easily, through a confidential, well-advertised health care complaints system.
Not achieved

There should be a whole-prison strategic approach to promoting health and well-being.
Not achieved

Condoms should be well advertised and easily available to all prisoners.
Not achieved

Smoking cessation services should meet the needs of those who require support.
Not achieved

There should be systematic care planning for, and monitoring of, all prisoners with life-long conditions.
Partially achieved

External hospital appointments should not be cancelled and custody escort arrangements should be adequate and effective to meet the health care needs of all prisoners.
Not achieved

All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems.
Achieved

Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines.
Not achieved

Substance misuse services should increase efforts to engage with prisoners who use new psychoactive substances, respond promptly to referrals, target interventions and explore the use of peer support as part of a prison-wide strategy to tackle the problem.
Achieved

The prison should ensure that there are there are sufficient, fit for purpose facilities for the unrestricted observation of prisoners during the initial five days of stabilisation.
Partially achieved

The in-possession policy should be adhered to and all medicines should be assessed individually.
Achieved

Prisoners in shared cells should be able to store medicines securely.
Partially achieved

Medicines should be prescribed and administered at clinically appropriate times to required professional standards.
Not achieved

There should be sufficient officer supervision to ensure privacy and reduce opportunities for bullying and diversion.
Not achieved

Health services staff should be able to administer a wider range of medicines without a prescription within a robust clinical framework.
Achieved

Room and drug refrigerator temperatures should be monitored effectively and prompt remedial action taken to ensure that medicines are stored at the correct temperature.
Achieved

Purposeful activity

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

At the last inspection, in 2018, the core day was complicated and unreliable. The amount of time unlocked was reasonable for a minority of prisoners but far too little for most. During the day, many prisoners were on the wings with nothing purposeful to do. Library and PE facilities were good but access was not adequately monitored. The provision of education, skills and work was poor. Too many prisoners did not have an education, work or training place and those who did often failed to attend. The quality of teaching and learning was inadequate. Too few prisoners completed their courses or achieved their qualification. Outcomes for prisoners were poor against this healthy prison test.

Key recommendation

All prisoners should have the opportunity to engage in education, training and work. All sentenced prisoners should be required to attend.
Achieved

Recommendations

All prisoners should have a decent regime, including access to learning and skills and work activities, daily association and exercise in the open air.
Not achieved

Data should be collected and analysed on library and gym use, to ensure equitable access and increase participation.
Achieved

Prison leaders and managers should implement an effective strategy that delivers an appropriate range of education, skills and work provision that meets the needs of all prisoners.
Partially achieved

Effective quality assurance measures should be introduced for the whole of the provision that lead to significant improvements and increased prisoner success in gaining qualifications and developing their skills.
Partially achieved

Prison managers should ensure that the process of allocating prisoners to activities is informed by the prisoner's career needs and aspirations, and take into consideration their existing English or mathematics skills, and that prisoners attend an induction to education, skills and work activities.
Partially achieved

Prison managers should ensure that all prisoners are purposefully employed when undertaking work.
Achieved

Prison leaders and managers should provide prisoners with effective pre-release preparation that includes appropriate arrangements for education and/or training applications and job searches.
Not achieved

Prison managers should improve the quality of teaching, learning and assessment of the education, skills and work activities.
Achieved

Education and prison managers should ensure that all prisoners receive a prompt assessment of their English and mathematics development needs.
Achieved

Prison managers should provide prisoners in workshops with appropriate support to enhance their English and/or mathematics skills.
Not achieved

Education managers should introduce comprehensive arrangements to identify and address fully the needs of prisoners with learning difficulties and/or disabilities, so that they can make the progress that they are capable of.
Achieved

Tutors and instructors should improve prisoners' social, personal, practical and work-related skills, as appropriate, by using effective identification, recording and assessment methods.
Not achieved

Tutors should improve the setting of prisoners' learning objectives to ensure the rapid development of employability, personal and social skills.
Achieved

Prison leaders and managers should prioritise prisoners' attendance at education, skills and work during the core day.
Partially achieved

Education tutors should consistently apply existing arrangements to minimise prisoners' self-elected absence from sessions.
Not achieved

Education tutors should routinely and effectively challenge all incidents of prisoners' inappropriate behaviour and conduct.
Achieved

Leaders and managers should ensure that a large proportion of prisoners complete and achieve their education qualifications.
Achieved

Prison and education managers should ensure that prisoners attending vocational training and work attain their potential in improving and further developing their English and mathematics skills.
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, visits provision was adequate. The strategic management of reducing reoffending was very weak. Too few prisoners had an up-to-date offender assessment system (OASys) assessment. Too many offender supervisors lacked the confidence and skills to undertake their role, particularly with high-risk offenders, and contact with prisoners was poor. Opportunities for progression were far too limited for the many sex offenders held at the prison. Public protection arrangements were very poor. Around 200 prisoners were released each month but their release planning was often weak. Some good support was provided for prisoners needing help with finance or finding accommodation, but only if their need was identified. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

The prison should implement a strategy to manage and progress sex offenders in order to address their offending behaviour. If they cannot be appropriately progressed, specific and sufficient offending behaviour work should be provided at Birmingham. The skills mix in the offender management unit should be improved, to reflect the need to work effectively with a large high-risk population.
Not achieved

Gaps and weaknesses in public protection arrangements should be identified and urgent remedial action should be taken to protect victims and potential victims.
Not achieved

Recommendations

The visits hall should be refurbished, to improve the experience for visitors and prisoners.
Achieved

Formal support should be available to assist in developing and maintaining positive relationships with families.
Not achieved

The prison should explore and address delays to the new national home detention curfew processes which prevent prisoners from being released early under this scheme.
Not achieved

The proportion of prisoners maintaining suitable and sustainable accommodation after release should be monitored.
Not achieved

All prisoners should have a comprehensive review of their resettlement plan, which should be completed well enough ahead of release to be fully effective.
Not achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 2021.

Reverse cohorting arrangements should be implemented correctly and safely.
No longer relevant

The prison should record incidents of violence and self-harm accurately and make sure this information is analysed and presented in a way that supports improvements in safety.
Achieved

Staff should interact with all prisoners regularly and meaningfully to make sure that their welfare is not deteriorating under the continued restrictions in their daily life.
Not achieved

Patients must be able to see the dentist or GP more quickly.
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 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.

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

This report

This report 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:

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Beverly Gray	Care Quality Commission inspector
Dave Everett	Ofsted inspector
Debbie Leach	Ofsted inspector
Bev Ramsell	Ofsted inspector
Martin Ward	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.

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.

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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