



Report on an unannounced inspection of

HMP Swansea

by HM Chief Inspector of Prisons

21 February – 10 March 2023



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Introduction

HMP Swansea is a category B reception prison which for some time has been one of the most overcrowded in England and Wales. A cramped 19th century site in an inner-city location, it faces all the limitations common to such establishments. Yet despite these challenges we found that leaders had worked effectively over the previous 18 months to improve outcomes across all four of our healthy prison tests.

At the heart of this progress was a positive culture focused on encouraging prisoners to attend education, skills and work provision. In our survey, prisoners at Swansea were more positive about staff than in similar jails. They told us they were more likely to report having a member of staff to turn to if they had a problem, they were receiving help to meet their sentence plan targets, and they were being encouraged to attend education, skills and work.

Leaders had rightly incentivised engagement with education and work, which is essential in all prisons, but especially in reception prisons like Swansea, where most prisoners were on remand and not compelled to work. Rather than the tokenistic incentives we often find, those who worked could access regular evening association, two additional gym sessions and some self-cooking facilities. Prisoners we spoke to valued these activities and were much more likely to engage with the regime as a result. In our roll check we found just 8% of the population locked up during the working day, far less than in other prisons.

Although our colleagues in Estyn still identified some weaknesses in the provision of education, skills and work – most notably that there were not enough spaces for all prisoners, and not all available work places were swiftly filled – it was to the credit of leaders and staff that while time out of cell and access to activity had increased, the prison remained a fundamentally safe environment. Violence against staff and prisoners were, for example, much lower than at the time of the previous inspection and among the lowest of all reception prisons.

Work to rehabilitate prisoners and help them to reintegrate back into the community had also improved. Prisoners received good support to maintain contact with their family and friends, as well as help with employment and their finances. However, too many prisoners had no sustainable accommodation to go to when they were released.

Leaders had responded well to the 2017 inspection of HMP Swansea and had worked hard to rectify the deficiencies we identified. The prison was now safe and respectful and the new governor, appointed a month before our inspection, had a solid foundation on which to build further progress.

Charlie Taylor

HM Chief Inspector of Prisons

April 2023

What needs to improve at HMP Swansea

During this inspection we identified 13 key concerns, of which three should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **There was no formal induction process.** Induction was sporadic and unmonitored, and we were not confident that prisoners had been seen by all relevant agencies during their early days in custody.
2. **Too many prisoners were living in overcrowded cells originally designed for one.**
3. **The weekend regime was too limited at only 90 minutes out of cell each day for most prisoners.**
4. **A lack of workshops and poor organisation of induction and allocation affected the breadth and quality of education provision.** There were inconsistencies in prisoners' access to education induction and the allocation of spaces, delays in opening new workshops relevant to the local labour market and insufficient access to assessment tools and curriculum provision.
5. **Leaders did not understand the causes of non-attendance at education, skills and work so could not plan improvement effectively.**
6. **Too many prisoners were released without accommodation on the day of release.**

Key concerns

7. **The regime in the segregation unit was too restricted.** Segregated prisoners spent long periods locked in their cells with little to do, limited access to the telephone and only 30 minutes in the open air each day.
8. **The key work scheme was not operating effectively.** Most prisoners did not have regular key work sessions and the sessions that did take place did not support sentence progression.
9. **Despite improvements in strategic governance structures and risk management, staffing pressures in health care had pulled local leaders into clinical work, reducing their ability to assure these structures were improving safety and outcomes.**

10. **Professional record keeping required improvement across all health care teams. Information was sparse and the diagnosis, treatment plans and rationale for prescribing were not always evident.**
11. **Learners with additional learning needs were not supported effectively.** The assessment of prisoners' additional learning needs relied too heavily on self-disclosure.
12. **Classroom support for emergent readers was underdeveloped.**
13. **Prisoners on full monitoring for public protection did not have all calls monitored, a significant omission in protecting the public.**

About HMP Swansea

Task of the prison/establishment

Reception prison

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 406

Baseline certified normal capacity: 265

In-use certified normal capacity: 265

Operational capacity: 468

Population of the prison

- 3,191 new prisoners received during the year
- 108 foreign national prisoners received
- 14% of prisoners from black and minority ethnic backgrounds
- 1,224 prisoners released into the community during the year
- 1,376 prisoners receiving support for substance use during the year
- 137 mental health referrals each month

Prison status (public or private) and key providers

Public

Physical health provider: Swansea University Bay Health Board

Mental health provider: Swansea University Bay Health Board

Substance misuse treatment provider: Dyfodol

Dental health provider: Time for Teeth

Prison education framework provider: HMPPS Wales

Escort contractor: GeoAmey

Prison group/Department

HMPPS Wales

Prison Group Director

Giles Mason

Brief history

HMP Swansea is a reception prison with responsibility also for the resettlement of prisoners in the local area. Building started in 1845 and was completed in 1861. It functioned as a prison for both male and female prisoners until 1922 when females were transferred to Cardiff Prison. Swansea has since operated as a local prison, holding prisoners up to and including category B. In the early 1980s, Swansea started the Samaritan-trained prisoner Listener scheme that has now developed into a nationwide provision. An intensive prisoner support unit has been established to help prisoners with coping strategies. Delivery supports a range of interventions tailored to individuals who are 'poor copers', persistent self-harmers or have mental health issues.

Short description of residential units

A wing – sentenced and remand prisoners, workers and unemployed prisoners, capacity of 189

B wing – induction wing, capacity 46

C wing – sentenced and remand prisoners, capacity 40 spaces

D wing – sentenced and remand prisoners, full-time workers, veterans and some unemployed prisoners, capacity 116

E wing – segregation unit, capacity 5

F wing – sentenced, remand and unemployed prisoners, capacity 59

G wing – incentivised substance-free living since 2021, capacity 52

Name of governor and date in post

Chris Simpson, January 2023 to date

Changes of governor since the last inspection

Brian Ward, January 2021 – January 2023

Amanda Corrigan, April 2019 – January 2021

Graham Barratt, 2016 – April 2019

Independent Monitoring Board chair

Paul Baker

Date of last inspection

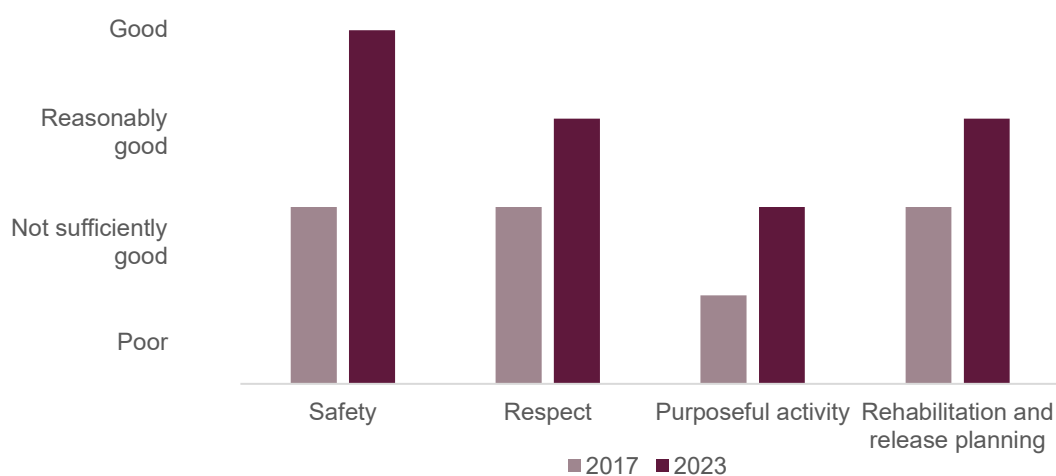
August 2017

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Swansea, we found that outcomes for prisoners were:
- 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 Swansea in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Swansea healthy prisoner outcomes by healthy prison area, 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2017, we made 57 recommendations, four of which were about areas of key concern. The prison fully accepted 48 of the recommendations and partially (or subject to resources) accepted seven. It rejected two of the recommendations.
- 1.5 At this inspection we found that two of our recommendations about areas of key concern had been achieved and two had been partially achieved. Both the recommendation in the area of safety and the recommendation in the area of respect had been achieved. The recommendation in the area of purposeful activity had been partially achieved, as had the recommendation in the area of rehabilitation and

release planning. 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 five recommendations about areas of key concern. At this inspection we found that three of the recommendations had been achieved, one had not been achieved and one was no longer relevant.

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found six examples of notable positive practice during this inspection.
- 1.10 Leaders and managers had established a range of meaningful incentives to motivate prisoners, including those who were on remand, encouraging their engagement with education and work. This included more time out of cell, regular evening association and access to self-catering facilities. (See paragraph 3.14)
- 1.11 Adjudications referred for consideration by the police were very well managed. The police provided a verbal update on cases every month which was recorded, and the hearing reconvened to record updates. Prisoners in breach of a harassment order were also referred to the police so that the victim could be supported. (See paragraphs 3.19 and 3.20)
- 1.12 Managers had introduced robust monitoring of cell bells and had embedded a culture in which staff routinely responded promptly to cell bells. (See paragraph 4.9)
- 1.13 Weekly baby and toddler groups enabled prisoners to spend two hours in a relaxed environment with their children and other members of their family. (See paragraph 6.4)

- 1.14 PACT (Prison Advice and Care Trust) had established a professional network of teachers in the local community who could support children of a parent in prison. (See paragraph 6.5)
- 1.15 Most prisoners received their licence conditions two weeks before release. (See paragraph 6.32)

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 There had been four governors since our previous inspection in 2017 and the current governor had only been in post for a month at the time of our inspection. Despite this potential for instability, we found Swansea to be a well-led establishment where managers had prioritised areas that had the most impact on outcomes for prisoners.
- 2.3 Over the previous 18 months, senior leaders, supported by the prison group director's office, had focused on improvement work covered by HMIP expectations and had made substantial progress in all our healthy prison tests. In our survey, prisoners at Swansea were more positive than their counterparts at other reception prisons about nearly all aspects of prison life.
- 2.4 Leaders were committed to continuous improvement. They responded well to feedback throughout the inspection and we found good examples of learning from positive practice in other establishments as well as our thematic inspection reports.
- 2.5 While there remained some weaknesses in purposeful activity, managers deserved recognition for delivering a regime that motivated prisoners, most of whom were on remand, to attend education and work. Leaders had created a positive culture where staff encouraged prisoners to attend education and work and provided prisoners with meaningful incentives when they engaged.
- 2.6 It was notable that, as leaders increased time out of cell, violence against both staff and prisoners had remained low. Managers in safety understood the causes of violence and self-harm and had taken appropriate action to bring about a reduction, making the prison safer for staff and prisoners.
- 2.7 Residential managers made sure that the prison was clean and that prisoners received the equipment they needed. Oversight of emergency cell bell response times was particularly good and nearly all cell bells were answered within five minutes. However, this good work was undermined by the failure of national leaders to address the longstanding issues of overcrowding at Swansea.

- 2.8 Better governance arrangements between the prison and the health board had led to improvements in health care, but some deficits remained.
- 2.9 Substantial improvements in education, skills and work provision were, to an extent, frustrated by delays in induction and a confused allocation process. In addition, leaders had yet to deliver improvements to the infrastructure. At the time of the inspection, delays in completing refurbishment work on two workshops and problems with intranet connectivity affected prisoners' ability to access provision.
- 2.10 In rehabilitation and release planning leaders had created particularly strong links with community agencies in Swansea. Prisoners had better contact with community-based professionals, including probation officers, than we usually see.

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 Leaders had prioritised reception and first night procedures and outcomes for prisoners had much improved since the last inspection.
- 3.2 About 30 new prisoners a week were received. Most prisoners we spoke to had had a positive experience on arrival and, in our survey, 91% said they were treated well in reception. All prisoners were strip-searched and body scanned on arrival but 86% of respondents to our survey said they were searched in a respectful way. Reception holding rooms were clean and all new prisoners were welcomed by staff and prisoner peer workers who offered support and advice. Staff carried out checks on court documents and assessed risks swiftly which prevented lengthy delays. In our survey, 62% of prisoners said they spent less than two hours in reception compared with 41% at similar prisons. Newly arrived prisoners could see a nurse privately in a suitable room for an initial health screening.
- 3.3 The provision of a hot meal and drink on arrival was appreciated by many prisoners we spoke to. Staff made sure that, except in exceptional cases, prisoners took their personal property to the wing on the night of arrival which helped to reduce stress.
- 3.4 First night procedures focused on keeping prisoners safe. The process started in reception and was conducted by a member of staff from B wing, the designated first night centre.
- 3.5 B wing was calm and clean and cells for newly arrived prisoners were well prepared. Overnight checks were conducted hourly until midnight, then every four hours or more frequently if required. Staff on B wing were welcoming and helpful.



Newly prepared induction cell

- 3.6 Most prisoners did not stay on B wing for more than three days and there was pressure to vacate cells to receive new prisoners. The absence of a formal induction programme was an omission. Although some elements of induction were in place, these were unmonitored, and leaders could not be confident that prisoners had received support from all relevant agencies during their early days.
- 3.7 The regime on B wing was worse than in the rest of the prison. Prisoners were given little more than 45 minutes' time out of cell a day, which included half an hour in the fresh air and 15 minutes to take a shower. This was far too restrictive.



Induction unit

- 3.8 Management and oversight of cell-sharing risk assessments were excellent. All reviews in the sample that we inspected were up to date, appropriately considered and outcomes clearly recorded on electronic case notes.

Managing behaviour

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

Encouraging positive behaviour

- 3.9 Levels of violence had reduced and were very low. There had been 34 incidents of violence (fights and assaults) among prisoners during the previous 12 months, representing 88 per 1,000 prisoners compared with 291 per 1,000 at the previous inspection.
- 3.10 During the previous 12 months, there had been 19 assaults against staff compared to 56 before our previous inspection.
- 3.11 Every incident of violence was investigated and prisoners who staff felt needed to be monitored were referred for support through a challenge, support and intervention plan (CSIP, see Glossary). Combined with good management of information reports (see paragraph 3.36), this meant that leaders were well aware of the causes of violence. Violence

was discussed at the safety meeting and suitable actions put in place that had helped to achieve such low levels.

- 3.12 Three CSIPs were open at the time of the inspection. They were of good quality and contained contemporaneous notes and actions that contributed to the effective management of violence by these prisoners. Staff were aware of the CSIPs and why prisoners were being managed in this way.
- 3.13 Each prisoner on a CSIP was discussed at the weekly safety intervention meeting (SIM) and decisions made about their continuing management and further actions. This meeting was quite well attended but the minutes indicated that some key representatives such as residential staff were frequently absent.
- 3.14 Leaders had implemented several meaningful incentives for prisoners who engaged with work and education. In addition to encouragement from staff this included the ability to cook food on the wings, about seven hours out of cell, additional gym sessions and evening association. Prisoners told us that they wanted to stay at Swansea to retain these incentives and did not want poor behaviour to jeopardise that.
- 3.15 In contrast the incentives policy framework had little impact on behaviour because there were very few incentives and it took too long to access them. Prisoners told us that they were more inclined to behave in a prosocial way because they had positive views of the consistency of the regime and work and education, the supportive staff and decent treatment (see paragraph 4.5).

Adjudications

- 3.16 The number of adjudications had reduced considerably since our last inspection, with 963 recorded charges during the previous 12 months. Most were proportionate and not for trivial infractions.
- 3.17 Leaders who conducted the hearings used their discretion with awards. We saw good examples following a finding of guilt of awards designed to encourage good behaviour, such as cautions when prisoners demonstrated remorse and suspended awards.
- 3.18 Senior leaders scrutinised the adjudication process regularly but had failed to address the poor level of inquiry that we found in some of the records. Adjudication standardisation meetings were held regularly to review the severity and type of awards given in hearings.
- 3.19 Most charges were dealt with swiftly. Seventeen adjudications that had been referred for consideration by the police remained outstanding and these were very well managed. The police provided a member of staff with a verbal update on cases every month which was recorded and the hearing reconvened to record updates.
- 3.20 Prisoners found to be in breach of a harassment order by attempting to contact the relevant person were also referred to the police so that the

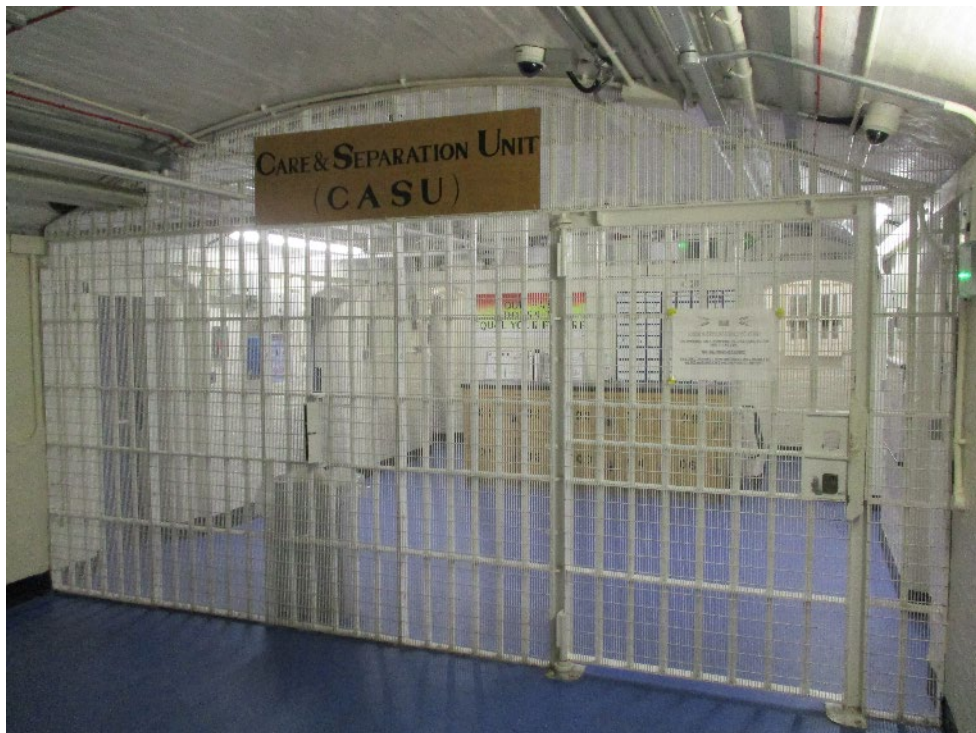
victim could be supported. This was good practice which we do not usually see.

Use of force

- 3.21 The level of force used by staff had reduced since our last inspection and was low. During the previous 12 months, force had been used 106 times compared to 398 times before our last inspection. This was lower than in similar prisons.
- 3.22 During the previous 12 months, there had been no use of batons, PAVA (incapacitant spray) or unfurnished accommodation.
- 3.23 CCTV footage that we viewed indicated that the use of force, when used, was justified and that nearly every incident was de-escalated. Prisoners routinely stood up and were compliant in walking to their cells or the segregation unit.
- 3.24 Oversight and governance had improved and at a weekly use of force meeting data was examined, the experience of minorities considered and learning from prisoner de-briefs considered. Managers scrutinised every use of force to identify concerns, although in the footage that we viewed we saw occasional poor practice that had been missed or not fully identified.
- 3.25 New body-worn video cameras had been introduced very recently and there was now one available for every officer on duty in the prison. Leaders hoped that this would improve the amount of footage captured.
- 3.26 Previously, body-worn camera footage was available for about 60% of all incidents but very few captured the start of the incident, which was poor.

Segregation

- 3.27 The segregation unit was gated off at the end of a landing. It was very small and could hold a maximum of five prisoners. At the time of the inspection the unit held two prisoners.



Segregation unit

- 3.28 The segregation unit was used more frequently than at our last inspection with 287 prisoners segregated over the previous 12 months. Leaders attributed this increase to the body scanner finding concealed items on prisoners arriving at Swansea and a higher number of refusals to follow direct orders as the number of double cells increased.
- 3.29 Prisoners spent an average of five days in the segregation unit and very few remained for a long period. Only one prisoner had exceeded 42 days' segregation over the previous 12 months and their continued segregation had been approved appropriately.
- 3.30 The cells were in good condition with little graffiti. Prisoners experienced the most basic regime, with 30 minutes outside each day and access to a shower and phone. Routine strip-searching of prisoners moving to the segregation unit had ceased and needed to be authorised by a senior leader.
- 3.31 Phone lines had been fitted outside each cell door for the prisoner to use following a risk assessment, but no prisoner had yet been assessed as suitable since they were fitted and they had never been used. This was overly restrictive given the risks most segregated prisoners posed.



Segregation cell

- 3.32 Oversight of the segregation unit was good. Every prisoner held there was appropriately authorised by a manager and a health care professional and reviews were timely.
- 3.33 While the doctor also visited every three days, records showed that a nurse did not attend the segregation unit each day as mandated by HMPPS regulations which was a key safeguard for prisoners, particularly for protracted segregation. Leaders resolved this quickly when we raised it with them.
- 3.34 A member of the chaplaincy attended each day but too often communicated with prisoners through locked doors and the duty manager and governor attended regularly.
- 3.35 The segregation monitoring and review group was effective and met quarterly to look at trends.

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.

- 3.36 Security information was managed well and in a timely manner. The security department was well resourced and there was a dedicated search team. Leaders were able to respond quickly to information and take appropriate action. About 70% of searches resulted in a find of some sort, which was good.
- 3.37 During the previous 12 months, 1,596 information reports had been submitted. Combined with good communication between staff and prisoners, this meant that leaders were aware of current or potential risks to the security of the prison.
- 3.38 The monthly security meeting was informed by a good local tactical assessment which formed the basis of any security threat assessment. Actions taken to reduce identified threats had been effective, especially with the reduction in the supply of illicit substances into the prison. The body scanner had made a considerable contribution to this, together with posting staff outside the perimeter wall when prisoners were moving to work and education, which reduced the opportunities for items to be thrown over.
- 3.39 The success of these measures was reflected in the rates of positive mandatory drug tests which had reduced from a 20.61% rate during the 12 months before our previous inspection to 13.06% at this inspection. Most positive tests now related to abuse of prescribed medication rather than illicit substances smuggled in.
- 3.40 The illicit use of medication, with prisoners selling or misusing their prescribed medication, was the principal cause for concern. This was reflected in our survey where 16% of respondents said they had developed a problem with taking medication not prescribed to them while in the prison compared with 9% in comparable prisons. Only 4% of prisoners said it was easy to get alcohol and 5% tobacco, both of which were significantly better than in similar prisons.
- 3.41 The drug strategy focused appropriately on illicit use of prescribed medication and this was reflected in minutes of the monthly meetings where actions were taken to reduce illicit use and their effectiveness tracked.
- 3.42 Some security procedures were still not proportionate. We observed prisoners being routinely strip-searched immediately before discharge and following visits. We also saw prisoners being routinely double-cuffed to an officer before attending a funeral and on hospital escorts

which was not appropriate in the absence of a properly completed risk assessment.

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

- 3.43 There had been two deaths in custody at the end of 2022 and an investigation by the Prisons and Probation Ombudsman was continuing. Rates of self-harm had reduced since the last inspection and were much lower than at comparator prisons (493 per 1,000 prisoners v 763 per 1,000 prisoners).
- 3.44 During the previous 12 months, there had been 190 incidents of self-harm, 13 of which had required hospital treatment. Over the same period, 381 ACCTs (Assessment, Care in Custody and Teamwork), the case management system for prisoners at risk of suicide or self-harm, had been opened and 14 prisoners were on ACCTs at the time of our inspection.
- 3.45 The ACCT scheme was managed very well, reviews were conducted on time, often by the same case manager and with a contribution from health care staff. The ACCT reviews that we attended were carried out with sensitivity and care. However, we spoke to prisoners being supported on an ACCT who gave mixed responses. Some felt very well supported, others did not feel that the weekly reviews helped them to feel safe. We discussed this with leaders who agreed that weekly reviews were too prescriptive and that some prisoners might need additional support. They agreed to arrange ACCT reviews at a frequency appropriate to a prisoner's individual needs. About a fifth of staff had not received up-to-date ACCT training but sessions were planned for the remainder of the year.
- 3.46 Leaders responded to learning from deaths in custody and the death in custody action plan was reviewed monthly at the safety meeting. Relevant data were also reviewed at the safety meeting and leaders addressed the drivers of self-harm promptly. The safety meeting was underpinned by a harm minimisation strategy that contained a detailed and relevant prison-wide approach to reducing self-harm.
- 3.47 Leaders had tackled several key areas that had reduced rates of self-harm. Notably, accessibility to Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) was regularly scrutinised and prisoners had good access to Listeners. Leaders monitored the time of day and lengths of listening 'call outs' to make sure that they were not restricted or curtailed by staff in any way.

In our survey, 56% said it was easy to speak to a Listener compared with 40% in similar prisons. The replacement of disposable razors with electric shavers had resulted in lower rates of self-harm with blades and prisoners appreciated the use of personal shavers.

- 3.48 Constant supervision had been used 30 times during the previous 12 months. Record keeping was poor and leaders had not monitored how long prisoners had been placed on constant watch or if it was always appropriate. There had been no use of anti-tear clothing during the previous year.
- 3.49 Defensible decision logs for prisoners on ACCTs who were placed in segregation did not always reflect or confirm that segregation had been considered as a last resort.

Protection of adults at risk (see Glossary)

- 3.50 The safeguarding policy was up to date but had not been well advertised. Many staff we spoke to were unsure of the prison safeguarding lead or how to make a referral. Few staff had received training. More positively, the prison lead had good links with Glamorgan Safeguarding Board and had attended several recent meetings.
- 3.51 During the previous 12 months, six safeguarding referrals had been sent to the local authority, but the outcomes had not been monitored and any subsequent learning had not been realised.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 In our survey, prisoners responded more positively about their relationships with staff than at similar prisons. Survey responses also demonstrated the constructive nature of engagement with staff, for example 70% said they had not experienced any form of victimisation or bullying from staff, 59% that they were encouraged by staff to attend education, training or work and 71% that staff were helping them to achieve their custody plan targets. All these responses were significantly better than at similar prisons. Prisoners' positive perceptions were reinforced by our observations. Staff were visible, approachable and responsive to prisoners on their residential units.
- 4.2 The key worker scheme (see Glossary) was not embedded well enough. More prisoners than at similar prisons said that they had a key worker (71% v 54%) but electronic case notes did not show regular contact between prisoners and their allocated keyworker. Key work was being used well to support some prisoners who had had regular discussions with the same officer over a period of months, but for many it was underdeveloped with little or no evidence of contact and lack of support for offender management (see paragraph 6.9).
- 4.3 Managers had introduced peer worker roles which helped to promote positive relationships and the involvement of prisoners in the prison community. The employment of military veterans as peer supporters for prisoners who were struggling with prison life was a good example of this, as were the representative roles that prisoners could take on.

Daily life

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

Living conditions

- 4.4 Most prisoners lived in overcrowded cells which were cramped and lacked privacy. We have raised this concern at several previous inspections of Swansea.



Cells on D wing (left) and A wing (right)

- 4.5 In spite of this, managers had prioritised decency. Cells and communal areas were clean and well equipped. There was little graffiti around the prison, privacy screening had been fitted around the in-cell toilets and toilets had lids. Telephones had been installed in the cells since the last inspection which made contact with families and friends easier for prisoners, although the shared cells made it difficult to speak privately. Prisoners in shared cells did not have any lockable storage for their possessions.
- 4.6 Prisoners had reliable access to clean prison-issue clothing, bedding, towels and cleaning items and at least weekly access to laundry facilities for their clothes. Outdoor jackets were not routinely provided other than for older prisoners, but leaders were responsive when this was raised with them. A small team of prisoners who could paint cells and assist with minor repairs helped to maintain the environment. Some showers had been refurbished and cell furniture and flooring had

been replaced on some wings. It was disappointing that this work had been put on hold until the whole prison had been updated.

- 4.7 The regime allowed prisoners reliable access to showers. In our survey, 93% said they were able to shower every day compared with 70% at similar prisons and 65% at our previous inspection. Most of the communal showers afforded privacy but showers on G wing and in the gyms did not have any cubicles or partitions between showerheads.
- 4.8 The atmosphere during association sessions was relaxed. Residential wings had some recreational equipment, but leaders were aware that more activities were needed. Prisoners made good use of television listings displayed on touchscreens on the wings which was a good initiative introduced by prison leaders.
- 4.9 Oversight of cell call bells was excellent. Leaders monitored data closely, followed up any cell bells that were not responded to within five minutes and had embedded a culture where staff responded to cell bells promptly and routinely across the prison.

Residential services

- 4.10 Just over half the prisoners said in our survey that the food was good. Meals that we observed were of reasonable quality and quantity. Lunch and evening meals included a hot option each day and the evening meal was the more substantial meal of the day apart from Sundays. Food service times were early in comparison with the community, for example, the evening meal was served between 4.15 and 5.15pm. Prisoners selected their meals from a four-week menu cycle. Religious and medical diets were catered for in discussion with health care staff and chaplains when necessary. Planning for Ramadan was in progress.
- 4.11 Themed meals were served nine times during the year and were appreciated by prisoners. Prisoners were consulted about food through surveys and forums with the kitchen manager. These consultations had resulted in some changes, which was positive.
- 4.12 The main kitchen and serveries were clean and well organised. The area in front of one servery was swept several times during one meal service as prisoners returning to their cells dropped scraps of food. Prisoners working on food preparation or service wore appropriate personal protective equipment and undertook basic food hygiene training. Plans to introduce a Clink Charity kitchen qualification (a charity which aims to reduce reoffending by training and rehabilitating prisoners) were now progressing.
- 4.13 Few prisoners had the opportunity to eat together and, other than G wing and a small group of workers on A wing, most ate in their cells. Toasters and microwaves were available during evening association, but the lack of suitable food storage facilities prevented more extensive self-cook options.

- 4.14 The shop was accessible each week, although new arrivals could wait up to 10 days for their first full order. Some catalogues were available for prisoners to buy items and arrangements had been made for prisoners to order larger value items every six months if they had the funds to do so.

Prisoner consultation, applications and redress

- 4.15 There was regular consultation with prisoners, including a fortnightly forum with the governor or another senior manager. Other forums focused on incentives, food, the items available to buy from the shop and protected characteristic groups (see Glossary and paragraph 4.23). Minutes of these meetings were produced promptly and shared with prisoners and there was evidence of changes being made as a result.
- 4.16 Prisoners were more positive than at similar prisons about applications being responded to within seven days, but we found a few applications that had not been replied to promptly. While all applications were tracked when leaving the wing, very few were recorded when they and managers could not be confident that all were dealt with.
- 4.17 Prisoners had ready access to complaint forms in Welsh and English. Over the previous 12 months, about 17% of complaints had received late responses which was similar to the level at our scrutiny visit in 2020. The lack of recorded discussion with prisoners during investigation of complaints was an omission and potentially reduced the rigour of the enquiry into the complaint. Replies were generally polite, however, and focused on the issues raised. Senior managers' involvement in the complaints process included quality assuring a sample of complaints at their monthly meeting. Regular analysis of complaints to identify patterns and trends was an improvement since the last inspection.
- 4.18 Prisoners were ambivalent in our survey about whether it was easy to communicate with their legal representatives (52%) or attend legal visits (56%). Legal visits took place on weekday mornings in private booths. Three video-link court rooms were available together with three video-link rooms for legal and other professional consultations. A separate room was set up for police interviews.
- 4.19 The library held a range of legal texts and prison service rules and instructions. Prisoners had access to a bail information officer. The most recent information about eligibility to vote had been given to prisoners in 2020 and there was uncertainty about who was responsible for this.

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

- 4.20 Oversight and management of equality had improved and had been appropriately prioritised. The strategy was up to date and a senior manager had been identified as the lead for most protected characteristic groups and was responsible for holding consultations.
- 4.21 Equality meetings took place frequently to review data from across the prison and were well attended. Data indicating disproportionality were investigated and addressed promptly. Leaders monitored subsequent actions through the equality action plan. In our survey, prisoners with protected characteristics generally did not respond more negatively than other prisoners.
- 4.22 Ten discrimination incident report forms had been submitted by prisoners during the previous year. Most had been investigated reasonably well and were dealt with within time. Most investigations included interviews with all parties involved before drawing a balanced conclusion of the incident, which was positive. Assurance of discrimination investigation by senior leaders was very good and the Zahid Mubarek Trust reviewed all discrimination reports and provided helpful external oversight that informed good practice.

Protected characteristics

- 4.23 Focus groups for prisoners with protected characteristics were scheduled throughout the year and were well advertised and well attended. However, outcomes from the focus groups varied according to the skills of the person facilitating the group. Minutes of several groups recorded important issues that prisoners had raised which had not been explored fully or converted into an action to be taken forward. Some prisoners who had attended focus groups told us they saw little positive change as a result and found the groups to be pointless.
- 4.24 A small number of prisoners with physical disabilities required wheelchair access. An adapted cell was available for one prisoner. One prisoner had not been able to access the showers for some time and some prisoners struggled to get in and out of their cells because their wheelchairs were too wide to go through cell doorways. We raised this with leaders who committed to conduct social care referrals, order narrower wheelchairs to improve accessibility through doorframes and

find a solution to providing daily showers to prisoners who were unfairly disadvantaged.

- 4.25 Fewer than 10% of prisoners were from black and minority ethnic communities. The equality officer had forged creative links to encourage community leaders into the prison to give presentations and support and celebrate cultural events with prisoners. A diary of celebratory events had been drawn up involving all protected characteristic groups. In November 2022 the Swansea African community centre had held an event which involved teaching singing skills, African drums and storytelling which was appreciated by the prisoners who attended. At the time of our inspection, the team were organising further collaborations which were intended to be motivational.
- 4.26 Work to understand and address recommendations from the recent HMI Prisons race thematic was in progress. Leaders had thought creatively about how to engage community agencies, increase cultural awareness and use food to improve relationships between the relatively small number of black or minority ethnic prisoners and staff. This was an interesting initiative, but it was too early to assess its impact.
- 4.27 There were no transgender prisoners at the time of the inspection. There was an appropriate local policy with which staff in reception and the first night centre were conversant.
- 4.28 Support for LGBT prisoners was very good. Forums for these prisoners were particularly well managed and included gathering prisoners' views on celebrating key events such as Pride across the prison. Helpful freephone support numbers had been entered on prisoners' pin phones and had been well advertised across the prison. Prisoners told us they felt very well supported and could speak to staff if they had concerns.
- 4.29 The promotion of the Welsh language was good and prisoners were able to access services in Welsh. Signs around the prison were printed in Welsh and English and the Welsh peer mentor ran the prisoners' Welsh social speaking club (see paragraph 5.28). Many of the key compacts that prisoners were asked to read and sign on arrival were provided in Welsh.

Faith and religion

- 4.30 Access to corporate worship was very good. The chaplaincy was almost fully staffed and there was a good stock of religious books and artefacts for prisoners. In our survey, 55% of prisoners said they had a religion, 80% of whom felt their religious beliefs were respected and 81% that they could attend religious services if they wished. Most prisoners we spoke to had religious clothes, prayer mats and books and told us that weekly corporate services started and finished on time.
- 4.31 Prisoners knew the chaplains well (often by first name) and saw them frequently around the prison. The only poor access that we found was

in the segregation unit where chaplains spoke to prisoners through the door (see paragraph 3.34).

Health, well-being and social care

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

Strategy, clinical governance and partnerships

- 4.32 Swansea Bay Health Board, Dyfodol and Time for Teeth were the health providers. Health services had improved since our last inspection despite staff vacancies. Staff were available 24 hours a day, worked effectively and were kind to prisoners.
- 4.33 Experienced leaders progressed improvement plans which had been developed after several systematic reviews and involved all partners, including Health Inspectorate Wales.
- 4.34 Local operational meetings demonstrated good joint working between the health team and the prison but performance information from all partners was limited. Staff pressures required senior health staff to be involved in operational delivery as well as their leadership responsibilities which compromised local oversight.
- 4.35 A confidential complaints system was accessible to prisoners and responses were timely, polite and, if necessary, apologetic. Trends and themes were identified from complaints and patient feedback, but further work was needed to use this information to improve services. Learning from incident reports was shared through the daily staff handover and daily record.
- 4.36 Clinical rooms were clean but few clinical waste bins were labelled and there were no cleaning schedules. This was rectified during the inspection.
- 4.37 We did not observe any emergency responses, but the team had competent staff to respond. Emergency bags were in place and defibrillators were regularly checked. There was no evidence of management checks and some expiration dates had been missed.
- 4.38 Good record keeping and information sharing were evident, but many records lacked adequate detail and required improvement. Information was sparse and diagnosis, treatment plans and the rationale for prescribing were not always evident. Caseloads, tasks and appointments ledgers were not always used which was a missed opportunity and did not reflect national standards of clinical record keeping.

Promoting health and well-being

- 4.39 The new health and well-being strategy identified health improvement pathways for prisoners. Terms of reference had been developed and a steering group set up which included representation from prison staff. A meeting had been held in January 2023 where the first three initiatives had been outlined, which was good.
- 4.40 Health information was available in reception for prisoners arriving and those being released, but information on health services in the prison was limited. Health promotion leaflets were available in most areas of the prison and there was much useful contact information for prisoners being released in Wales.
- 4.41 Screening and vaccination programmes were in place and the hepatitis treatment pathway was facilitated on site. Nursing staff were delivering sexual health screening and treatment and waiting times were short, including access to external specialist care.
- 4.42 Outbreak control measures could be demonstrated but a site-specific policy was not available during our inspection. Accessible information on notifiable diseases, local contingency plans and contact details would have benefited staff.

Primary care and inpatient services

- 4.43 Despite staff shortages, nurses worked hard to provide a good range of nursing intervention and treatment during their clinics and prisoners were positive about the care they received at Swansea. This was reflected in our survey where 62% said the quality of nursing care was good or very good against 49% at comparator prisons. Prisoners told us it was not as easy to see a GP but GP waiting times appeared very short and our survey results had improved since the last inspection.
- 4.44 All new arrivals were seen by a health professional and most were referred for support. Some patients with chronic diseases were not always placed on the waiting list for a review. Diabetics were identified through pharmacy reports and all those who required a prescription were referred to a prescriber for an immediate prescription. Secondary screening was offered and appeared to be undertaken within national guidelines, although there was no scrutiny of this.
- 4.45 A new optometry service had been set up and was managing the backlog. Reviews of diabetic patients and the over 50's had been carried out during the COVID pandemic to make sure that abnormalities were being picked up. Physiotherapy sessions were held in the gymnasium which demonstrated good partnership working.
- 4.46 There was no palliative care policy but there was evidence of good working relationships between the health provider and the local palliative care consultant.
- 4.47 A high number of prisoners arrived with mental health, substance misuse and pain management needs which affected all areas of

prescribing. Seventy-five per cent of prisoners were on medication. Thirty-one per cent of these were on an opiate medicine, 10% on Pregabalin or gabapentin, a sedating medicine for pain management, 25% were prescribed Mirtazapine, an antidepressant, and 21% were prescribed Promethazine, a sedating medicine. There was very little analysis or oversight of prescribing trends and a more comprehensive, multidisciplinary approach was needed.

- 4.48 The management of external hospital appointments was good and there was adequate provision. Oversight of referrals that might have gone astray was not good enough.

Social care

- 4.49 There was an up-to-date Memorandum of Understanding (MOU) between the local authority and the prison which described the pathway for prisoners requiring referral to the local authority for an assessment or to access equipment. The MOU, however, lacked detail on the single point of contact for logging referrals and comprehensive tracking was still not undertaken by the prison or the local authority in spite of our findings at our scrutiny visit in 2020.
- 4.50 Several staff described a clear safeguarding procedure for social care referrals which required a security information report. Other staff used the information in the MOU to refer directly to the local authority, bypassing any central log. There was no single point of contact to prevent unnecessary sharing of personal prisoner information.
- 4.51 The local authority lead did not provide comprehensive referral information, their attendance at partnership board meetings was inconsistent and no reports were submitted. We spoke to prisoners with social care and equipment needs who were satisfied, but we also identified two prisoners whose needs had not been met. This was rectified but pointed to weaknesses in the admission and referral processes.
- 4.52 Peer support was available on the veterans' wing and was working well.

Mental health care

- 4.53 The mental health service comprised primary care mental health, a crisis and intervention team and mental health in-reach team (MHIT) for those with severe and enduring mental health conditions. The teams were multidisciplinary and adopted a stepped care approach.
- 4.54 Immediate mental health needs were assessed on arrival and patients could refer themselves or be referred by staff at any time. Referrals to the crisis team were seen within 24 hours. A weekly single point of access meeting took place for the teams to discuss new referrals, patients' ongoing needs and discharges which safer custody representatives also attended. The MHIT saw urgent referrals within

three working days and non-urgent referrals could take up to 10 working days.

- 4.55 The crisis service operated seven days a week. The team attended all ACCT reviews, the case management system for prisoners at risk of suicide or self-harm, saw any prisoner in crisis and offered appropriate interventions including eye movement desensitisation reprocessing (EMDR) sessions, counselling and therapy dog sessions.
- 4.56 Primary mental health staff offered one-to-one sessions for patients with mild to moderate anxiety or low mood and there was one psychiatry session a week. No caseloads were held by this team because of staff pressures and patient contact was transient. There were very few care plans and clinical records were sparse. This created uncertainty about their care among patients and among staff who were unclear where responsibility for some patients lay. An assistant psychologist worked with prisoners with traumatic or acquired brain injury, which was a positive initiative.
- 4.57 Relationships between prison and health care staff were generally positive, but mental health awareness training was not delivered.
- 4.58 At the time of the inspection, the MHIT was supporting 16 patients with severe and enduring mental health conditions and neurodiversity needs. There was no access to group or psychological therapies for longer-term patients.
- 4.59 Prescribing reviews and health monitoring were completed regularly for patients receiving mood stabilisers and antipsychotic medicines. Clinical records that we examined were clear and demonstrated the use of risk assessments and a multidisciplinary approach to formulating care plans. However, appointment ledgers and the caseload function were not used in the electronic record, which meant that other staff teams could miss key information.
- 4.60 The MHIT helped patients to plan for release by liaising with their community teams for continuity of support.
- 4.61 Seven patients had been transferred to mental health hospitals under the Mental Health Act during the previous 12 months, all within the current guideline of 28 days. However, we were not confident that this guideline was being tracked effectively for all patients. At the time of the inspection, one prisoner had breached the transfer guideline and continued to wait, which was unacceptable.

Substance misuse treatment

- 4.62 An integrated substance misuse service was provided by Dyfodol which delivered psychosocial interventions and Swansea Bay which provided clinical services. A joint drug and alcohol strategy and action plan were supported by regular local meetings.

- 4.63 Newly arrived prisoners with drug and alcohol problems were identified promptly and received a thorough assessment and support from the primary health care team.
- 4.64 Prisoners with opiate addiction arriving with a confirmed community prescription could remain on it. Those who were not prescribed medication on the first night received symptomatic prescribing and prescribing was reviewed by a doctor on the following day. Clinical observations for patients detoxing from alcohol or drugs were continued during the night by nurses on the induction unit.
- 4.65 All new arrivals were seen by Dyfodol on their second day to assess support needs and provide individual harm reduction advice. A caseworker was allocated to patients receiving medication. At the time of the inspection, 27% of the population were on opiate substitution medication. Prescribing was flexible and in line with national guidelines, including 13-week reviews.
- 4.66 The team was actively engaged with 57% of the population. They delivered a wide range of recovery-based interventions to reduce harm, including one recovery group for eight weeks at a time for 10 patients. They also offered one-to-one and in-cell work.
- 4.67 Dyfodol used Prison Service electronic records and PalBase9, which informed effective risk management and release planning. The sample of psychosocial records that we examined were clear and all had individualised consent forms and care plans to meet the patient's needs. Dyfodol had no access to patient clinical records which presented a risk.
- 4.68 G wing operated as incentive substance-free living accommodation where prisoners could apply to do the 12-step addiction recovery programme. In our survey, patients were particularly complimentary about this intervention and the positive outcomes that they had experienced.
- 4.69 Pre-release planning was good. It focused on relapse prevention, harm minimisation and continuing treatment if required, with referral to community services. Naloxone (opiate reversal agent) was available on release, but uptake was poor. Dyfodol delivered training in the use of Naloxone.

Medicines optimisation and pharmacy services

- 4.70 Medicines were managed from the in-house pharmacy, which was open from Monday to Friday. Medicines were supplied to prisoners appropriately.
- 4.71 Prescribing and administration was recorded on SystemOne (electronic clinical records) and the reconciliation of medicines for new arrivals was completed by nursing staff. In-possession risk assessments were in place for most patients. At the time of the inspection, 46% of patients received their medicines in possession, although prescribing did not

always adhere to the duration identified by the risk assessment. Pharmacy staff had little involvement in the risk assessments and did not challenge prescribing when the assessments were not adhered to. It was unclear how frequently risk assessments were reviewed.

- 4.72 Medicines administration was led by nurses from three administration hatches three times a day with support from a pharmacy technician. There was limited provision for night-time administration. Most medicines were supplied as named patient medicines with appropriate labelling and a dispensing audit trail. Others were dispensed from stock which did not reflect good practice. Patients were given advice about their medicines when attending the hatch. Follow-up of patients who missed doses was not robust and we observed missed doses of important medicines.
- 4.73 Medicine hatches were managed appropriately by prison officers and confidentiality was maintained. The storage of medicines was adequate, although we noted that errors had been made because of unhelpful storage practices which had not been rectified.
- 4.74 A range of emergency medicines were available for patients to access medicines out of hours. However, no reconciliation was carried out to make sure that medicines were accounted for, which presented risks.
- 4.75 A discretionary medicines policy allowed for the supply of medicines for self-care without the need to see a doctor.
- 4.76 Pharmacy technicians were completing additional training which could increase the capacity of the pharmacist to support the management of chronic conditions and to offer clinics or medication reviews to help patients to optimise their medicines use.
- 4.77 A minimum of one week's medication was given to people when they left the establishment. The pharmacist independent prescriber managed this process well. The procedure for supplying medicines to those who were released unexpectedly was not robust.
- 4.78 Controlled drugs were well managed and audited at regular intervals. Medicines were stored and transported securely and cold-chain medicines were kept in suitable fridges, which were monitored. Medicines management meetings were undertaken twice a year, but the minutes did not include prescribing data or the use of tradeable medicines and oversight was, therefore, limited.

Dental services and oral health

- 4.79 Time for Teeth delivered a full range of NHS treatments on Wednesday and Friday in a small but well organised dental room. Waiting times for an appointment were reasonable with waits of between three and six weeks for routine care. Efforts had been made to reduce the number of do-not-attends which had resulted in a clear improvement to the efficiency of the clinics.

- 4.80 The proximity of the clinics meant that patients developing pain on a Friday evening could wait five days for a dental appointment, which was too long. Prisoners could access over-the-counter pain relief during this time and the dental team prioritised these patients for a review on their next visit.
- 4.81 Oral health improvement advice was given during dental consultations, but there were no advice leaflets in the surgery on common dental problems and self-care which was a missed opportunity. The dental team could issue prescriptions while they were on site and an alternative prescriber was used when they were not on site. Governance structures were robust and record keeping was comprehensive. Complaints were logged and most related to access to appointments. Emergency medicines were accessible, in date and stored securely in the surgery, but not all staff knew where they were kept. Policy documents were in date and available on the IT system. Maintenance certificates and the appropriate assurance documents were in place.

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 Managers had committed to making sure that prisoners had the time to complete domestic tasks, associate with their peers and exercise each day. This was part of a model in which engagement with purposeful activity was prioritised and rewarded. Prisoners who did not work had domestic periods on weekday mornings followed by exercise and association in the afternoon. They could have about two and a half hours out of their cells each day with additional time to collect meals, attend appointments and visits. Prisoners who worked full time could spend over seven hours unlocked each day, in addition to collecting their meals.
- 5.2 The regime offered to new arrivals on B wing was poor (see paragraph 3.6). Prisoners on C wing who were not employed were locked up during the morning when adjudications took place. Managers were addressing the provision of morning activities for these prisoners.
- 5.3 Prisoners in full-time work or education had evening association on four weekdays and more gym sessions than prisoners who did not work. This acted as an incentive to make productive use of their time.
- 5.4 The regime was subject to some curtailment. Evening association and the exercise period for workers were each cancelled once during the inspection.
- 5.5 Exercise periods were short at only 30 minutes each day and the exercise yards offered no activity other than walking or running laps.



ADF exercise yard



CEG exercise yard

- 5.6 Our roll checks carried out during the core working day indicated that just 8% of prisoners were locked up, far fewer than we find at other reception prisons. At the time of the checks, 47% of prisoners were in work, education or training and the rest were taking part in gym, library visits, appointments, visits, domestic periods, association or exercise.

Prison managers had introduced their own daily checks to make sure that prisoners who should have been unlocked were out of their cells.

- 5.7 In our survey, more prisoners than in similar prisons said that staff encouraged them to attend education, training or work. However, there were not enough activity spaces for all prisoners to be employed full time and not all the available spaces were filled each day (see paragraph 5.30).
- 5.8 Other than the small number of prisoners who worked on Saturday and Sunday, the weekend regime was far more limited for most prisoners, only half of whom were unlocked at any one time. They spent about 90 minutes unlocked each day, which was too little.
- 5.9 The library was staffed by two part-time librarians who work for the City and County of Swansea Library service and was supported by two orderlies. They and the environment were welcoming. The library held a good stock of books to meet a range of needs, including easy reads and books in languages other than English or Welsh.



Library

- 5.10 In our survey, 58% of prisoners said that they could use the library at least once a week compared with 12% at the previous inspection and 29% in similar prisons. All prisoners had timetabled access to attend weekly and library staff described good support from leaders to make sure that prisoners were given this opportunity. There was no weekend or evening access to the library, although each wing had a small stock of books.
- 5.11 Leaders had developed a reading strategy for the prison. This included the providing gift books for each child who attended a family visit,

books for prisoners to read to their children during secure video calls (see Glossary) or at the toddler group, themed events in the library and a book club for prisoners (and one for staff). The Shannon Trust mentoring scheme was available (provides peer-mentored reading plan resources and training to prisons).

- 5.12 The PE team made good use of the available resources which consisted of a sports hall, weights training and cardiovascular equipment spread across two indoor facilities and a small outdoor pitch. The latter was in the middle of the larger exercise facility and could not be used at the same time as exercise, which limited its use. Showers in the newer gym were being refurbished and those in the older gym were clean but did not have partitions to provide privacy while showering.



Old gym

- 5.13 The gym staff maintained good records of attendance, including checking for any disproportionality of access for prisoners from a black and minority ethnic background. Prisoners who worked full time could attend up to three gym sessions a week. Others could attend once a week.
- 5.14 Qualifications and links with community partners were still being redeveloped since the pandemic but specialist needs were catered for. These included sessions for older prisoners, veterans and prisoners with an individual need for remedial gym for their physical or mental well-being. A physiotherapist also attended regularly.

Education, skills and work activities



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

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

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

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

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

Standards

5.16 Many learners attained qualifications in skills at a good rate that were suitably matched to their starting points.

5.17 In skills classes, most learners made appropriate progress from their starting points in developing their literacy, numeracy or digital literacy skills. They knew their strengths and weaknesses and what they needed to do to improve. For example, in literacy classes, learners worked on sentence structure, spelling or letter writing. In digital literacy, learners developed basic word processing skills or progressed appropriately to using spreadsheets or presentation software.

5.18 In ESOL (English for speakers of other languages) classes, learners with very basic English language skills learned to recognise and pronounce the English alphabet and write and spell their names.

5.19 A very few learners took part in the First Steps in Welsh programme for beginner and refresher Welsh learners and speakers, and a small number were starting to gain qualifications.

- 5.20 Most learners learnt relevant vocational and industry-specific skills and gained qualifications in vocational provision, such as the British Industrial Cleaning Services or the building multi-trades workshop. As examples, learners gained qualifications in biohazard cleaning that allowed them to progress to jobs in the prison or on release, or construction health and safety qualifications or the basic Construction Skills and Certification Scheme card required to work in many construction industry jobs. In January 2023, about 22% of learners had secured employment which they had sustained six weeks after leaving custody. This compared well with other secure facilities for adults in Wales.
- 5.21 Learners from an ethnic minority background accounted for 15% of the prison population. Groups of learners from all ethnicities attained qualifications at rates above the prison's key performance indicators of 70%, although the groups 'Asian' and 'other' performed less well than the other groups.
- 5.22 A few learners across the work and vocational training provision were beginning to use e-learning tools on laptops connected to the prison intranet. This was helping learners to access a suitable range of learning and qualifications while in workshops, although limited connectivity made access inconsistent and learners did not have access in all workshops or learning areas.

Well-being and attitudes to learning

- 5.23 Most prisoners on skills learning and vocational training expressed an appreciation of the value of learning or prison employment to their mental health and well-being and their employment prospects on release.
- 5.24 Although attendance varied, most learners who attended sessions in the education centre or vocational workshops participated well in their learning. Learners behaved calmly and purposefully in nearly all sessions, demonstrating mutually respectful relationships with their teachers and peers. A very few learners showed limited interest in learning and worked without enthusiasm or at a slow pace.
- 5.25 Many learners in education, skills or work sessions were able to link what they were learning in classes to understanding how to manage their behaviour both inside and outside prison. They reported that they were developing valuable skills which would be beneficial in minimising reoffending in the future.
- 5.26 Learners and staff valued the mentors. They received comprehensive training and assisted teachers or supported their peers in learning and well-being. Mentors who had previously served in the armed forces gave helpful support to prisoners on the wings with additional needs who were struggling to adjust to prison life. Mentors themselves spoke of the positive impact on their own well-being of being a mentor.

- 5.27 Learners benefited from practical support for their well-being and mental health. This included bespoke stress or anger management courses, distraction packs for use on the wings and a range of activities to develop literacy, numeracy and employability skills.
- 5.28 A few learners took part in less formal education opportunities which supported their well-being, such as basic guitar lessons, or they attended a monthly Welsh language association session to speak, practise and develop their Welsh.

Teaching and learning experiences

- 5.29 An appropriate range of educational, vocational and work pathways was available to many prisoners, including vocational courses, accreditations and entry-level to a few level 2 courses aimed at supporting employment on release. Prisoners also benefited from access to online and distance learning, including that offered by the Open University and the Prisoners' Education Trust. The prison had worked well to improve provision, but it was too early to judge the full impact of these recent initiatives.
- 5.30 A minority of the available spaces for learning, skills or work were not allocated to prisoners. For some, this was due to delays in access to induction for education, waiting lists or they did not know how to navigate the system.
- 5.31 During education induction, learners were assessed appropriately for their literacy and numeracy levels and digital competence. They also had an opportunity to complete an online package to indicate any additional learning needs.
- 5.32 In education classes, nearly all tutors had built strong relationships with learners based on respect and a sound understanding of their needs. They managed behaviour positively and provided helpful feedback and guidance on learners' work.
- 5.33 Many tutors provided appropriate support to facilitate learning. They adapted teaching suitably to meet the needs of learners. In a few classes, provision was predominantly workbook based. However, tutors monitored learning carefully to ensure suitable progress and promote perseverance and engagement. In skills lessons, tutors developed learners' literacy and numeracy skills appropriately. For example, they provided learners with valuable opportunities to develop their writing skills or to estimate portion sizes as part of a healthy diet. In a few sessions, where teaching was strong, teachers used a wide range of teaching and questioning approaches to engage all learners, promote discussion, deepen their understanding and achieve strong progress. However, there was limited provision for emergent readers beyond that provided by the Shannon Trust.
- 5.34 There was an active Welsh-speaking group that, together with staff, arranged celebrations for St David's Day. There were also valuable opportunities for those wishing to learn, improve or practise their

spoken Welsh. In education and vocational areas, helpful Welsh signage was visible in classrooms and workshops.

- 5.35 Workshops gave prisoners work experience in areas of industry, including tiling, painting, plumbing, customer services, waste management, industrial cleaning, tailoring and laundry. These experiences allowed learners to develop practical skills and a work-ready mindset. They also provided worthwhile opportunities to build confidence, develop communication skills, resilience and the social and emotional skills required to be successful in the workplace. However, two workshops providing experience in the hospitality and construction industry were not operating at the time of the inspection, which limited opportunities for training. One of these had been non-operational for some time.



Tailoring workshop

- 5.36 Many workshops provided learners with a wide range of useful opportunities to obtain qualifications and certifications to enable them to access work in the community. These qualifications included access via e-learning to an increasing range of theory-based accreditations that matched well to local labour market needs, for example the primary sector, construction, trades, business, hospitality and retail. The development of essential skills in workshops was evolving, although it was not fully embedded. In the majority of workshops, tutors monitored closely how well learners engaged with and progressed when completing these modules. However, poor intranet connectivity hindered access to e-learning platforms in some parts of the estate.

Care, support and guidance

- 5.37 Staff in education, skills and work demonstrated beneficial and encouraging relationships with learners. They knew their needs and interests well and supported them as they gained a range of skills and built confidence in their learning.
- 5.38 Staff used individual learning plans effectively to plan progression steps, record progress in learning and take into account sentence planning. Learners used these appropriately to evaluate their outcomes compared to their personal goals.
- 5.39 The peer mentoring programme provided valuable opportunities for mentors to develop their skills and support their peers. Furthermore, additional training was offered to trained mentors to enable them to recognise and support a range of additional learning needs (ALNs). This work also strengthened mentors' ability to recognise traits in themselves, which could have affected their learning and life inside and outside prison.
- 5.40 Learners were offered an extensive range of careers information and support to develop employability skills, particularly in the latter period of their sentence. The employment hub enabled prisoners to access support from a range of community organisations, the Department for Work and Pensions coaches and employers from the local area. Learners received support with job searches, interview practice and writing curriculum vitae and job applications. Learners also benefited from access to a simulator in the employment hub and virtual reality headsets to practise driving heavy goods vehicles, excavators and forklift trucks.
- 5.41 The education, skills and work team also offered opportunities to explore cultural awareness, values and beliefs, for example, Black History Month was celebrated and an Eisteddfod was held for St David's Day.
- 5.42 There was valuable support for learners with ALNs, which included a range of strategies to support learning and a limited range of specific resources, such as coloured overlays and pen grips to use in the classroom. There was a dedicated sensory room in the main learning and skills area, which learners used to support their well-being. In addition, the well-being team had trialled the loan of sensory items from the well-being centre on the wings over the weekend, which learners felt had a beneficial impact on their well-being.
- 5.43 While staff monitored attendance each day, learners' attendance in education, skills and work, their social skills and well-being were not evaluated over time.
- 5.44 Opportunities to assess or diagnose ALNs formally were limited and the majority of ALN identification was self-disclosed by the learner. There was a lack of bespoke support for learners with more complex ALNs to develop basic independent living skills, such as cooking,

cleaning, money handling or transport skills. In addition, the use of symbols, visual prompts or basic signing for learners with communication needs was underdeveloped.

- 5.45 Inconsistent connectivity limited the ability of staff to record and monitor progress and gather information on previous learning and ALNs in several areas of the department.

Leadership and management

- 5.46 Leaders had a clear vision to meet the needs of prisoners, deliver access to learning experiences and qualifications, and provide support and guidance to help them secure and sustain employment on release and reduce their risk of reoffending. Leaders and a dedicated team had worked diligently to bring about improvements to provision and outcomes since the last inspection. Leaders were effective in supporting new staff to develop and promote helpful initiatives. There was a more coherent curriculum offer, more full-time spaces for prisoners to engage in education, training and work, and attendance had improved since the last inspection.
- 5.47 A multidisciplinary 'Employment Advisory Board' supported the employment hub well in engaging with potential employers and other organisations working locally and regionally.
- 5.48 Leaders and managers carried out a range of self-evaluation activities that informed improvement planning appropriately. This work was evolving steadily. A self-evaluation calendar had been introduced which incorporated activities to gather a wide range of first-hand evidence from lesson observations, learning walks, reviews of learners' work and surveys of prisoners' views. Leaders monitored and carefully analysed prisoners' progress towards achieving qualifications, including the progress of groups of learners. Leaders had started to evaluate reasons for the lack of take up of provision to make some adjustments. They used labour market information well to inform their curriculum offer and vision.
- 5.49 Although the prison offered a suitably broad and balanced curriculum, weaknesses or delays in the set-up of infrastructure affected learners' ability to access provision, for example delays in completing two of the workshops designed to provide relevant skills for the local labour market and shortcomings in intranet connectivity.
- 5.50 Self-evaluation was also beginning to focus appropriately on the quality of provision to inform a strengthened professional learning offer for teaching. Staff took part in a range of professional learning focused on meeting specific improvement priorities such as autism awareness, embedding literacy and numeracy and improving the quality of teaching.
- 5.51 Staff were also working valuably in groups to take responsibility for driving forward priorities for improving teaching, such as delivering engaging lessons or learning experiences that focused effectively on

the impact of provision on learners' outcomes. The peer observations facilitated through this process provided helpful opportunities to share and discuss practice.

- 5.52 Although teaching staff in education could access a wide range of professional learning to develop their teaching, tutors in workshops and vocational areas had fewer opportunities to update and develop their vocational skills.
- 5.53 While leaders carried out a range of self-evaluation activities, they did not always make the best use of the information available to them to identify precise areas for improvement. For example, while attendance and participation were monitored regularly and they sought prisoners' views on the shortfall in take up, leaders did not analyse the information well enough to identify precisely the causes of non-attendance or to address successfully broader reasons for shortfalls in the take up of education, skills and work spaces. Approaches to evaluating the quality of teaching were at an early stage of development.
- 5.54 The education, skills and work team worked well together to support prisoners. However, staff shortages negatively affected prison managers' ability to secure continuity in the full range of provision for prisoners.
- 5.55 At the time of the inspection, about a third of prisoners did not participate in education, training or skills and a minority of available spaces remained unallocated. For some prisoners, this was due to delays in access to induction for education, inconsistencies in the allocation process and waiting lists. Other prisoners did not engage, partly because they did not understand fully what was on offer or how to navigate the system of allocations.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

- 6.1 Support for prisoners to help them maintain contact with their children, families and friends was very good. There was a good family strategy and a team of prison staff and stakeholders, including Prison Advice and Care Trust (PACT) and Family and Friends of Prisoners (FFOPS), had successfully implemented a range of initiatives.
- 6.2 There had been improvements in technology, including in-cell telephones and social video calls which, alongside social visits, enhanced opportunities for prisoners to stay in contact. Leaders had scheduled video calls in the evenings and weekends to optimise opportunities for prisoners to contact their families.
- 6.3 The visits hall remained small, although efforts had been made to make the room engaging, particularly for children, through murals on the wall. The furniture was shabby and uncomfortable and leaders were awaiting an order for new furniture. In our survey, 35% of prisoners said they had been able to see their family and friends more than once in the last month compared with 22% in similar prisons.



Prison visits hall

- 6.4 An impressive range of initiatives were in place to support family contact, including family days and Storybook Dads (prisoners recording a story to send to their children (see paragraph 5.11)). PACT held weekly baby and toddler groups for up to six family members, including the prisoner, which had recently been extended to grandparents. The parent and child were able to engage and play for a two-hour period in a relaxed environment. We spoke to families who had been involved who said that they appreciated the opportunity to get together in a more normal setting.
- 6.5 PACT had established a professional network of ambassadors throughout the local community and had held a number of events to invite teachers and other professionals into the prison to understand the custodial environment and become a PACT ambassador. A network of people had been developed who could support children of an imprisoned parent beyond the prison wall, by having a named contact at schools to share information and for a child to reach out to if in need. At the time of the inspection, representatives from five high schools and 20 primary schools had attended these events.
- 6.6 The engagement and overall support for families by PACT and FFOPS were good. They were available to families each day and afforded opportunities at coffee and chat meetings for families to provide feedback and ask questions.

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.

- 6.7 About a third of the population were prisoners on remand and a further third were serving a short sentence of less than a year. Most prisoners spent less than three months in the prison.
- 6.8 A comprehensive analysis had been undertaken to identify the needs of the population, which included a prisoners' survey, demographic data, criminogenic factors and regional data. This had been used to develop a strategy and action plan to drive forward initiatives to improve outcomes. These included the employment hub and a new programme aimed at high-risk domestic violence, together with some smaller initiatives. A reducing reoffending meeting took place each month, but attendance was not consistent and leaders did not use data usefully to better understand the effectiveness of their provision.
- 6.9 The offender management unit (OMU) was almost at full strength for both probation officer and prison officer offender managers (POMs) and case loads were reasonable. The level of recorded contact between POM and prisoner was reasonably good overall. The first recorded contact by the POM with the prisoner usually took place within a couple of weeks of arrival but some took up to a month, which was too long, particularly for those serving short sentences. Most prisoners whom we interviewed were able to name their POM and most spoke positively about the support they were receiving. Support from keyworkers, however, was inconsistent.
- 6.10 There was no backlog of assessments of risk and need. Most were of a reasonably good standard, but some pre-dated the most recent sentence or did not mention the relevant offending behaviour. In the sample that we reviewed, all eligible prisoners had a sentence plan and most had demonstrated adequate progress against their targets.
- 6.11 In our survey, 86% of respondents who said they had a custody plan knew what they needed to do to achieve their targets and 71% of these said that someone was helping them to achieve their targets compared with 45% at similar prisons. Almost all prisoners whom we interviewed rated Swansea highly as a positive rehabilitative culture.
- 6.12 Support for remand prisoners was good. All remand prisoners received support from the resettlement team for immediate needs on arrival and some benefited from the allocation of a POM if there were concerns about the level of risk posed or a potential indeterminate sentence.
- 6.13 The OMU held a weekly clinic on the wings to provide support, which was good, and all prisoners were able to access information that they needed.

Public protection

- 6.14 Each newly arrived prisoner received a robust public protection screening, which examined current and previous offences and intelligence from the community. This was aided by access for all POMs to Delius, a probation management system, which was good.
- 6.15 At the time of the inspection, 32 prisoners were on full monitoring for public protection, most involving domestic violence concerns. In cases that we examined, these measures were used appropriately and reviews were timely. However, our review of call records identified a significant deficit in the monitoring of calls. In one case, only five out of 32 calls were monitored and the system did not allow for staff to review any backlog, leading to not insignificant gaps.
- 6.16 In our case sample, 19 prisoners had a risk of serious harm assessment, more than half of whom presented with a high or very high risk of harm. All cases had a risk management plan in place, most of which were reasonably good, the weaker cases were completed by community offender managers (COMs) and lacked attention to risk management during the custodial period.
- 6.17 The head of offender management delivery had good oversight of high-risk prisoners due for release, making sure that all multi-agency public protection arrangement (MAPPA) levels were confirmed, using appropriate escalation routes if needed. In all the cases that we examined, there was sufficient evidence of the notification of MAPPA levels, with appropriate risk management being discussed and implemented between POMs and COMs.
- 6.18 A monthly interdepartmental risk management meeting provided necessary oversight of higher risk cases. Leaders had engaged community agencies, including the COM, police and social services, to dial into the meeting to discuss a case. This was very good and enabled good information sharing and risk management.
- 6.19 At the time of the inspection, 19 prisoners were held who were MAPPA level two cases, a high number given the population at Swansea. Attendance by all POMs at MAPPA meetings was good. The quality of MAPPA reports was reasonable: probation POMs, who held the majority of cases, were more detailed and analytical while the prison POMs were more descriptive.

Categorisation and transfers

- 6.20 Prisoners' initial categorisation was timely and decisions that we reviewed were appropriate, although prisoners were not routinely involved and could not, therefore, express their views. During the previous six months, there had been an average of 40 transfers a month, mostly to Parc or Usk, for prisoners sentenced to more than a year.

- 6.21 At the time of our inspection, 88 prisoners were on hold and could not be transferred to another prison. Most of these were appropriate, for example engaging in the 12-step programme, but leaders acknowledged that for some a transfer would have been necessary to meet sentence planning objectives.
- 6.22 At the time of our inspection, a very small number of prisoners on determinate sentences were held and all were supervised by a dedicated POM. Just over half this group were on recall and required to stay at the prison, while the remainder were newly sentenced and risk management work and assessments were being completed to determine where they should be appropriately located.

Interventions

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

- 6.23 No accredited programmes were offered, which was in keeping with the function of the prison to focus on helping prisoners settle into custody or prepare for their release.
- 6.24 A number of non-accredited interventions were offered to prisoners, including one-to-one delivery by POMs. Community probation attended the prison to give prisoners access to restorative justice initiatives which six prisoners were undertaking at the time of our inspection. Prisoners were very positive about their progress on the 12-step addiction recovery programme (see paragraph 4.68).
- 6.25 Choices and Changes, a one-to one intervention aimed at younger prisoners, had started and was delivered by two POMs and a small group of key workers. At the time of our inspection, nine prisoners had completed this work and 20 more were undergoing assessment, allocation and delivery. All prisoners aged 18-25 were screened, including those on remand, which was positive.
- 6.26 In August 2022 leaders had opened an employment hub and employment support had improved. Three employment fairs had been organised, with a number of prospective employers and support agencies attending. Leaders had established a range of contacts, including employers in the local community, who regularly attended the prison to talk to prisoners about opportunities on release. Employment outcomes on release were better than at similar prisons, with just over a fifth of prisoners leaving with employment (see paragraph 5.20).
- 6.27 The employment hub offered a central venue for prisoners to access services, including the DWP who worked on site to support prisoners with their benefit claims. The resettlement team made arrangements for prisoners who needed debt support to receive specialist advice.

- 6.28 There was no release on temporary licence (ROTL, see Glossary) to help prisoners gain employment, attend housing interviews or rebuild family ties.

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.

- 6.29 The demand for resettlement services was high. During the previous year there had been an average of 80 releases a month into the community, almost all of which were to Welsh communities.
- 6.30 There were effective links between the prison and community probation. The handover of cases to the community was timely in cases that we examined and it was impressive to see the number of COMs attending to see prisoners and the short-sentence team coming into the prison each week.
- 6.31 An appropriately resourced, committed resettlement team was based in the prison. They met every new prisoner, regardless of sentencing status or risk of harm, to assess their needs and deal with immediate concerns, such as tenancy agreements or outstanding financial matters. The team also had a growing network of organisations to which they could refer prisoners.
- 6.32 An effective multidisciplinary pre-release board, which the prisoner attended two weeks before release, was attended by prison POMs, resettlement, substance misuse services and other departments. This allowed the opportunity for all attendees, including the prisoner, to discuss unresolved issues before release. It was impressive that the licence conditions were given to the prisoner so early, giving them time to understand the restrictions put in place by probation services on release.
- 6.33 To further support this, leaders had introduced a number of sessions, including money management, in the weeks leading to release, known at the prison as the 'departure lounge'.
- 6.34 Prison data indicated that too many prisoners had no accommodation on the day of release. During the previous 12 months, a third of prisoners were either homeless or in transient accommodation on the night of release. Housing referrals were being completed, but ultimately this undermined the positive work undertaken to resettle prisoners effectively in the community.
- 6.35 Arrangements on the day of release lacked care. Prisoners were strip-searched in reception before release without adequate justification. Prisoners had to put their clothes and other property in a transparent bag and were unable to charge their phones before release, which was poor practice.

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, initial risk assessment arrangements and early days support were weak. Most prisoners felt safe, but violence reduction measures were underdeveloped. The number of self-harm incidents was high and significant recommendations from the Prisons and Probation Ombudsman (PPO) on deaths in custody had not been met. Security arrangements were reasonable and useful but limited work had been done to tackle drug supply. The use of segregation was low, and adjudications were handled appropriately. Use of force was proportionate and quality assurance was developing. The high demand for substance use interventions was not adequately met. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

All newly arrived prisoners should have a private interview to help identify vulnerability and risk, followed by systematic support during their early days in the prison. There should be rigorous support for prisoners identified as being at risk of self-harm and Prisons and Probation Ombudsman recommendations should be implemented in full. (S43)

Achieved

Recommendations

All new prisoners should be located in a supportive and calm environment, where they can assimilate information and receive help to settle into the prison. (1.11)

Achieved

All prisoners should receive a full induction programme that meets their needs. (1.12)

Not achieved

All incidents of violence, bullying and use of force should be recorded and thoroughly investigated, with appropriate action taken. Victims should be supported. (1.17)

Achieved

The strategy to prevent self-harm should be based on analysis of information about the nature of incidents, patterns and trends. It should be rigorously overseen by the safer custody meeting. (1.24)

Achieved

Constant watch cells should provide a clean and decent environment for prisoners in crisis. (1.25)

Achieved

The safer custody meeting should establish why so many prisoners do not feel they can speak to a Listener when they need to, and investigate concerns reported by the Listeners. (1.26)

Achieved

A safeguarding policy should be developed and implemented. All staff should be trained in safeguarding procedures and be aware of their responsibilities under the Social Services and Wellbeing (Wales) Act 2014. (1.28)

Not achieved

The prison should have an integrated approach to reducing the demand and supply of drugs in the establishment. Supply reduction measures should include an adequately resourced mandatory drug testing programme that ensures the required level of target testing and completion of all requested suspicion tests and target searches. (1.36)

Achieved

Security measures should be proportionate. Strip-searching should only be conducted when the decision is supported by intelligence. Closed visits should be for visits-related activity, with restrictions lifted during monthly reviews if they are no longer supported by intelligence. (1.37)

Not achieved

The incentives and earned privileges scheme should provide incentives for good behaviour and include individual and meaningful targets. Those on the basic level should be managed consistently. (1.40)

Not achieved

Data on adjudications should be routinely analysed to identify emerging patterns. Trends should be investigated and appropriate action taken to address concerns. (1.45)

Achieved

An adjudication quality assurance procedure should be introduced. (1.46)

Achieved

Analysis of use of force data should cover all relevant factors in order to monitor trends and be able to proactively respond to emerging threats. (1.52)

Achieved

Individual care plans should be in place for all segregated prisoners with a clear focus on identified risks and successful reintegration planning. (1.57)

Not achieved

Prisoners should not routinely be held in the segregation unit before their adjudications. (1.58)

Achieved

Segregation monitoring meetings should be held regularly, with consistent core attendance and analysis of data. (1.59)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2017, communal areas were reasonably clean but the prison was very crowded and a number of cells were in poor condition. Too many prisoners were not receiving basic necessities such as clean clothes, sheets and access to telephone calls. Staff-prisoner relationships were generally good but sometimes passive. The management of equality and diversity was weak but improving. Faith provision was good. Complaints were usually managed appropriately. Health services did not adequately meet the need. A good amount of hot food was provided, but meal times were too early. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Prisoners should be provided with sufficient and good quality clothing, bedding and towels each week. (S44)

Achieved

Recommendations

All prisoners with substance misuse issues should have prompt and sustained access to a comprehensive range of psychosocial support which meets their identified needs. (1.69)

All prisoners withdrawing from drugs and alcohol should receive comprehensive monitoring and prescribing according to the Drug Misuse and Dependence UK Guidelines on Clinical Management 2017. Prisoners continuing opiate substitution from the community should receive regular prescribing reviews. (1.70)

Achieved

Cells should not accommodate more prisoners than they are designed for. (2.9)

Not achieved

The cleanliness and condition of cells and communal areas on all wings should be of a good standard. (2.10)

Achieved

Prisoners should be able to make a telephone call every day. (2.11)

Achieved

Cell bells should be answered promptly. (2.12)

Achieved

The applications system should be monitored to ensure that responses are timely and focused. (2.13)

Not achieved

Staff should exercise consistent care and management of prisoners. They should challenge inappropriate conduct and encourage prisoners to engage with the regime. (2.16)

Achieved

The national equality monitoring tool should be revised so that the data are no more than one month old. Disparities should be considered by the equality team, thoroughly investigated and addressed. (2.23)

Achieved

All incidents of alleged discrimination should be thoroughly investigated. Quality assurance should be effective and include external scrutiny. Standard complaints that allege discrimination should be investigated as DIRFs. (2.24)

Achieved

The distinct needs of prisoners with protected characteristics should be identified and systematically addressed. (2.32)

Not achieved

Complaints processes should be implemented consistently and managers should ensure that prisoners receive polite and focused responses. (2.39)

Achieved

Formal clinical governance arrangements should be established to ensure consistent delivery of appropriate standards related to health promotion, audit, infection prevention, complaints management, prisoner engagement and clinical supervision. (2.50)

Achieved

Responses to medical emergencies should be routinely recorded and monitored to ensure that expected standards are reached. Resuscitation equipment should be available in the health care department and all equipment should be routinely checked against standardised lists. (2.51)

Achieved

Prisoners should be able to complain about health services through a confidential, well advertised system and responses should address all issues raised. (2.52)

Achieved

Prisoners should have easy access to relevant health promotion interventions, including smoke-free support and all relevant community screening programmes. (2.53)

Achieved

Waiting time for the optician should be reduced to ensure prisoners receive timely care. (2.58)

Achieved

The capacity of the pharmacy team should be reviewed so that the team can deliver medicines use review clinics and other services to improve prisoner care and outcomes. (2.63)

Achieved

Facilities should be provided to allow in-possession medicines to be stored securely. (2.64)

Not achieved

All medicines rounds should be adequately managed and supervised to ensure that patients are identified correctly, patient confidentiality is protected and medicines administered at therapeutic times. (2.65)

Achieved

The service contract for dentistry should be agreed and tendered for as soon as possible to ensure that prisoners have timely access to dental health services which are appropriately governed. In particular, men in acute pain and distress should be treated as a matter of priority. (2.68)

Achieved

All patients with mental health conditions should have timely access to a range of interventions which meet their identified needs. (2.73)

Not achieved

Lunch should not be served before midday and the late meal should be in the evening. (2.79)

Not achieved

Prisoners should not be charged an administration fee for catalogue orders. (2.81)

Achieved

Purposeful activity

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

At the last inspection in 2017, time out of cell was too limited. The strategic management of activities was weak. There was not enough activity for the population. Achievements for those who attended were good. Teaching and learning were adequate but attendance was poor. The library was well managed but one wing had virtually no access to it, which was unacceptable. PE provision met the needs of most prisoners. Outcomes for prisoners were poor against this healthy prison test.

Key recommendation

Managers should ensure that prisoners are unlocked and engaged in constructive activity during the working day, and that poor attendance is addressed consistently. The number, range and quality of education, training and work places should be sufficient to give sentenced prisoners realistic opportunities to improve their employment prospects. (S45)

Partially achieved

Recommendations

Prisoners should have a regime that includes daily association and at least one hour in the open air. (3.3)

Not achieved

The role of the learning and skills provision in reducing offending should be central to the prison's strategic vision. (3.12)

Partially achieved

Managers should ensure that swift progress is made in achieving the objectives in the prison's quality development plan. Data should be used effectively to inform improvements in curriculum planning, quality and performance. (3.13)

Partially achieved

Managers should ensure that teachers' learning needs are appropriately assessed and that they have opportunities to improve their skills. (3.22)

Partially achieved

Teachers should deliver well-planned sessions that meet prisoners' individual learning needs. (3.23)

Partially achieved

Prisoners should be able to undertake a wide range of accredited learning and have opportunities to progress to higher levels. (3.30)

Achieved

Managers should ensure that all prisoners have regular access to the library. (3.35)

Achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection in 2017, the strategic oversight of resettlement work was weak and a whole prison approach to resettlement was lacking. Offender management was poor. There was reasonable community rehabilitation company (CRC) provision but too many men were released without sustainable accommodation. Public protection work was sound. Home detention curfew processes were efficient. Support for indeterminate sentence prisoners was limited. Work to support family ties was good. Visits arrangements were appropriate but the environment was run down. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

An up-to-date reducing reoffending strategy and action plan should reflect the offending behaviour and resettlement needs of all prisoners, including those on short sentences and remand. Local and national managers should ensure that there are enough offender management unit staff to support prisoners through sentence. The strategic approach should ensure that action is taken to reduce substantially the high number of men released without sustainable accommodation, including support from the Ministry of Justice to address the underlying causes of the problem. (S46)

Partially achieved

Recommendations

Staff in all departments, including residential staff and St Giles Trust staff, should work together effectively to ensure the rehabilitation and resettlement needs of prisoners are met. In particular, agencies should always report to St Giles Trust on the outcome of referrals to ensure effective ongoing resettlement planning. (4.6)

Achieved

Contacts should be developed with community organisations which can contribute to resettlement work. (4.7)

Achieved

Offender supervisors should be appropriately trained and supervised. There should be effective quality assurance of their work. (4.16)

Achieved

Cases should be referred promptly to the interdepartmental risk management team and action plans should be monitored to ensure that all actions are completed. (4.20)

Achieved

There should be appropriate support for indeterminate sentence prisoners. Those who need to attend an offending behaviour programme which is not available at Swansea should be transferred to an appropriate prison promptly. (4.24)

Achieved

The visits area should be refurbished to provide a welcoming environment and the closed visits booths should be relocated out of sight of the main visits area. (4.43)

Achieved

Recommendations from the scrutiny visit

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

Prisoners who arrive on separate days should not mix on the reverse cohort unit. (S3)

No longer relevant

Prisoners being managed on ACCTs should receive consistent, well documented care and support that addresses the factors underlying their vulnerability to self-harm or suicide. (S4)

Achieved

There should be robust oversight and analysis of equality and diversity to ensure that differences in treatment and access to the regime are identified, understood and addressed. (S5)

Achieved

The Partnership Board should review the poor security of medicines and administration practices on the segregation and A and B units to ensure that medicines are transported around the prison and administered safely to patients in accordance with professional and good practice standards. (S6)

Achieved

The Partnership Board should review the provision of in-reach mental health services and the system of oversight, monitoring and effectiveness of primary and crisis mental health provision. (S7)

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

Inspections of prisons in Wales are conducted jointly with Estyn and Healthcare Inspectorate Wales. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report 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.justiceinspectors.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:

Charlie Taylor	Chief inspector
Angus Jones	Team leader
David Foot	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Donna Ward	Inspector
Martyn Griffiths	Inspector
Helen Downham	Researcher
Sophie Riley	Researcher
Reanna Walton	Researcher
Tania Osborne	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Lindsay Woodford	Pharmacy inspector
Mamta Arnott	Estyn inspector
Steve Bell	Estyn inspector
Mary Hughes	Estyn inspector
Clair Price	Healthcare Inspectorate Wales inspector

Appendix II Glossary

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

12 step programme

A peer support group that helps people recover from drug or alcohol addictions. The programme aims to help them achieve and maintain abstinence from substances by acquiring new coping skills and support.

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Healthcare Inspectorate Wales

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

Key worker scheme

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

Leader

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Special purpose licence ROTL

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

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