



Report on an unannounced inspection of

HMP Gartree

by HM Chief Inspector of Prisons

16–26 January 2023



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Introduction

Located near Market Harborough in Northamptonshire, Gartree is a category B training establishment and part of the prison service's long-term, high security estate. At the time of our inspection it was holding just under 600 adult men, nearly all of whom were serving indeterminate sentences and were assessed as presenting a significant risk of harm. The long duration of stays at the prison meant that the turnover of population was very low, with hardly anyone routinely released from the prison, although most progressed to lower category prisons over time.

Overall, this is a very encouraging report. At this inspection we found a well-led institution that continued to provide generally good outcomes for those detained. In our tests of a healthy prison, safety outcomes had improved and, along with outcomes in respect and rehabilitation and release planning, were now reasonably good. Only in purposeful activity were outcomes not sufficiently good, although even here, much of what we report is better than we have seen recently in similar establishments.

New arrivals were generally received well into the prison, and this was important in establishing credibility and good relationships as a first step toward working with some very serious offenders and helping them to settle and progress. This positive approach and culture was also evident in much better time out of cell than we usually see, reasonable arrangements for prisoner consultation and redress, and some very good staff-prisoner relationships. Most prisoners felt respected by staff and nearly all could name their key worker. Formal key work itself was generally good quality, although intermittent. Staff on the smaller units, such the psychologically informed planned environment (PIPE) unit, were knowledgeable and caring.

The improved safety of the prison was clear, despite a small increase in the number of recorded violent incidents, and six self-inflicted deaths since we last inspected in 2017. Recorded self-harm had fallen by 21% in recent times and was low compared with similar prisons. We found significant evidence of competence and capability in the management of behaviour and the promotion of safety, and this was also true of the promotion of equality, which was now being prioritised, and health care, which had improved since the last inspection.

The prison was showing its age and needed investment in the infrastructure; in the meantime, staff had not demanded better standards of cleanliness. Despite this, prisoners were generally positive about their living conditions. Time out of cell was good, but there were too few activity places, and attendance and punctuality at those activities that were available was not good enough. Our colleagues in Ofsted judged the overall effectiveness of provision of work, learning and skills as 'requires improvement'. Work to support offender management was generally satisfactory and the prison's approach was evolving to deal with the arrival of long-term prisoners earlier in their sentence. Engagement with case managers seemed to us to be appreciated by prisoners and work was supported by a range of interventions, not least the small number

of specialist communities providing good support for prisoners with more complex needs.

Leaders saw the purpose of Gartree as the stabilisation and settlement of prisoners into long-term custody, supporting them to be good citizens of the prison community. The vision was not without merit and was, to a great extent being achieved, although a more active regime would improve outcomes still further. Leadership from the governor down was visible, energetic and knowledgeable. Prisoners were treated as individuals, and we found many examples of good care.

Charlie Taylor

HM Chief Inspector of Prisons

March 2023

What needs to improve at HMP Gartree

During this inspection we identified 10 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

- 1.1 **The prison environment was poor, and the fabric of the buildings was in a state of disrepair.**
- 1.2 **Many communal areas were dirty.** Standards were not high enough and monitoring of day-to day-cleaning was not robust.
- 1.3 **Too many illicit items, including drugs, were entering the prison.** Although security measures had been improved, further action was needed to reduce supply.
- 1.4 **There were far too many interruptions to education, skills and work activities.** We evidenced poor attendance and delays in the completion and achievement of qualifications in education. Similar issues also undermined the efficiency and working ethos of workshops.
- 1.5 **There was insufficient support for prisoners with learning difficulties and disabilities and those with low reading ability.**
- 1.6 **The curriculum did not fully meet the needs of the prison population.**

Key concerns

- 1.7 **The care for patients with long term conditions was inconsistent.**
- 1.8 **The quality of learning and skills provision had not been improved promptly or effectively.** Leaders' improvement plans did not effectively identify and drive improvement and none of the recommendations from the previous inspection had been fully met.
- 1.9 **The collection and analysis of data were underdeveloped.** Data were not used well to evaluate the performance of education, skills and work.
- 1.10 **Too many OASys (offender assessment system) assessments were overdue.** Nearly 200 prisoners needed an assessment completed to inform their management and progression.

- 1.11 **Prisoners who were recategorised to category C were not being transferred to lower category prisons, delaying and restricting their opportunity to progress through their sentence.** There were over 100 category C prisoners at Gartree.

About HMP Gartree

Task of the prison/establishment

Category B training prison for adult men.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 594

Baseline certified normal capacity: 703

In-use certified normal capacity: 621

Operational capacity: 608

Population of the prison

- All prisoners were serving indeterminate sentences
- 94% of the population presented a high or very high risk of harm
- Only two prisoners had been released into the community in the last 12 months
- 38% of prisoners were from black or minority ethnic backgrounds
- There were 93 foreign national prisoners

Prison status (public or private) and key providers

Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Nottinghamshire Healthcare NHS Foundation Trust

Prison education framework provider: Milton Keynes College

Escort contractor: GEOAmey

Prison group/Department

Long Term High Security Estate

Prison Group Director

Gavin O'Malley

Brief history

Gartree opened in 1965 as a category C training prison but came within the high security system as a category B prison in 1992. In 1997, its role changed to that of a main life-sentenced prisoner centre. In 2017 it became part of the Prison Service's new long term high security estate, accommodating prisoners serving indeterminate and life sentences.

Short description of residential units

A, B, C and D wings: non-specialist units, mainstream prisoners.

G wing: induction unit and mainstream prisoners.

H wing: prisoners over 50 and the psychologically informed planned environment (PIPE) unit.

I wing: small wing FOR prisoners who might struggle in larger environments.

Therapeutic community (TC): 25-bed therapeutic unit for mainstream prisoners.

Therapeutic community plus: 12-bed unit operating the TC model for prisoners

with learning difficulties and/or disabilities.

Segregation unit: 11 bed unit for prisoners who have to live separately from the main population.

Name of governor and date in post

Babafemi Dada, November 2019

Changes of governor since the last inspection

Ali Barker and Michael Wood (job share) until November 2019

Independent Monitoring Board chair

Tim Norman

Date of last inspection

13–23 November 2017

Scrutiny visit: 22–30 September 2020

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 Gartree, we found that outcomes for prisoners were:

• reasonably good for safety

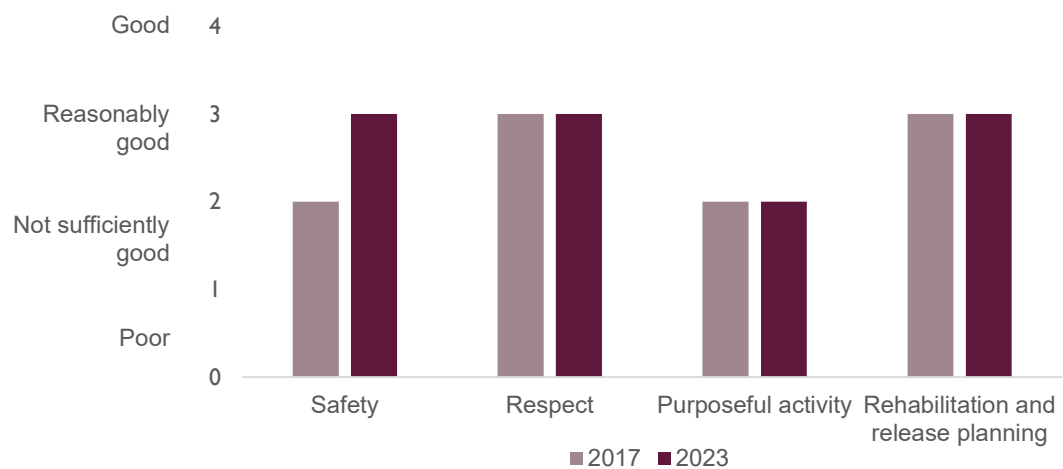
• reasonably good for respect

• not sufficiently good for purposeful activity

• reasonably good for rehabilitation and release planning.
- 1.3

We last inspected HMP Gartree in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Gartree healthy prison outcomes 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4

At our last inspection in 2017 we made 59 recommendations, four of which were about areas of key concern. The prison fully accepted 53 of the recommendations and partially (or subject to resources) accepted five. It rejected one of the recommendations.
- 1.5

At this inspection we found that three of our recommendations about areas of key concern had been achieved and one had been partially achieved. One of the two recommendations made in the area of safety had been achieved; the second had not been achieved. Both the recommendations made in the respect and purposeful activity areas had 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 September 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 six recommendations about areas of key concern. At this inspection we found that five of the recommendations had been achieved and one had not been achieved.

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 four examples of notable positive practice during this inspection.
- 1.10 A prisoner with a background in coding had been identified as having the right skill set to develop software that allowed prisoners to choose their meals at kiosks. This served as an excellent example of utilising a prisoner's learning and skills for the good of the community. (See paragraph 4.11.)
- 1.11 Investigations into allegations of discrimination were thorough and fair. They were all quality assured internally by the governor and externally by the Zahid Mubarek Trust, reflecting leaders' commitment to improving prisoners' confidence in the process. (See paragraph 4.25.)
- 1.12 An experienced learning disabilities nurse coordinated and delivered assessments, treatment and support for prisoners with neurodiverse needs. (See paragraph 4.30.)
- 1.13 The chaplaincy ran a scheme that fostered a sense of community and altruism by collecting donations from prisoners through the year to support those experiencing bereavement, for example through buying a wreath or creating a book of condolence. (See paragraph 4.34.)

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 governor of Gartree was visible and provided clear direction to his team. He was ably supported by an approachable and capable deputy governor and committed senior team. We also identified some very good first-line leadership, most notably the custodial managers in charge of safety.
- 2.3 National reconfiguration of the prison estate had created new challenges for Gartree as it now received long-term prisoners much earlier in their sentences. Leaders had risen to this challenge but still had work to do to manage the expectations of prisoners who were understandably focused on meeting the objectives on their sentence plan as early as possible.
- 2.4 Leaders asserted that the priority for the prison was to stabilise and settle prisoners into long-term custody, creating a community ethos where they were supported to be good citizens. However, to realise this vision, leaders needed to explain and promote it so that prisoners understood what to expect while at Gartree. In addition, to encourage prisoners to sign up to the vision, the prison community needed to function more effectively, purposefully occupying prisoners and inspiring them to take more pride in their environment.
- 2.5 We observed commitment and energy in the work to establish an inclusive culture. This was characterised by positive prisoner and staff relationships, supportive leadership and good time out of cell. Prisoners were treated as individuals and we found many examples of good care throughout the prison.
- 2.6 There was a need for greater collaboration with some partners to improve outcomes. The fabric of the prison was dilapidated and required greater and more speedy investment to improve working and living conditions, but locally more effort by residential leaders and the maintenance provider was also needed.
- 2.7 The senior team had good knowledge of the strengths and weaknesses in their functions. Data were used well to inform improvement plans in some areas, including safety where this had led to better outcomes. However, leaders had to make better use of data to help them improve the delivery of work and education, and to continue the advances made in work to promote equality.

- 2.8 The prison's self-assessment identified four important priorities, including the need to expand purposeful activity, improve safety, promote diversity and inclusion, and increase and upskill the workforce. We found evidence that prioritising these areas had led to some improvements.
- 2.9 The impact of major staffing shortfalls was currently mitigated by the temporary closure of one main unit for fire safety work and refurbishment. This, and an ambition to provide an effective regime, had enabled leaders to provide good time out of cell, the best we have seen in some time. Their next challenge was to make this time consistently more purposeful.

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 Gartree had few prisoner movements due to its function holding long-sentenced prisoners. There was an average of 12 new arrivals and around one court movement a month. During the two weeks of our inspection, there was only one new arrival. We were told that prisoners generally arrived with the correct information about their potential risks or vulnerabilities.
- 3.2 Support for prisoners in their early days was reasonably good. The responses in our prisoner survey were better than similar prisons in several areas, including treatment on arrival, feelings of safety on their first night, and the experience of induction.
- 3.3 Although the reception building was small it was adequate for the low number of arrivals. Holding rooms were welcoming and contained information and posters promoting the opportunities and supportive services at Gartree. Prisoners were also given a useful first night booklet to help them navigate services in the prison. Peer work was not readily available to support prisoners in their early days.



Holding room

- 3.4 Staff identified issues or vulnerabilities among new arrivals through interviews with the health care team and induction staff. Although we did not have an opportunity to observe the process, the prison informed us that all interviews were conducted in a private space, providing a safe opportunity for prisoners to disclose any concerns. Prisoners with a history of self-harm or who presented as particularly vulnerable were given extra support and monitoring through assessment, care in custody and teamwork (ACCT) case management. All new arrivals were checked every two hours during the night for their first 48 hours.
- 3.5 New arrivals only received a strip search or a full body scan following risk assessment, which was reasonable given that they had already been searched when leaving the sending prison. They were located to single cells in the designated induction wing, although these were not always fully prepared for occupation. We saw some cells with no curtains, toilet covers or mirrors and some with missing or broken furniture. Despite this, prisoners said that staff were welcoming and supportive, making good effort to source missing items, where possible.



First night cell

- 3.6 The daily time out of cell on the induction wing was better than we have seen elsewhere (see also paragraph 5.2), with prisoners unlocked for most of the core day. They received a detailed and useful information guide to Gartree, but it was not available in foreign languages. The formal induction programme was limited and focused mainly on provision in the learning and skills department, although it did include a brief introduction to all key departments. Completion of the induction programme was not monitored and there was no peer worker involvement.

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 Despite a reduction in population, there had been a slight increase in violence against both staff and prisoners since the last full inspection and the overall assault rate had trended upwards over the previous 12 months. However, rates of violence were still lower than at most similar prisons.
- 3.8 The governor had highlighted the reduction of violence as one of the key priorities in the prison's self-assessment report and there had been investment in staffing in the safety team to try to achieve this. Leaders

responsible for safety had learned from good practice in other prisons to improve the quality of work. For example, the custodial manager had introduced a regular meeting to triangulate data which identified all incidents of violence. This had led to appropriate action to reduce future occurrences. Leaders had identified that debt associated with the use of illicit substances was a key risk. Work to address this was supported by an improved weekly safety intervention meeting (SIM), which focused on prisoners with who presented current operational risks, and a strategic safety meeting, which examined emerging themes, trends and hotspots.

- 3.9 There was good multidisciplinary work and targeted support for prisoners with complex needs. This included good investigation into violent incidents and active use of challenge, support and intervention plans (CSIPs, see Glossary) to manage and support prisoners involved in violence.
- 3.10 The safety team had introduced an effective quality assurance database to make sure that decision-making following referral to CSIP was prompt and tailored to individual need. This enabled support to be consistent and a focus on the individual. Ownership and daily management of CSIP was completed by residential staff who had greater contact with prisoners. Leaders had provided practical CSIP awareness training for both staff and prisoners, which promoted and encouraged an effective use of the process.
- 3.11 Procedures to identify and support the small number of prisoners self-isolating had improved and staff made sure that they received an adequate regime. Leaders also made appropriate use of the smallest residential area (I wing) to keep safe and support individual prisoners with complex needs who benefited from living in a smaller community. These prisoners might otherwise have ended up in segregation or self-isolating on bigger wings.
- 3.12 A positive culture, ample time out of cell and individualised support motivated most prisoners to behave well at Gartree. The prison also operated the formal HMPPS incentives scheme which, despite offering limited rewards, was used to good effect. Very few prisoners were on the basic level of privileges. We saw some very good work by residential custodial managers who incentivised prisoners by setting individualised targets relevant to the individual, rather than adhering rigidly to a generic system.

Adjudications

- 3.13 The number of adjudications had increased appreciably since the last inspection with just over 2,000 charges during the previous 12 months compared to around 1,500 at our last visit. Most charges were for the possession of illicit items.
- 3.14 The deputy governor had good oversight of the process, which included regular quality assurance and monthly data analysis.

- 3.15 Leaders had also formulated an action plan to address the high number of adjourned charges, ensuring that adjudicating governors were accountable for hearings they had opened to support consistency. At the time of the inspection, there were 160 adjourned charges, including 70 referred to the police; while this was high, it had reduced from over 200 since the plan was introduced in November 2022.
- 3.16 The hearings that we reviewed were mostly fair, and issues that we identified, such as procedural errors or a lack of enquiry, were consistent with the findings in the prison's own quality assurance checks.

Use of force

- 3.17 Despite the reduction in population, there had been an increase in the use of force since the last inspection, from approximately 180 incidents a year to 231. Less than half the recorded incidents, however, escalated to full restraint; the remainder involved either the application of ratchet-bar handcuffs or the use of guiding holds. In the cases that we examined, staff demonstrated good de-escalation and applied control and restraint techniques appropriately to ensure the safety of staff and prisoners.
- 3.18 Documentation on the use of force was completed promptly, with a minimal backlog, and most of the records we reviewed evidenced reasonable and justified use.
- 3.19 The prison had introduced PAVA incapacitant spray (see Glossary). In the last 12 months, PAVA had been drawn on four occasions and used in three. There had also been four incidents where batons were drawn but not subsequently used.
- 3.20 The governance and oversight of the use of force was robust. The deputy governor reviewed all uses of PAVA and batons and took action when needed. The monthly, well-attended multidisciplinary use of force meeting reviewed a sample of 10% of incidents, plus any other incidents raised by staff and managers, or as a complaint by prisoners. Attendees also conducted a useful analysis of data that helped leaders to understand the drivers of individual incidents. More could be done, however, to understand the rise in the use force over a longer period.
- 3.21 The use of body-worn cameras was better than we usually see, but further encouragement was needed to make sure all incidents were recorded in full. It was very positive that there had been no use of special accommodation in the last 12 months.

Segregation

- 3.22 The segregation unit comprised 11 cells, of which around eight were in use. As we reported at both our last full inspection and the scrutiny visit in 2020, the unit remained consistently full and, as a result, prisoners were often also segregated on residential units. At the time of our visit, five prisoners were segregated on main location and, while they all

received a daily regime, this was often to the detriment of other prisoners. For example, prisoners on A wing told us that they were often unlocked late or held behind gates to facilitate the regime of those who were segregated on the landing.

- 3.23 Most staff in the segregation unit treated prisoners with respect, and this was reflected in our survey findings and conversations with segregated prisoners. However, during the inspection, we found one example of an unlawful punishment being applied to prisoners in segregation; staff had removed access to showers and daily exercise without appropriate justification and authority. Staff suggested that such action had also been taken on other occasions, but this was rectified promptly when raised with leaders.
- 3.24 The main segregation unit was in need of renovation. The shower area remained in a poor state of repair, cells were worn and ceiling were mouldy, despite some recent repainting. The caged exercise yards were stark with nothing to occupy prisoners who had to exercise in isolation regardless of their individual risk assessment.



Segregation shower

- 3.25 The introduction of in-cell telephones in the segregation unit supported family contact, but the benefit in time saved had not led to improvements to other aspects of daily life in the unit. The very basic daily regime consisted of a shower and just 30 minutes open-air exercise. As there was no servery, meals were taken to cell doors, which further restricted time out of cell and interaction with staff and peers. A small number of segregated prisoners had completed offending behaviour programmes or engaged with in-cell work.

- 3.26 The daily management and strategic oversight of segregation had moved to the safer custody function. The psychology team also provided valuable support, advice and guidance to staff and prisoners in segregation, which included individual plans to understand prisoners' behaviour and care plans to encourage reintegration to normal location. Regular group and one-to-one supervision were also in place to help staff manage the most challenging prisoners.
- 3.27 Although segregation staff continued to collate a range of data, there had been no segregation management oversight meeting for over 12 months to make use of this or to identify patterns or areas of concern. This was despite the prison's self-assessment report statement that there was regular governance 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.

- 3.28 Security measures generally enabled the delivery of a busy regime and prisoners had appropriate freedom to go about their daily activities. However, there were a few disproportionate measures, such as prohibiting personal items that were allowed in similar or higher security prisons, which frustrated many prisoners. We also found that residential staff did not permit equality peer workers to leave their own unit to provide support across the prison (see paragraph 4.22), even though there were no formal restrictions on this from the security team.
- 3.29 The supply of illicit items, including drugs and mobile phones, had been identified as a significant threat to the prison. Active intelligence management led to regular and substantial drug and alcohol finds. Prisoners we spoke to confirmed that they could easily access illicit substances; this had led some prisoners to build large debts and be at risk of violence.
- 3.30 Mandatory drug testing had recommenced in June 2022, with a positive test rate of 13%. It was difficult to measure this against other prisons as not all had restarted mandatory testing at the same time following the lifting of COVID restrictions. Despite the use of drugs being a key threat, fewer than half of requested suspicion-based tests were completed; of the suspicion tests that were carried out, 31% produced a positive result.
- 3.31 Leaders had taken some appropriate steps to disrupt the supply of drugs into the prison, including prompt analysis of security intelligence at a monthly tactical meeting. The prison's dedicated search team used a body scanner and search dogs efficiently in response to intelligence-led search requests. One dog had been trained to recognise illegally

brewed alcohol; staff estimated that 200 litres were discovered each month, with a value in prison of about £80 per litre.

- 3.32 Organised crime gangs used domestic drones to convey drugs into the prison. Leaders were in regular dialogue with the East Midlands Special Operations Unit, (a collaborative unit of officers and staff from Derbyshire, Leicestershire, Lincolnshire, Northamptonshire and Nottinghamshire police forces), but there had been no dedicated police intelligence officer at the prison for several months. HMPPS had provided funding to enhance gate security and the searching of staff and visitors to the prison, but the impact was limited by a lack of suitable X-ray machines and predictable searching times.
- 3.33 The prison had received support from the HMPPS drug diagnostic team who assessed risks and provided advice to limit the supply of drugs. Delivery of the prison's supply reduction strategy was monitored through a monthly drug strategy meeting that also considered a range of data and themes. The strategy included an action plan, but many actions took too long to resolve, which limited its effectiveness.

Safeguarding

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

Suicide and self-harm prevention

- 3.34 There had been six self-inflicted deaths since our last inspection in 2017. The prison maintained good oversight of recommendations from the Prisons and Probation Ombudsman (PPO) investigations into these, which were drawn up into an action plan. Two deaths had taken place in late 2022, and while a robust and detailed early learning review was conducted for one of these, there was no equivalent for the second case.
- 3.35 The recorded rates of self-harm had reduced by 21% since 2017, and in the previous 12 months there had been 262 reported incidents involving 54 prisoners, which was low compared with similar prisons. The use of constant supervision had reduced significantly.
- 3.36 The safer custody team was small but effective, despite frequent changes in the role of head of safety. The team, and particularly the custodial manager provided good support and guidance to staff and prisoners, and had helped to improve the day-to-day safety at Gartree.
- 3.37 Useful data was collated and analysed, providing leaders with valuable information on trends and drivers of self-harm, which was discussed at monthly safety meetings. The weekly SIM was effective,

multidisciplinary and well-attended, evidencing good oversight for the more vulnerable prisoners. All serious incidents were investigated.

- 3.38 Delivery of the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm had improved but was inconsistent in quality. Prisoners on ACCTs reported variable levels of day-to-day care. Care maps were weak and issues raised in reviews were not always added to plans. Daily summaries of staff interactions with prisoners were not always recorded and sections of the ACCT were sometimes incomplete. However, Gartree had implemented robust quality assurance processes and this, coupled with a commitment to improve outcomes, were slowly driving improvements.
- 3.39 There were currently only five Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), not enough for the population. Consequently, the service had been suspended during the night to enable Listeners to take a break from the rota. Prisoners in crisis at night were expected to contact the Samaritans instead, although we were told by a number of prisoners that this was not always possible; leaders should resolve this at the earliest opportunity. There was only one Listener suite and the other rooms used did not always offer privacy. The Listeners felt well supported by the safer custody team and the Samaritans, but did not feel valued by wing staff.

Protection of adults at risk (see Glossary)

- 3.40 A local safeguarding strategy provided guidance on how to support a prisoner at risk of abuse and neglect, including making a referral to adult social services. Not all staff and managers were aware of the details of the policy and there had been no specific training to improve understanding of how to identify and support prisoners at risk. Most staff said they would report any concerns to the safer custody team but, due to the lack of training and awareness in this area, we were not confident that they were equipped to identify the warning signs and take relevant action.
- 3.41 There were no links with the local safeguarding adults boards, and no evidence that expert advice had been sought.

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 Relationships between staff and prisoners were generally good. In our prisoner survey, an impressive 85% said that staff treated them with respect compared with 64% in similar prisons. Fifty-three per cent of prisoners said that a member of staff had asked them how they were getting on, against the comparator of 27% and the response of 25% at our previous inspection. On the larger wings, most staff were friendly and approachable, although interactions were usually brief and mainly responses to specific needs or requests.
- 4.2 There was often a limited staff presence on the upper residential landings on some of the larger wings in the A, C and D units and, as a consequence, poor supervision of prisoners. Even when staff were present in these areas, we saw that they did not always challenge low-level poor behaviour by prisoners.
- 4.3 On the smaller and specialist units, staff clearly knew the prisoners well and we observed many excellent interactions and examples of care. Staff on I wing, a facility used for prisoners who did not cope well in the larger units, were adept at working with what were often complex prisoners. They had successfully managed to encourage several prisoners who had previously self-isolated out of their cells to engage in activities on the wing.
- 4.4 In our survey, 99% of prisoners said that they had a named officer (key worker, see Glossary), of whom 68% said they were helpful, compared with only 51% in similar prisons. Prisoners we spoke to were generally positive about the key worker scheme and their assigned key worker. In our review of prisoners' electronic key working records, staff entries were generally thorough and most evidenced good interactions. Although sessions were due to take place every fortnight, in the previous year most prisoners had seen their key worker only once a month (see paragraph 6.16).
- 4.5 There were peer workers in roles such as Listeners, education mentors and prisoner information desk workers, but there was scope to expand and improve this provision. The prison was piloting a new peer work initiative on two wings. This involved a team of wing representatives working in coordination to support prisoners in relation to progression, well-being and social activities.

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 In our survey, prisoners were far more positive about their living conditions than in similar prisons. Almost all lived in single cells, which were generally well maintained, although some needed redecoration. Most cells were well equipped, and many prisoners had personalised their living spaces. However, as at our previous inspection, many in-cell toilets lacked privacy screening, and some cells had broken furniture, missing toilet seats and no curtains.
- 4.7 The residential building where most wings were located was worn and many areas needed refurbishment and/or redecoration. The showers on some house blocks – notably A, C and F – were in a very poor condition. Some of the showers on H wing were infested with small flies which had been an ongoing problem for several years without being addressed. Funding to repair and refurbish most of the worst showers had been approved, but the work had been slow to be delivered.



A wing showers

- 4.8 Many of the communal areas used by prisoners were dirty. Problems with access to cleaning products contributed to this, but many areas in fact required a deep clean. A great deal of litter was thrown from cell

windows during the day, and particularly the evening, although this was usually cleaned up by work parties in the morning. We noted sheets tangled up in barbed wire outside of the units.

- 4.9 Leaders had not set sufficiently high standards for cleanliness in communal and external areas, and as a result, staff supervising cleaners did not insist on better outcomes from them. More visible leadership was needed to prioritise this work.
- 4.10 The prison had imposed an almost total prohibition on prisoners receiving clothing parcels, citing security concerns and resource constraints. The only option for prisoners was to buy from a catalogue, although not all had the money to do this, or failing that, wear prison-issue clothing from the very limited stocks on the wings.

Residential services

- 4.11 In our survey, 51% of prisoners said that the food at the prison was good, compared with only 31% at comparator prisons. Forty-five per cent said they got enough to eat at mealtimes, against the comparator of 33% and the response of 30% when we last inspected. We found that the food was of reasonable quality and quantity. Prisoners could choose their food up to three weeks in advance at consoles on the wings. These consoles were running software that had been developed by a prisoner, which was an excellent innovation. There was regular consultation with prisoners about the menu through food forums.
- 4.12 Sixteen prisoners were working in the main kitchen, which was clean and tidy. However, the heating was broken and it was very cold when we inspected, which was challenging for both staff and prisoners working there. We observed good separation of halal, vegetarian and other food.
- 4.13 Some trolleys taking food to the wings needed replacement. The cleanliness of food serveries on the wings varied. One servery on G wing had broken down and there had been a delay in installing its replacement, and meals were being served directly from the trolley. Across all serveries, there was a failure to apply appropriate hygiene and food safety standards, including the requirement to check the temperature of food before it was served. Supervision of food serving varied between wings and not all servery staff were wearing kitchen whites.
- 4.14 All wings had facilities where prisoners could prepare their own food with a range of equipment such as fridges, microwaves, grills and air fryers. Although these were much valued facilities, the areas were dirty, which raised concerns about hygiene risks.



Self-catering kitchen

- 4.15 The prison shop provision was reasonable. The items for purchase were on a much-photocopied list that was not always legible. Many items had recently increased in price while wage rates had stayed the same and many prisoners were not able to afford all the items that they needed.
- 4.16 Prisoners could shop from a limited range of catalogues. Most of these were only available online which meant that they would have to be printed out from the internet or viewed on computers in the wing office, which was not ideal. Positively, there was an initiative to adapt the food-ordering consoles (see paragraph 4.11) to also include shop and catalogue purchases.

Prisoner consultation, applications and redress

- 4.17 In our survey, more prisoners than at comparable establishments said they were consulted about things like food, canteen, health care or wing issues. The prison council remained an effective and consistent means of consultation with prisoners. Representatives from each wing were elected by their peers and attended monthly meetings chaired by the governor. The reps we spoke to felt that the governor and senior leadership team listened to and acted upon the issues they raised, and the meeting minutes we reviewed showed that appropriate actions were identified and followed up or addressed at the next meeting. Minutes were also published each month in the prisoner-produced *Grapevine* magazine, with copies available on all wings.
- 4.18 Oversight of the complaints process had improved and was now reasonable. However, prisoners' perceptions of the timeliness of responses remained poor. While the prison's own records showed that

over 90% of complaints were responded to on time, this did not include a breakdown of how many were interim holding responses, with the timeliness of substantive responses not monitored. In the complaints paperwork we reviewed, responses were generally good, and quality assurance processes picked up and addressed poor practice. However, in our survey, more prisoners from a black and minority ethnic background than white prisoners (43% compared with 17%) said that they had been prevented from making a complaint, and only 18% of Muslim prisoners said their complaints were dealt with fairly, compared with 45% of non-Muslims. Leaders needed to investigate this.

- 4.19 Good time out of cell (see paragraph 5.1) and approachable staff (see paragraph 4.1) enabled prisoners to resolve many day-to-day issues informally. The management and oversight of the applications process remained weak; although they were logged, the timeliness of responses was poor and not monitored, and there was no quality assurance in place.
- 4.20 Legal visits were available only on Wednesday mornings and were still held in the main visits hall, which lacked privacy, although this was mitigated by the low uptake, which allowed greater space between tables. There was no court video-link facility at Gartree, but the few prisoners who required this could use the video-link at nearby HMP Leicester.

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

- 4.21 Leaders had prioritised the promotion of equality and diversity over the past year, and the efforts of a new equality manager to rebuild this previously neglected area were supported by the commitment and involvement of the senior leadership team. The respectful culture of the prison and staff knowledge of prisoners and their individual needs supported work to improve fairness and equality throughout the establishment.
- 4.22 Equality representatives had been recruited for each wing, and they met regularly with the equality lead. They were enthusiastic about their role but felt that it was not given enough prominence. We noted that the roles were unpaid, the reps were not easily identifiable to other prisoners on their wings (such as through distinctive T-shirts), and

meeting minutes were not action focused. Although each rep also had nominal responsibility for a protected characteristic, this work was hindered by their inability to leave their own wings to meet prisoners from those groups (see paragraph 3.29).

- 4.23 The governor chaired a regular equality meeting, and it was positive that some external agencies had been represented at recent meetings. A very wide range of data was presented but did not cover a long enough time period to be useful. As a result, some longstanding disparate outcomes identified in data had not been investigated further – for example, the disproportionate number of black prisoners on the basic level of the incentives scheme. Senior leaders had, however, undertaken some ad-hoc work to identify disproportionate outcomes, for example in strip searching during visits.
- 4.24 Some focus groups with prisoners from protected characteristics had resumed, led by senior management team members with assigned responsibility for that area. However, the process was yet to be fully embedded, and we saw little evidence of action taken to improve outcomes as a result of gaining a better understanding of protected groups.
- 4.25 In the previous six months, the prison had received 50 complaints about discrimination. In those we sampled, investigations were thorough and fair. All were quality assured internally by the governor and externally by the Zahid Mubarek Trust (see Glossary), reflecting leaders' commitment to improving prisoners' confidence in the process.

Protected characteristics

- 4.26 More than a third of the population, 36%, identified as black or minority ethnic and 20% as Muslim. In our survey, these groups reported similar perceptions to white and non-Muslim prisoners in most areas. However, there were differences in experiences of the applications and complaints processes (see paragraph 4.18), and black and minority ethnic prisoners were less likely than white prisoners to say that there was a member of staff they could turn to, or that they had received help with their mental health at the prison.
- 4.27 The 93 foreign national prisoners, representing 16% of the population, were reasonably well-supported. A Home Office official held regular surgeries at the prison. We saw good joint working between the equality department and the offender management unit (OMU) to make sure that one prisoner received appropriate support daily, as well as longer term help with his progression and immigration status. Key materials were available for staff to print off in some of the most commonly spoken languages in the prison, and we saw evidence that professional telephone interpreting had been used occasionally in the previous six months.
- 4.28 Support for prisoners with physical disabilities was reasonably good, although there were some exceptions. There were four wheelchair-accessible cells and reasonable adjustments, such as grab rails, were

provided promptly for those who required them (see paragraph 4.58). Some prisoners were being trained by the local authority adult social care department to act as 'buddies' to assist the daily care of other prisoners, with the equality manager having oversight of the process; this was a notable improvement on our last visit.

- 4.29 There remained a dedicated wing for older prisoners, where they could access a small range of age-appropriate activities, including special gym sessions.
- 4.30 Leaders had identified that the provision for younger prisoners and those with non-visible disabilities and/or learning disabilities or difficulties (LDD) was a weakness (see paragraph 5.19), and had some plans to make improvements in these areas. A neurodiversity nurse practitioner had recently taken up post as part of a national HMPPS initiative and a neurodiversity manager was being recruited (see paragraph 4.63). Leaders were also using input from the psychology department to begin implementing standards and practices set out in the national long term high security estate strategy for young adults.
- 4.31 The two transgender prisoners in the prison at the time of our inspection reported feeling supported and respected by managers and staff on their wings. Although they had both experienced difficulties accessing appropriate health care and ordering clothing items, there had been a recent improvement in both areas.

Faith and religion

- 4.32 Faith provision remained very good. In our survey, 87% of prisoners said they could attend religious services weekly. There were chaplains for all major faiths, although there had been difficulties in recruiting Buddhist and Rastafarian chaplains.
- 4.33 The chaplaincy was respected by staff and prisoners alike, and well-integrated into all areas of prison life, where they continued to provide good pastoral care for prisoners. A duty chaplain saw all new arrivals and visited segregated prisoners daily, and those subject to ACCT case management at least weekly.
- 4.34 The support provided to recently bereaved prisoners was particularly good. As well as facilitating video attendance at funerals for prisoners, the chaplaincy collected donations from prisoners throughout the year that could be used to buy a wreath or book of condolence for prisoners or their families; this fostered a sense of community and altruism.

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

- 4.36 NHS England contracted Nottinghamshire Healthcare NHS Foundation Trust to provide an integrated health service, and managed the contract through quarterly contract review meetings and monthly quality and performance meetings. The trust led health provision at the prison and subcontracted GP and dental services. A recent health needs analysis had made several useful recommendations for practice. Partnership arrangements were effective, and the provider had strong links with prison leaders and key stakeholders. Local and regional clinical governance and quality improvement meetings took place regularly and informed clinical practice.
- 4.37 Health services had improved since the last inspection and were well-led. In our survey, 49% of respondents said the quality of health care was good compared with only 20% at the last inspection. Clinical pathways were underpinned by an annual plan overseen and regularly reviewed by experienced clinical matrons.
- 4.38 Despite targeted recruitment and retention actions, health services had 32% of vacancies unfilled. Regular agency staff provided backfill. Despite the trust's efforts in successfully recruiting several nurses from overseas, obstacles with prison vetting were preventing them from working, and this required resolution.
- 4.39 Mandatory training compliance was good, and the majority of staff had had an appraisal within the previous 12 months. Issues with the recording of clinical supervision meant figures were not accurate, but the provider was sighted on this and there were plans to address this. Staff we spoke to felt supported and valued.
- 4.40 Clinical rooms in health care were in a poor condition and required urgent refurbishment to meet infection prevention and control standards.
- 4.41 There was good oversight of reported clinical incidents and lessons learned were shared with clinical staff. We also saw that health-related actions arising from Prisons and Probation Ombudsman death in custody reports (see paragraph 3.34) had been implemented and were tracked and monitored.

- 4.42 Health care complaints were managed well. The responses we sampled were respectful, addressed the matter raised and explained the escalation process if the patient remained dissatisfied.
- 4.43 Strategically placed emergency resuscitation equipment was easily accessible around the prison and contained the required kit, which was regularly checked by clinical staff.

Promoting health and well-being

- 4.44 There was no prison-wide health promotion strategy, which was a missed opportunity to educate and empower patients to improve their health and well-being.
- 4.45 Health promotion material was visible across the prison although only in English, which created a barrier for patients without this as a first language. Some notice boards had multiple posters but these were not in an easy-read format, which restricted accessibility for those with limited literacy.
- 4.46 There were no health champions, which was a missed opportunity to develop peer support.
- 4.47 NHS screening programmes were delivered appropriately and any delays were well managed. Prisoners saw the GP for sexual health care and there was a visiting consultant for more complex care. Prisoners had access to COVID-19 and flu vaccinations and health staff actively promoted uptake, but there were long waiting lists for hepatitis B immunisation.

Primary care and inpatient services

- 4.48 All new arrivals received a health assessment screen to determine any urgent medical need and were referred on to specialist services appropriately. Reception screening also offered point of contact testing for hepatitis B and C, and those who tested positive were followed up promptly for further assessment, which was positive. A secondary comprehensive assessment was due within seven days of arrival but attendance was not always achieved in this timescale and follow up was not always consistent, which had the potential to miss patient needs.
- 4.49 Staff shortages in primary care meant certain services had to be prioritised, but patients received safe and effective care. Staff knew the patients well and we observed kind, caring and respectful interactions.
- 4.50 A wide range of primary care services were available and there was 24-hour nurse cover. GPs attended three days a week and an advance care practitioner meant that patient had good access to appointments and care. Patients with an urgent need were seen on the same day, which was good.
- 4.51 'Did not attend' rates for primary care service were variable but there was no consistent approach to follow up and rebooking of

appointments, and health care staff did not use in-cell telephones to communicate directly with the patient and follow up their non-attendance.

- 4.52 Waiting times for physiotherapy, podiatry and the optician had been addressed and waiting lists were less than 20 patients, which was good.
- 4.53 Governance and oversight of the care of patients with long-term conditions was not robust and reviews were not timely. We reviewed clinical records and noted that the care of patients with long-term conditions was inconsistent. Care plans ranged from generic to comprehensive, and none demonstrated that they had been written with the input of the patient, consequently they did not meet the guidance. We raised this concern and were given assurance that all outstanding patient assessments had been identified and appointments made.
- 4.54 Four external appointments a day could be scheduled and we were advised that this was sufficient for the need. Patients who needed urgent treatment were prioritised. The administrative team monitored external hospital appointments to make sure that no one missed them and that any cancellations or rearrangements were managed effectively.
- 4.55 Patients were not routinely told if an appointment, either internal or external, had been cancelled or rearranged, which was not best practice.
- 4.56 Prior to transfer, patients received a pre-release assessment and their medication was placed in a sealed bag, which was good practice.

Social care

- 4.57 A reviewed and updated memorandum of understanding between the local authority, the health care provider and the prison identified key responsibilities and described how social care needs would be identified and addressed.
- 4.58 There was close collaboration between the prison and health care department with regular monitoring of prisoners with health vulnerabilities. This helped make sure that additional support requirements were identified promptly. Formal requests to the local authority for assessment were completed and we saw evidence of appropriate in-cell adaptations to support individuals.
- 4.59 Staff screened prisoners on arrival and made referrals to the local authority, if necessary, for further assessment of need. Dedicated social care staff responded promptly to referrals. At the time of the inspection, five prisoners were in receipt of a personal care package.
- 4.60 No buddy system had been established on the wings. Potential buddies were awaiting training by the local authority but working practicalities were yet to be agreed (see paragraph 4.28).

Mental health care

- 4.61 Mental health services had improved since the last inspection. The service was well led and there was effective oversight of care and associated governance.
- 4.62 New arrivals were screened to identify any mental health need, and there was enhanced monitoring and support for those arriving with an increased risk of suicide.
- 4.63 The team delivered a seven-day service and patients now had access to a wide range of treatments and therapies in line with evidence-based practice, including psychological therapies and NHS talking therapies. The addition of a neurodiversity practitioner was ensuring that patients with identified needs could now access assessment, support and necessary treatment for their condition; this was a notable development.
- 4.64 The team received around 20 referrals a month and saw all non-urgent cases within five days and urgent cases within 48 hours, but usually the same day.
- 4.65 Twice-weekly multidisciplinary referral meetings provided oversight of the team's caseload and ensured that patients received the most appropriate care. A daily duty worker made sure there was good access for patients experiencing a mental health crisis and they also attended all initial ACCT reviews. Mental health staff visited prisoners in segregation daily. Arrangements for patients to see a psychiatrist were responsive.
- 4.66 The clinical records showed that patients were in receipt of care plans that were regularly reviewed, and we were satisfied that there were necessary arrangements to make sure that annual physical health monitoring was offered, in line with best practice.
- 4.67 Although there was currently no formal mental training for prison officers, there were plans to introduce this. All the prison officers we spoke to were complimentary about the mental health team and knew how to refer prisoners for whom they had concerns.
- 4.68 We were told that mental health staff struggled to see patients in sufficiently confidential and therapeutic spaces, often having to resort to using inappropriate rooms on wings. As the service continued to expand, this required resolution with the prison. There had been little progress in the proposal for a well-being centre in the prison.
- 4.69 In the previous 12 months, two patients had required transfer to specialist mental health services under the Mental Health Act; one took place promptly within national guidelines and the other only slightly outside guidelines.

Substance misuse treatment

- 4.70 Staff assessed the needs of all prisoners during their initial screening and added those requiring treatment to the caseload. Staff and patients developed individual recovery plans and updated them as required. Recovery plans reflected the assessed needs, were recovery-oriented and updated by staff when appropriate.
- 4.71 The service provided integrated person-centred care pathways with other service providers, for prisoners with multiple or complex substance misuse needs. Staff assessed and managed risks to prisoners and themselves. There were risk management plans for all prisoners and staff responded promptly to sudden decline in a prisoner's recovery.
- 4.72 Prisoners could access services easily. Referrals could be made on reception, through wing-based applications, clinical referral or face to face. Staff assessed and treated prisoners who required urgent care promptly and they were seen by an allocated team member.
- 4.73 The service consisted of a range of staff including team leaders, administration, recovery workers, recovery practitioners, a nurse prescriber and doctor. Staff had a mixed caseload of between 15 and 20 patients, which the team leaders closely monitored.
- 4.74 Service provision had been affected by a lack of space. This meant that patients were unable to access valuable group work or sessions to strengthen their recovery. However, group work was now being facilitated again in the department's original room.
- 4.75 There were 29 patients on reducing or maintenance doses of methadone, with 11 on long-acting buprenorphine injection, and all patients received regular clinical reviews. Psychosocial support consisted of a mix of in-cell work, one-to-one and telephone support. New face-to-face group courses were due to be delivered from March 2023 in the new group room.
- 4.76 Staff and prisoner relationships were respectful and meaningful. Staff had clearly built effective and trusting relationships with the prisoners on their caseloads. This helped empower and motivate prisoners to achieve a substance-free lifestyle.
- 4.77 Care plans were person-centred with achievable and realistic objectives, which were reviewed and updated regularly. Thirteen-week reviews were up to date and notes from these showed that patients were able to voice their concerns or worries about their current level of opiate substitution therapy maintenance or reduction.

Medicines optimisation and pharmacy services

- 4.78 Medicines were supplied by an external pharmacy promptly; most were patient-named with appropriate labelling and a dispensing audit trail.
- 4.79 Medicines administration was led by nurses with support by pharmacy technicians from two treatment rooms twice a day, with provision for night-time medicines if necessary. Patients were given simple advice about their medicines by the pharmacy technicians at the medicines hatch. There were procedures for patients who missed medicines, but it was not clear if all staff always followed them. Hatches were suitably managed by prison officers, but they provided limited confidentiality. Nursing staff took medicines to the segregation unit and to people on the residential wings in an unlockable container during movement. This was unsafe and rectified by the provider during the inspection.
- 4.80 Prescribing and administration were recorded on the electronic patient record, SystmOne. In-possession risk assessments were appropriate. Data showed that 88% of prisoners on medication were prescribed them to have in possession. The pharmacy team encouraged reviews with the aim of increasing the quantity and length of in-possession medicines. But some patients whose risk assessment indicated they could receive full in-possession medicines were still receiving seven days at a time instead of 28 days. Patients who received medicines in possession had their medicines ordered automatically, which denied them the opportunity to learn how to manage their own medicines.
- 4.81 The pharmacy opened potentially tradable pregabalin and gabapentin capsules and dispersed them in water before administering them to patients. This policy had been introduced to reduce the risk of diversion of these medicines, but this had not been reviewed for several years. It was unclear if patients were advised that this was an unlicensed preparation of the medicine.
- 4.82 A pharmacist was in the prison for three days a week to support the health care team. Although he carried out medicine reviews for some patients, he did not clinically screen prescriptions routinely and there were no pharmacist-led clinics.
- 4.83 There was provision to supply medicines without the need to see a doctor, but the team did not fully utilise this. There was a process for managing access to the out-of-hours medicines cupboard. Medicines were provided for patients being transferred or released.
- 4.84 There was good medicines management on the wings with regular audits for stock medicines. However, the witness signed the controlled drugs register at the end of the session rather than at the time of administration, which increased the potential for incorrect records and was not in line with national guidance. Errors were recorded and reviewed. Written procedures and protocols were in place. There were few medicines management meetings and little monitoring or review of prescribed medicines, such as the mirtazapine antidepressant, which had higher than expected levels of prescribing.

Dental services and oral health

- 4.85 The numbers on the waiting list for dental treatment were acceptable as were waiting times for appointments. Additional temporary clinics had been effective in reducing previous list numbers, and had identified the need for an additional permanent clinic to manage patient numbers with a dental therapist.
- 4.86 An appropriate range of NHS dental treatments were available. The dentist promoted education on oral hygiene and disease prevention during clinics. Governance was effective with good documentation, recording, traceability and accountability.
- 4.87 Dental equipment was well maintained, and routine servicing was monitored and scheduled. The dental chair had needed replacing for several years, but the prison had yet to action this. The chair had received several short-term repairs but now urgently needed replacement. Emergency medicines were available in the clinic room, and were in date and security sealed.
- 4.88 Effective audit processes ensured the clinic room met infection prevention and control standards. There was a small, clean decontamination room, but the dental team was waiting for a new ultrasonic bath to improve instrument cleaning and meet infection control standards.

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 The published regime provided those engaged in work, training or education with up to 8.5 hours a day out of their cell, those who were unemployed could expect 3.5 hours or on the basic level of the incentives scheme 2.5 hours a day out of their cells.
- 5.2 In our roll checks, only 5% of prisoners were locked up during the core working day, which was considerably less than we often see, and those who were unemployed or on basic were out of their cells much longer than stated in the published regime, in many instances for over five hours.
- 5.3 Only about half of the unlocked prisoners were engaged in education, work or training during our roll checks. Other activities during the core working day affected prisoners' attendance at education and work (see following and paragraph 5.11.)
- 5.4 Prisoners were given 45 minutes of outdoor exercise each day. The exercise time for prisoners on A, D, G and H wings coincided with the core afternoon activity time, which meant that those choosing to exercise missed at least half a session of their allocated work or education, or did not attend at all.
- 5.5 Exercise mostly took place on the all-weather football pitch and the area in front of G and H wings. These areas were spacious, but had no seating or fixed exercise equipment. F and I wings had pleasant garden areas for their prisoners to take exercise, and those on I wing could grow plants and vegetables.
- 5.6 There were a good range of leisure activities for prisoners on the small and specialist units, including groups for reading, chess, draughts and music. Much less was available on the larger wings, although they could play pool, snooker and board games. Prison-wide groups included a choir, music tuition and drama.
- 5.7 The library, run by Leicestershire libraries, was attractive and welcoming. It was staffed by two library assistants supported by prisoner peer workers, with a vacancy for a library manager.

- 5.8 While there was a reasonable stock of books and other items, in our survey only 40% of black and minority prisoners considered that the library had enough materials to meet their needs compare with 71% of white prisoners. Library staff did not monitor the nationalities of prisoners held to make sure there was suitable provision.
- 5.9 Prisoners attended the library by application and there was also a remote lending service. However, the library did little to promote its stock and, although it tracked attendance it did not have figures for loans as there was no computerised system. More positively, leaders had responded to the underuse of the library by opening it at weekends, when it was staffed by peer workers. The library was used to hold a reading group and other groups, such as the choir, used the facility, which contributed to the sense of community at Gartree.
- 5.10 Prisoners were entitled to between one and four sessions of gym a week, depending on whether they were in employment or education and their level on the prison's reward scheme. The gym had good links with health care and substance misuse staff and prisoners were referred for tailored programmes to meet their specific needs.
- 5.11 Many PE sessions took place during the core working day and some prisoners chose to attend these rather than their allocated activities. Although leaders had sought to prevent this in some cases, the lack of regime coordination had the effect of undermining a purposeful work ethic whereby education and work took priority over recreational gym.
- 5.12 The PE facilities consisted of a large sports hall, well-equipped weights room and cardiovascular (CV) suite, and an all-weather football pitch. A varied programme of activities was available, including football, racket sports and cricket. However, as the PE department was short of two physical education instructors, the offer was sometimes reduced.

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.

- 5.13 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.

- 5.14 Leaders had not reviewed the curriculum to make sure that it was sufficiently ambitious for the large proportion of prisoners with high levels of prior achievement. Courses offered at level 3 were limited and few prisoners were studying Open University courses. Leaders had planned a curriculum that focused on preparing prisoners, most of whom had been recently sentenced, for their time in custody. The education offer aligned well with the skills and knowledge prisoners needed to work in some of the prison workshops. For example, leaders had introduced creative information and communication technology (ICT) qualifications to prepare prisoners to work in the prison's printing and recording workshops. Prisoners were now able to gain qualifications in a small number of workshops. The curriculum for English for speakers of other languages was not appropriate for prisoners with very low levels of English, and it did not focus enough on developing their speaking and listening skills.

- 5.15 Although there continued to be insufficient full-time activity spaces for the population, leaders and managers had made workshop activities part time to increase participation. All prisoners who wanted to take part in activities now could do so, although for some this could be for only two sessions a week. At the time of the inspection, just under 20% of those allocated to workshops attended five sessions a week or fewer. The induction process rightly focused on enthusing prisoners to attend education, skills and work activities and starting their 'career in custody'. Just over 10% of prisoners had elected to be unemployed.

- 5.16 The allocations process did not support prisoners in achieving their rehabilitation goals well enough. Information, advice and guidance staff helped prisoners identify appropriate personal and employment goals. Prisoners submitted application forms for advertised vacancies and attended interviews for their desired positions. However, prisoners' initial goals were not consistently reviewed over time. Too often, subsequent allocations to education and work activities were based on what prisoners wanted rather than on staff identifying what they needed following a review of their progress. The pay policy offered appropriate incentives to study subjects such as English and mathematics and to gain the qualifications needed to carry out skilled work in workshops.

- 5.17 Staff in education had expert knowledge of their subjects and appropriate teaching qualifications. Few staff in workshops had teaching qualifications. Instructors benefited from relevant professional development, including visits to other prisons to shadow specialists and learn from their good practice. Well-trained mentors provided useful support for prisoners in most education classes and workshops. Mentors carried out their support tasks effectively and received good direction from staff.
- 5.18 In education and workshops, staff sequenced sessions well. They ensured that prisoners transferred key knowledge and skills to memory and established previous learning before moving to more complex tasks and skills. For example, in bicycle refurbishment, prisoners worked on simpler tasks such as cleaning and bearing lubrication before moving on to brake alignment. In education, teachers presented information clearly and promoted discussion in lessons. They checked understanding effectively and provided learners with constructive feedback.
- 5.19 Leaders and managers across education, skills and work did not assess the learning difficulties and disabilities of all prisoners. Most prisoners who had a need identified did not have support plans in place to allow staff to plan and adapt their teaching and training to meet their needs. As a result, the individual learning needs of prisoners were not supported sufficiently well.
- 5.20 Leaders and managers of the prison education framework provider had designed and sequenced their courses well. Teachers used the information gathered at the start of courses about prisoners' prior experience, knowledge and interests well to set appropriate targets for their subjects, personal skills and, where relevant, English and mathematics. Teachers taught a wide curriculum that included topics relevant to employment. For example, in graphic design, prisoners produced designs for realistic project briefs and calculated the cost of the work based upon current rates. Leaders and managers struggled to recruit to crucial vacancies, such as inclusion practitioner and mathematics teacher. As a result, there was a backlog of prisoners waiting for initial screening and a waiting list for mathematics courses. Those who completed their courses achieved their qualifications.
- 5.21 Longstanding issues with the virtual campus (see Glossary) had prevented prisoners from using this resource. In particular, the curriculum vitae writing element was not operational and could not be used as part of the useful course that prepared those coming to the end of their sentence for release.
- 5.22 Leaders and managers were in the early stages of designing a strategy to promote reading across the prison. They did not carry out specific reading assessments and thus were not aware of the reading needs of the prison population. They did not have specialist staff trained to teach reading. Leaders had started to promote reading for pleasure by timetabling library sessions during education classes. There were reading areas in education classes where prisoners could access

books to build their reading skills. Prison staff could not dedicate the necessary time to coordinate the Shannon Trust reading scheme and, as a result, the existing trained mentors were underused. Only two mentors were supporting one prisoner with low levels of literacy at the time of the inspection.

- 5.23 Attendance required improvement and was too low in education. Despite many prisoners attending activities part time, there were too many interruptions to sessions due to clashes in scheduled activities, such as gym, exercise and medical or offender management appointments. This slowed down the progress of prisoners and the production levels in workshops.
- 5.24 The atmosphere in education and workshops was calm and conducive to learning and work. Prisoners felt safe in education and work areas. They worked safely using appropriate personal protection equipment where required. Prisoners displayed good behaviour across education, skills and work areas as a result of the clear expectations staff set them. For example, in radio production, prisoners followed clear guidelines regarding the editorial content of the radio programmes they produced. Managers publicly celebrated prisoners' achievements through internal award ceremonies and entries to external awards. Prisoners derived pride from these activities, which also had a positive impact on their mental well-being.
- 5.25 Prisoners collaborated well in workshops to meet production targets and to make high-quality products such as videos, bespoke cards and recycled bicycles for a charity. In workshop and work areas, staff did not identify or monitor the valuable new skills that prisoners were developing sufficiently well. Leaders and managers had recently introduced a progress booklet, but this was not used effectively.
- 5.26 There were too few opportunities for prisoners to improve their understanding of democratic values and equality, diversity and inclusion. Planning to promote such issues across the curriculum was weak, which leaders and managers had recognised in their self-assessment.
- 5.27 Leaders had expanded the range of activities focusing on the personal development of prisoners. They had commissioned activities such as music, choir, drama and art, aimed at building prisoners' resilience to cope with their long-term sentences. Prisoners who joined these activities valued them highly.
- 5.28 Leaders and managers had not focused enough on reviewing and improving the quality of provision in workshops and work activities. Leaders' improvement plans did not effectively identify and drive improvements. As a result, the pace of improvement had been slow and none of the recommendations from the previous inspection had been fully met. Leaders did not collect or analyse data in a meaningful way that allowed them to evaluate the performance of the education, skills and work area.

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

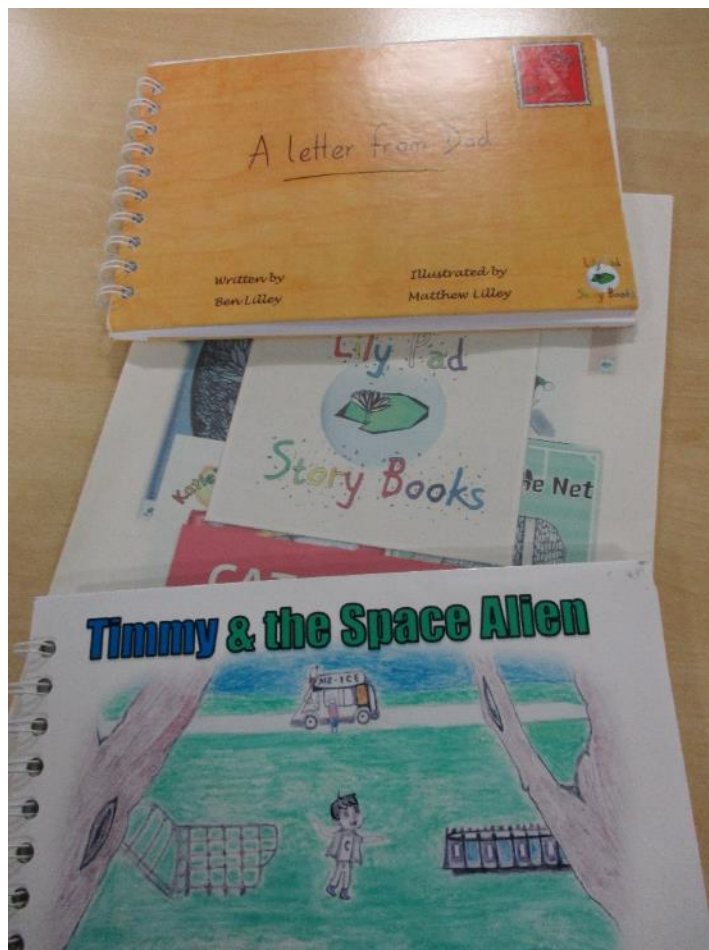
Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 In our survey, 22% of prisoners said they had been able to see their family more than once in the last month for a visit, compared with only 12% in similar prisons, and 40% said that staff encouraged them to maintain contact with family and friends, against the comparator of 24%. A lead manager was working to deliver the prison's up-to-date family strategy.
- 6.2 Social visits were offered on two weekday afternoons and at weekends with capacity for up to 28 visits per session. The number of spaces available had increased during 2022, providing sufficient opportunity for family and friends to visit. Booking arrangements, both online and by telephone, were reasonable but there was no facility to book a subsequent visit while at the prison.
- 6.3 The visits hall was bright and spacious and had a play area and a snack bar. The facility was not yet able to serve hot food, but managers were looking at how to address this gap.



Visits hall

- 6.4 Secure video calls (see Glossary) took place at the same time as social visits and there were now nearly 130 such calls a month. There was, however, no facility for video calls in the evenings, when more families were at home.
- 6.5 Family visits had been reintroduced in August 2022 and there was a programme for 2023, with thoughtful scheduling during school holidays. The two therapeutic communities and the psychologically informed planned environment (PIPE) unit each organised discrete family days for their prisoners (see section on specialist units).
- 6.6 PACT (Prison Advice and Care Trust) provided family support work, which included operating the welcoming visitors' centre, staffing the play area in the visits hall and organising family days with the prison's family lead manager. Work in development included forums for first-time visitors and casework with individual prisoners to resolve family contact problems.
- 6.7 The prison provided Storybook Dads, enabling prisoners to record a story for their children, and Lily Pad Story Books (run by the Gartree therapeutic community) in which prisoners could commission a personalised book to be produced for a child relative. Leaders had also provided funding to enable prisoners to have a photograph taken with their family during social visits with one copy sent to the family and the other retained by the prisoner.



Lily Pad books

- 6.8 In-cell telephones and the 'email a prisoner' scheme helped further prisoners to maintain contact with their families.

Reducing risk, rehabilitation and progression

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

- 6.9 All prisoners at Gartree were serving indeterminate sentences and 94% of the population presented a high or very high risk of harm. Some 40% had tariffs (the minimum time in prison before release can be considered) of 20 years or longer, and a quarter had at least 15 years until they reached their tariff date. Leaders had identified that more prisoners were being transferred to Gartree early in their sentences, arguably modifying the purpose and priorities of the prison. They stated that one of their key aims was to help prisoners to settle into long sentences, encouraging them to attend purposeful activity, behave well and become a good citizens in their prison community. However, they recognised that there were also prisoners who had reached a point in

their sentence where progression should be prioritised, supported and facilitated.

- 6.10 The reducing reoffending strategy identified leads for each pathway, and a monthly reducing reoffending meeting was in place to manage this work. Attendance at these meetings was, however, inconsistent, which made it hard to drive improvement, and, while some work was progressed, there was no overarching plan that outlined actions for development.
- 6.11 The offender management unit (OMU) had benefited from consistent management for the preceding two years but had a small number of vacancies for prison offender managers (POMs) and case administrators. The need for an additional 0.5 senior probation officer (SPO) had been identified in March 2022 but had only recently been funded and advertised; a SPO in another prison was providing some support.
- 6.12 The OMU team had a good understanding of their role in managing long-term prisoners through a lengthy sentence.
- 6.13 POM caseloads were manageable mainly because one residential unit was temporarily closed, reducing demand. There was good co-working between POMs from probation and those from prison backgrounds to manage some prisoners jointly. POMs had supervision from the SPO (head of OMU delivery), which provided quality assurance to their work and supported their development. They also had access to reflective practice sessions with the psychology team. POMs and case administrators said that managers were approachable, and support and advice were readily available from colleagues.
- 6.14 New arrivals were allocated promptly to a POM. There were plans to include the OMU in the formal induction process but, as it currently stood, POMs aimed to see new prisoners soon after admission with a follow-up interview within the following three months. POMs used this session to explain to prisoners the level of contact they were likely to receive from the OMU, depending on their sentence stage.
- 6.15 Contact focused appropriately on prisoners approaching parole, multi-agency public protection arrangement (MAPPA) meetings or on OASys (offender assessment system) assessments. In some cases, the sentence plan detailed the expected level of contact between the POM and the prisoner. Even where the level of contact was limited, all the prisoners we interviewed could identify their POM by name and most spoke positively about their relationship with them.
- 6.16 Key work was reasonably good (see paragraph 4.4) and there was some evidence of communication between the key worker and the POM. Most key work focused on welfare issues rather than sentence plans and progression.
- 6.17 In our survey, 79% of prisoners knew they had a custody plan, of whom 52% said they were being helped to achieve their objectives, which

were both better than the comparators. In the 10 cases we sampled in detail, seven had had an OASys completed in the previous three years, in line with Offender Management in Custody (OMiC, see Glossary) guidelines. However, nearly 200 OASys assessments needed to be completed, either because the prisoner had arrived at Gartree without an assessment or the one they had was due for review. POMs had not been able to get ahead of the backlog as more became due for review each month; the time spent completing them also reduced their active work with prisoners. POMs prioritised those at points in their sentence that required an up-to-date assessment, and leaders had a realistic plan to reduce the backlog, including support from HMPPS for some assessments to be completed remotely.

- 6.18 The OASys assessments within the three-year timescale were generally of an acceptable standard, contained relevant information and made reference to the work of other departments in the prison, particularly the drug and psychologically informed services.
- 6.19 We interviewed 11 prisoners serving lengthy sentences, with most not eligible for parole for a considerable time. Their sentence plans contained general targets appropriate to the stage of their sentence, relating to the work ongoing at the prison, maintaining them through a long sentence and getting them ready for interventions. Most of these prisoners were aware of their targets, knew what was expected of them and considered them appropriate.
- 6.20 POMs monitored prisoners who were close to their tariff expiry date and approaching their parole window with a view to their eventual release. One prisoner we interviewed was being assessed for suitability for release by the parole board. His release was being carefully planned, with the POM and substance misuse team in the prison working together with the community offender manager to develop a staged plan that the parole board would consider realistic and acceptable. The prisoner was fully engaged with this process and appreciative of the help offered.
- 6.21 Thirty-nine prisoners were serving indeterminate sentences for public protection (IPP). Many were beyond the tariff set when they were sentenced without having progressed to lower category prisons or been released on licence. The psychology team and OMU were working collaboratively in regular progression panels to help these prisoners move forward. Some IPP prisoners had since engaged with interventions at Gartree, transferred for other services or moved to the PIPE unit (psychologically informed planned environment unit – see paragraph 6.34 and Glossary).

Public protection

- 6.22 New arrivals were screened thoroughly to identify public protection concerns, and contact restrictions and monitoring were generally applied promptly. Prisoners subject to communications monitoring were reviewed regularly and monitoring halted when it was considered safe. Monitoring was up to date for the three prisoners being monitored for

public protection reasons during the inspection. However, some recent calls made in a foreign language had not been flagged up for translation, which was an obvious requirement. Managers quickly remedied this when it was identified during the inspection.

- 6.23 All prisoners at Gartree were subject to MAPPA. We examined a selection of MAPPA information-sharing forms, which were of an acceptable standard, with all but one containing an analytical assessment of the individual and their potential risk of harm. Risk management plans in OASys were generally satisfactory and focused on managing the prisoner during their sentence. POMs had a good understanding of the level of risk posed by individual prisoners, both while in the prison and to the community, and were alert to issues such as offence paralleling behaviour, outward compliance and grooming.
- 6.24 The monthly interdepartmental risk management team meeting provided oversight of public protection, and mainly focused on prisoners who required restrictions on their contact with the public. It discussed new arrivals, prisoners subject to communications monitoring or child contact restrictions, feedback from MAPPA meetings and prisoners within 18 months of release. This forum did not have the multidisciplinary attendance required in its terms of reference, with only OMU and security staff regularly attending in the last 12 months. Managers had plans to address this and had also recently formed a public protection steering group.

Categorisation and transfers

- 6.25 Categorisation reviews were timely and reasonably well evidenced, but few transfers took place. Due to population pressure, HMPPS had paused the movement of category C prisoners out of the long term and high secure estate. Gartree had over 100 category C prisoners and while some were on transfer holds for appropriate reasons, others were keen to move as a tangible sign of progression and were frustrated by the lack of movement. It also meant spaces could not be freed up for prisoners waiting to move to Gartree following sentencing.
- 6.26 Very few prisoners were assessed by the parole board and Secretary of State as suitable for open conditions.

Interventions

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

- 6.27 In our survey, 52% of prisoners said they had completed an offending behaviour programme while at Gartree, against the comparator of 36%. The reintroduction of group interventions meant the number of prisoners who could take part in offending behaviour programmes run by the on-site programmes team had increased.

- 6.28 Staff at Gartree had developed an in-depth needs analysis tool that was now shared with other prisons. This database was continually updated and enabled staff to plan provision appropriately. An increasing prevalence of gang-related offending had been identified and 'Identity Matters', an accredited intervention for prisoners whose offending behaviour was linked to gang issues, was being introduced from April 2023 for one-to-one delivery with prisoners.
- 6.29 Other accredited interventions addressed violent offending and intimate partner violence. Validated interventions introduced since the last inspection supported motivation to engage with offending behaviour work and provided an introduction to offence-related group work.
- 6.30 Many prisoners waited for a long time before starting an intervention as they were allocated at the optimum time for completion. This was a frustration as they saw completing this work as a step forward and did not understand the need to wait. The prison had to do more to help prisoners understand this strategy.
- 6.31 Most prisoners were serving sentences for violent crime and many sentence plans made reference to raising victim awareness. In the absence of any other intervention, most POMs said that they would address this in their work with individual prisoners, some using approaches developed in the community.
- 6.32 It was creditable that support was given to restorative justice work. In at least one case in the last year, a restorative justice meeting had taken place between a prisoner and their victim's family.

Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

- 6.33 Gartree had a PIPE unit and two therapeutic community (TC) units. Each was separately managed and had a distinct purpose, which enabled them to provide targeted support. They took referrals from across England and Wales and accepted prisoners after an initial assessment, followed by an assessment period on the unit they moved to.
- 6.34 The PIPE unit could accommodate up to 60 prisoners. Many had completed intensive offending behaviour interventions and needed to consolidate their learning and progress as part of their core risk reduction work. The PIPE unit also accepted prisoners with personality disorders returning to prison from time spent in mental health hospital.
- 6.35 The Gartree therapeutic community (GTC) housed up to 25 prisoners. It was a long-term offending behaviour intervention for prisoners with a range of offending behaviour risk areas and longstanding emotional and relationship difficulties that had contributed to violent offending.

- 6.36 The TC+ unit was smaller with places for 12 prisoners. The approach to therapeutic work had been changed to support prisoners with learning difficulties or brain injuries to address offence-related risk and associated personality and psychological problems.
- 6.37 Prisoners on the PIPE unit were allocated to prison work or education as their main activity and also took part in one structured group each week. They had individual key work sessions and were encouraged to join in with creative activity sessions, which were often led by prisoners. Prisoners on GTC and TC+ took part in daily group interventions, individual sessions and enrichment activities, as well as prison work or education for part of the day.
- 6.38 Staffing of the units was a combination of specially selected and trained prison officers and clinical therapists. All the units were well managed and each had good clinical leadership and supervision for unit staff. Clinical staff on the PIPE unit had undertaken research into prisoners' experiences. Leaders said there was some redeployment of prison officers from the unit but tried to prevent this. Links between the units and OMU staff had been strengthened since the last inspection.
- 6.39 In our survey, prisoners living on the PIPE unit were more positive than their Gartree peers in agreeing that their experiences at the prison would make them less likely to offend in the future, with a 93% response compared with 55%. During the inspection, most prisoners spoke positively about their experiences on the specialist units and the support they received.

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.

- 6.40 Prisoners were seldom released from Gartree into the community; there had been two releases in the previous 12 months with both prisoners going to approved premises. Careful planning with community partners was taking place for a prisoner whose release was due.

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 2017, prisoners received too little support in their early days at the prison. Since the previous inspection, levels of violence had increased considerably and were now comparable with those at similar prisons, and more prisoners felt unsafe. Drugs and alcohol were too readily available. A range of actions had been taken to reduce violence and drug and alcohol availability, but a more coordinated approach and plan were required. The number of adjudications, and levels of segregation and use of force had increased substantially but remained lower than at similar prisons. Security was well managed and processes were mostly proportionate. The management of prisoners at risk of suicide and self-harm had deteriorated and was weak. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

A comprehensive violence reduction strategy and action plan should be developed and shared with staff. Actions should be monitored for their effectiveness in making the prison safer.

Achieved

The reasons for the dramatic rise in self-harm should be investigated and understood, and actions implemented to reduce it. The management and care of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should be improved, with consistent case management and effective use of care plans with achievable goals and targets.

Partially achieved

Recommendations

All new arrivals should be supported by staff and peer workers during their reception and first night, receive a thorough first night safety assessment and be located in clean, fully equipped cells.

Not achieved

All new arrivals should receive a comprehensive and coordinated induction, with good peer worker involvement overseen by staff.

Not achieved

Comprehensive support plans for victims of violence and antisocial behaviour, including those who are self-isolating, should be introduced and monitored routinely.

Achieved

Analysis of adjudication data should be improved, to identify deficiencies in the process, and the adjudications standardisation meeting should implement and monitor a clear plan for recovery.

Achieved

The use of force monitoring meeting should be sufficiently multidisciplinary and frequent, to ensure good oversight of all uses of force and special accommodation.

Achieved

Prisoners segregated for longer than four weeks should have a care plan, including purposeful activity, to prevent their psychological deterioration.

Achieved

All segregated prisoners, regardless of location, should have access to the statutory segregation regime.

Achieved

The prison should be able to account for all prisoners at roll checks promptly and accurately.

Achieved

There should be an up-to-date and detailed drug supply reduction strategy and supporting action plan, which should be monitored actively to ensure that all required actions, including drug testing, take place.

Achieved

Prisoners requiring constant supervision should be located in appropriate environments which support recovery.

Achieved

Managers should regularly scrutinise the reasons for prisoners on open ACCT documents to be held in segregation and assure themselves that the location is due to exceptional circumstances and for the shortest time possible.

Achieved

The prison's emergency response procedures should implement national HM Prisons and Probation Service guidance.

Not achieved

Formal procedures to protect adults at risk of harm, abuse or neglect should be implemented.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, staff knew the prisoners in their care well and relationships were good. Living conditions were reasonable. Prisoner consultation arrangements were effective. Too many responses to complaints were late. The food provided was reasonably good. The strategic management of equality was underdeveloped. Outcomes for prisoners with protected characteristics were mostly reasonable but prisoners with disabilities were not supported well enough. Faith provision was good. Health provision had deteriorated and was poor overall. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The commissioner and health provider should ensure that there are effective governance processes and sufficient competent and well supported staff to provide a safe health service that promptly identifies and meets prisoners' health and social care needs.

Achieved

Recommendations

Residential staff should be visible on all wing landings, to support and supervise prisoners.

Not achieved

Residential units and outside areas should be kept clean and free of litter and debris.

Not achieved

Shower areas should be decorated and have privacy screening and sufficient ventilation.

Not achieved

Halal and non-halal items should be stored and prepared separately in the kitchen.

Achieved

Self-catering facilities should be clean, with equipment that is fit for purpose.

Not achieved

The applications process should be tracked, to ensure that prisoners receive timely responses.

Partially achieved

Responses to complaints should be processed within required timescales.

Partially achieved

Prisoners should be able to have a private legal visit.

Not achieved

There should be an equality and diversity policy that outlines how the needs of all protected groups will be recognised and addressed.

Not achieved

Prisoners' treatment and conditions, including access to employment and offender management, should be monitored and analysed, to ensure equal outcomes for all protected groups.

Achieved

Prisoner forums for all protected characteristics should be advertised and take place regularly.

Achieved

The prison should investigate and address the reasons for protected groups' negative perceptions.

Not achieved

Reasonable adjustments should be made for prisoners who need them, and all prisoners requiring a personal emergency evacuation plan should have an up-to-date plan which is clearly identifiable to wing staff.

Achieved

Buddies should have appropriate oversight, including a job description outlining their duties, and regular supervision.

Not achieved

There should be a programme of regular clinical audits, including infection prevention and control.

Achieved

Health promotion material should be available throughout the prison, in a variety of languages and formats, to meet the needs of the prison population.

Partially achieved

Prisoners should have consistent access to NHS health checks, and disease prevention and screening programmes.

Partially achieved

Condoms should be easily available and well advertised.

Achieved

Prisoners should be provided with information about health services on reception.

Achieved

Prisoners with long-term conditions should be clearly identified and receive personalised care planning, to ensure that their needs are met.

Partially achieved

There should be a palliative care policy, to ensure that patients with a life limiting condition are identified and cared for appropriately.

Achieved

A memorandum of understanding should be formally agreed between the social care provider, the prison and the local authority, to ensure that social care needs are met consistently.

Achieved

Prisoners with social care needs should have a personalised care plan with clear goals, which is reviewed regularly.

Achieved

Patients with mental health problems should have prompt access to an appropriate range of support that meets their identified needs, including one-to-one support, group work and psychologically informed interventions, through a regularly reviewed and individualised care plan.

Achieved

Patients requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health time frames.

Achieved

Prisoners with substance use issues should have easy access to a comprehensive range of interventions to meet their assessed needs, including high-intensity group work, peer support and family work. Clinical support should be underpinned by locally agreed and regularly reviewed policies and pathways which reflect national guidance.

Achieved

In-possession risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely, in line with the policy, and recorded accurately in patient records.

Achieved

Medications given on the segregation unit and on residential wings should be transported securely and administered appropriately.

Not achieved

A medicines management committee should be convened regularly, to ensure that patient safety and professional standards are maintained.

Not achieved

A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription, when clinically appropriate.

Achieved

Purposeful activity

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

At the last inspection, in 2017, staff shortages had resulted in a restricted and unpredictable regime, and far too many prisoners were regularly locked up for substantial periods of the day. PE and library facilities were reasonably good. The leadership of education, skills and work required improvement. There were too few full-time activity places for the population, and attendance and punctuality were poor due to regime restrictions. The range and level of provision had improved and were satisfactory. The quality of teaching and learning was good and prisoners achieved well. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Gartree should have sufficient staff to be able to run its full and predictable regime.

Achieved

Recommendations

Daytime recreational PE should not be timetabled for prisoners who should be attending work or training.

Not achieved

The library and PE departments should gather sufficient data to enable them to understand trends and ensure that all groups within the prison population have equal access to their facilities.

Not achieved

There should be sufficient full-time activity places for the prison population, and all eligible prisoners should attend.

Not achieved

Staff supervising prisoners working in industries should systematically record and assess the progress that prisoners make in developing their practical skills and in improving their behaviour.

Not achieved

Teachers should promote English skills in vocational lessons and workshops more effectively, to enable prisoners to improve and apply their language and written skills in the workplace.

Not achieved

The prison should provide opportunities for prisoners employed in prison industries to gain an appropriate qualification.

Partially achieved

The prison should further promote distance learning courses.

Not achieved

Prison and college managers should identify the reasons for any differences in achievement rates between different groups of prisoners and take appropriate steps to minimise these disparities.

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 2017, There was good support for prisoners to maintain contact with their families. Offender management was hindered by staff shortages and cross-deployment. Almost all prisoners had a sentence plan but many had too little contact with their offender supervisors to motivate and encourage progression. Public protection was well managed. Recategorisations were up to date. A wide range of offending behaviour programmes were delivered but did not reflect the needs of the changed population. The therapeutic communities and psychologically informed planned environment effectively supported prisoners to address their risks and progress. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Oversight of offender management should be improved and a strategy to prioritise offender supervisor workloads should be implemented. The work should be of consistently high quality, with meaningful contact and a clear focus on motivation and progression.

Partially achieved

Progressive transfers of indeterminate-sentenced prisoners should not be delayed because of a lack of places in suitable prisons or a lack of available escort transport.

Not achieved

The range of offending behaviour programmes should fully reflect the needs of the changed population at the establishment.

Achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from September 2020.

The prison should seek to improve outcomes for prisoners in important areas such as safety, use of force and the promotion of equality. This should begin with improved oversight, informed by the improved use of available data.

Achieved

Arrangements for the segregation of prisoners should be subject to review and revision. Outcomes for those subject to segregation should be improved significantly.

Achieved

There should be investment to improve living conditions on wings A-D, and ensure that all services and facilities are in good working order.

Not achieved

Full provision of treatments for dental patients should be provided promptly (equivalent to that in the community).

Achieved

The Governor should work with HMPPS to expedite the safe restoration of regimes which increase access to work, education and other purposeful activity.

Achieved

Social visits provision should take into account the distance travelled by families, offer weekend sessions and permit children to encourage better family engagement.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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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Grace Edwards	Researcher
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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.

PAVA

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

PIPE

Psychologically informed planned environment unit. PIPEs are specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

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).

Psychoactive substances

Naturally occurring, semi-synthetic or fully synthetic compounds that, when taken, affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'.

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).

Therapeutic community (TC)

Therapeutic communities provide group-based therapy within a social climate that promotes positive relationships, personal responsibility and social participation. TCs address a range of prisoner needs, including interpersonal relationships, emotional regulation, self-management and psychological well-being.

Time out of cell

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

Virtual campus

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

Zahid Mubarek Trust

An independent, national charity founded in 2009 by the family of 19-year-old Zahid Mubarek, who was murdered by his racist cellmate. The charity supports people in the criminal justice system and advocates for systemic change.

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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