



Report on an unannounced inspection of

HMP Ford

by HM Chief Inspector of Prisons

4–20 April 2023



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Introduction

Ford is an open prison in West Sussex that housed 382 prisoners at the time of our inspection. The governor, appointed in April 2022, had taken advantage of a lower roll and a full complement of staff to make some excellent progress in transforming the culture at the prison, building the confidence of officers and improving staff-prisoner relationships. He and other leaders were visible around the site and well known to prisoners and staff, and the prison was a much more positive place than it had been at our scrutiny visit during the pandemic.

Prisoners liked living in the new pod accommodation that had been recently expanded, but the older parts of the jail were well past their best. There had been some refurbishment of these blocks, including new showers, but further work is required. The shabbiness of the house blocks is no excuse for those areas of the prison, such as the kitchen, that were not being properly cleaned.

When prisoners arrived at Ford, they were quickly given work and when their risk-assessment was complete there were lots of opportunities for working outside the jail or attending courses at Chichester College, with 136 going out every day. Good links with local employers with support from the employment board meant that prisoners were able to be supported into full-time work both during their sentence and on release.

Improvements that we found in rehabilitation and release planning led to an improved score, with this area now being judged as good. The well-run offender management unit (OMU) provided bespoke support to help prisoners progress with their sentences and a weekly drop-in session meant they could get timely information or help.

Elsewhere, the health care provider was also doing an excellent job with inspectors describing it as one of the best they had seen.

A good partnership with Chichester College provided both on-site workshops such as bricklaying, dry-walling, carpentry, and painting and decorating, and opportunities to join courses at the college. The leadership of education, however, lacked dynamism and led to not enough prisoners getting the help they needed with basic literacy and numeracy, the lack of which were leading to prisoners being denied release on temporary licence (ROTL) for education, training and employment.

Although the prison had begun to consider how to improve outcomes for different groups of prisoners, they had not done enough to understand and address the disproportionate allocation of both work and the best accommodation.

The main complaint from prisoners was the limited availability of the gym, which apart from Saturday mornings was closed at the weekend. The grass and AstroTurf football five-a-side pitches were hardly used. There was a small area with outdoor gym equipment in the grounds where many prisoners could exercise, but absurd health and safety rules meant that, although prisoners

were allowed to drive an HGV or a forklift truck, they were not allowed to kick a football around without supervision.

Enrichment activities such as the choir, art and mindfulness were not well-coordinated meaning they often clashed with each other or with work, and there was not enough for prisoners to do at the weekends or evenings. Given the stability of the prison and abilities of the inmates, there is a real opportunity for leaders to promote more prisoner-led activity. Many of the prisoners who are returned to closed conditions are returned because they have taken drugs. The prison has worked hard to reduce the supply, but a greater focus on reducing boredom and providing more activity may well help to reduce the demand.

The governor and his team have done an excellent job in reinvigorating Ford, inspiring staff and making the jail a positive and purposeful place.

Charlie Taylor

HM Chief Inspector of Prisons

May 2023

What needs to improve at HMP Ford

During this inspection, we identified 10 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. **Not enough was done to identify and address disparities in outcomes for prisoners from protected groups.** Prisoners told us that access to paid work on temporary release and allocation to the better accommodation in the prison were unfair.
2. **Prisoners complained of boredom and that there was not enough for them to do during evenings and weekends.** Enrichment activities were too limited, and prisoners were not allowed to use the sports fields unsupervised.
3. **Leaders and managers did not have enough oversight of the quality of the education, skills and work they offered.** Leaders' improvement plans did not effectively identify and drive improvements.

Key concerns

4. **There was no key worker scheme and not enough recorded interaction between residential staff and prisoners to provide ongoing support.**
5. **Some areas of the prison were unacceptably dirty and there was little evidence of routine cleaning practices.**
6. **Opportunities for consultation with prisoners were too limited.**
7. **The gym and outdoor sports facilities were underused and provision did not meet the wider needs of the population.**
8. **Too many prisoners missed valuable work and study time because of clashes with other regime activities or choosing not to return after attending personal appointments.** They did not develop the positive attitudes needed for work and future employment.
9. **Leaders and managers did not focus enough on improving the English and mathematics skills of prisoners who were below level 2 in these subjects.** This reduced prisoners' opportunities for progression to jobs on release on temporary licence and on discharge.

10. **The lack of a dedicated pre-release team was a significant gap for a prison whose core purpose was to prepare prisoners for release.**

About HMP Ford

Task of the prison/establishment

HMP Ford is a category D open adult male prison.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 382

Baseline certified normal capacity: 429

In-use certified normal capacity: 429

Operational capacity: 389

Population of the prison

- 423 prisoners received in the last year.
- 258 releases into the community in the last year.
- On average, 38 receptions per month.
- 145 transfers out in the last year.
- About 37,000 release on temporary licence (ROTL) events took place between April 2022 and March 2023.
- 80% of the population currently accessing ROTL.
- 50% of prisoners from black and minority ethnic backgrounds.
- 65% of prisoners aged between 21 and 39 years.
- 68% of prisoners serving a sentence of over four years to less than 10 years.
- 21% of prisoners serving a sentence of over 10 years and less than life.
- 54 prisoners receiving support for mental health.
- 57 prisoners accessing support for substance misuse.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance use treatment provider: Practice Plus Group

Prison education framework provider: Milton Keynes College

Escort contractor: Serco

Brief history

Formerly a Royal Navy Fleet Air Arm station, HMP Ford converted to an open prison in 1960. Some areas of the prison were rebuilt following a major disturbance at the establishment on 1 January 2011.

Short description of residential units

A block is brick-built accommodation, built in 1956, and has six wings, with 11 landings of 214 single rooms. B block has two brick-built accommodation units, built in the late 1990s, comprising single-storey landings with 55 rooms. This block also has 120 single-storey 'pods' with in-built sanitation, providing single accommodation.

Governor and date in post

Graham Spencer, April 2022

Changes of governor/director since the last inspection

2016–2019, Stephen Fradley

2019–2022, Andy Davy

Prison Group Director

James Lucas

Independent Monitoring Board chair

Gay Kaye

Date of last inspection

Scrutiny visit: 29 March –14 April 2021

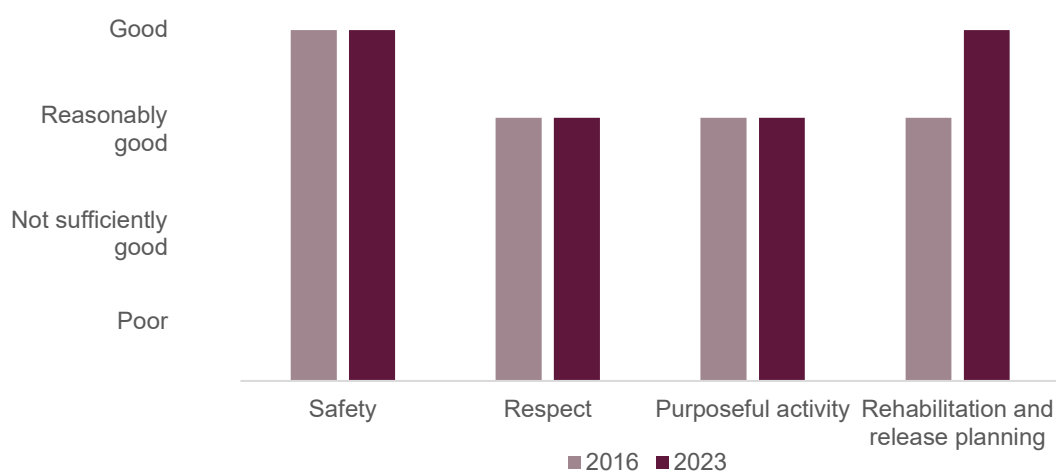
Full inspection: 6–17 June 2016

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 Ford, we found that outcomes for prisoners were:
- good for safety
 - reasonably good for respect
 - reasonably good for purposeful activity
 - good for rehabilitation and release planning.
- 1.3 We last inspected HMP Ford in 2016. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Ford prisoner outcomes by healthy prison area, 2016 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection, in 2016, we made 43 recommendations, four of which were about areas of key concern. The prison fully accepted 36 of the recommendations and partially (or subject to resources) accepted four. It rejected three 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 recommendations made in the area of respect had

been partially achieved. The recommendations made in purposeful activity, and rehabilitation and release planning had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In March 2021, 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/hmiprison/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV, we made six recommendations about areas of key concern. At this inspection, we found that three of the recommendations had been achieved, two had been partially achieved and one had not been achieved.

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found five examples of notable positive practice during this inspection.
- 1.10 Abscond awareness training, which explored factors increasing abscond risk and how to reduce this risk, had been rolled out to staff. (See paragraph 3.19)
- 1.11 The 'community concern form' was a good initiative that enabled anyone at the prison to highlight concerns about the welfare of prisoners. (See paragraphs 3.8 and 3.24)
- 1.12 Prisoners observing Ramadan were extremely positive about the provision. A small group of Muslim men prepared and cooked fresh food in the kitchen and the multi-faith centre was open until 10.30pm, to allow prisoners to pray communally. (See paragraph 4.33)
- 1.13 The 'school of construction' was a well-conceived initiative, giving prisoners the opportunity to gain valuable industry skills and qualifications, and increasing their chances of gaining employment on release. (See paragraph 5.24)
- 1.14 The weekly 'OMU drop-in' was an excellent and popular initiative. All probation- and prison-employed prison offender managers that were

on-site that day, along with the senior probation officer, head of OMU services and a case administrator attended to help prisoners with any progression or resettlement related problems and queries. (See paragraph 6.11)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor's clear direction and visible leadership since taking up post a year ago had led a shift towards a more decent environment and rehabilitative culture than we had found during our scrutiny visit in 2021.
- 2.3 Living conditions had improved overall, with all prisoners now in single rooms and around a third in prefabricated modular units ('pods'). The prison's operational capacity had been temporarily reduced following the demolition of the wooden billet accommodation for fire safety reasons, but plans for a major expansion project that would almost double the prison's capacity had been delayed. Leaders had driven a programme of works, carried out by skilled prisoners, to upgrade the remaining old accommodation, but showers and communal areas needed investment.
- 2.4 Leaders had prioritised improving the engagement and empowerment of staff. In our survey, staff that responded were more positive than we normally see in relation to the support they received and the levels of engagement from leaders. In turn, we found that staff interaction with prisoners was more positive than at our previous visit, although there was no functioning key worker scheme (see Glossary).
- 2.5 Leaders were well focused on managing the risks of an open prison, and a large number of ROTL events had been managed effectively, with a 99.8% success rate. There had also been considerable effort to reduce the risk of abscond. Although the number of prisoners returned to closed conditions was comparatively high, leaders gave careful and multidisciplinary consideration to each decision.
- 2.6 The governor or deputy governor met every prisoner during their induction to the prison, which was positive, but arrangements for wider consultation were insufficient.
- 2.7 While the promotion of equality and inclusion was developing, leaders had not done enough to understand disparities in access to the preferred accommodation in the prison and to paid work on temporary release.
- 2.8 Leaders had used almost two-thirds of the education budget creatively to meet the needs of prisoners by commissioning vocational training via

the 'dynamic purchasing system'. They had worked well in partnership with Chichester College Group to set up an impressive 'school of construction'. However, the leadership and management of education, skills and work was graded by Ofsted as 'Requires improvement'.

- 2.9 Although most prisoners were purposefully engaged during the working day, leaders had not done enough to involve them in the development of enrichment and sports activities. Leaders only allowed use of the sports fields when supervised by a PE instructor – of which there was a shortage – and many prisoners complained to us of a lack of activity, and boredom, in the evenings and at weekends.
- 2.10 Health services were well led and there was excellent partnership working with the prison.
- 2.11 Leaders had a strong focus on reducing reoffending, and the offender management unit was managed effectively.
- 2.12 Leaders engaged well with the local business community to secure outside work placements, and an employment advisory board – chaired by the director of a local company – was in place.
- 2.13 With the arrival of fewer prisoners with indeterminate sentences, but more with only a short time left to serve, leaders will need to give more consideration to the changing nature of the population.

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 In our survey, most prisoners reported respectful treatment in reception and few said that they were there for more than two hours. We saw friendly and helpful interactions.
- 3.2 The busy reception operated from around 5am to 11pm, to enable the movement of prisoners released on temporary licence. Reception staff also managed new arrivals and the discharge of those being released or transferred to another prison.
- 3.3 New receptions were quickly put at ease, both by the staff and the induction orderlies, and interviews were conducted in private. Drinks and, where necessary, food were provided. There were sufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) that could be called on to attend if needed.
- 3.4 All newly arrived prisoners were taken to either R1 or R2 (see paragraph 4.5) for their first night and induction period. Rooms were clean and well prepared, and 98% of respondents to our survey said that they had felt safe on their first night. A similarly high percentage (99%) said that they had had an induction, and 80% had found this useful, which was much better than at similar prisons.
- 3.5 Induction started on the next working day after arrival and was timetabled to be completed in five days. The programme was well planned and included all key areas of the prison and, impressively, an introduction from the governor or deputy governor. Prisoners were given their timetable and made personally responsible for attending as required. Both staff and peer workers provided further support, if needed, as prisoners adjusted to the open prison conditions.

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

- 3.6 The recorded number of violent incidents was low, with just three assaults in the last 12 months. In our survey, only 1% of respondents said that they currently felt unsafe, which was much lower than at our previous visit and at similar prisons. Furthermore, fewer prisoners than elsewhere reported bullying or victimisation by other prisoners.
- 3.7 The challenge, support and intervention plan (see Glossary) process was used, with nine referrals in the last year – all for allegations of low-level antisocial behaviour. Investigations had been completed promptly by the safer custody team but formalised plans had not been necessary.
- 3.8 If staff or prisoners had concerns about a prisoner's well-being, they could complete a 'community concern form' (see paragraph 3.24). The safer custody team followed up these referrals and we saw evidence of meaningful support being provided. The fortnightly safety intervention meeting was a good forum for discussing individual prisoners of concern and information sharing.
- 3.9 Although some data were presented to the monthly safety meetings, there was too little meaningful discussion to understand and respond to the safety issues at the prison, which mainly related to low-level antisocial behaviour.
- 3.10 There was a local incentives scheme, which prisoners and staff understood. Most prisoners arrived with enhanced regime status and most remained on that level. However, it was the opportunity to remain in open conditions and apply for ROTL that provided prisoners with the main incentives to behave. Most prisoners we spoke to were more positive about their relationships with staff and felt less under threat of being returned to closed conditions than we had found at our last visit.

Adjudications

- 3.11 In the last 12 months, there had been 500 adjudication hearings; the most common reasons were having unauthorised items in possession, failure to comply with a condition of licence or a mandatory drug test failure.
- 3.12 Hearing records we viewed showed a good level of enquiry and awards were within the tariff guidelines. There were few adjudications outstanding, but we found that some prisoners had been placed on report for low-level behaviour that could have been dealt with

informally. However, in these cases the adjudicating governor, appropriately, had not proceeded with the charge.

- 3.13 A range of relevant and potentially useful data was presented at the quarterly adjudication meeting, but there was insufficient analysis and monitoring of emerging trends.

Use of force

- 3.14 The level of use of force was low. There had been 11 incidents in the last year, but only three of these had required the use of full control and restraint. Others had involved guiding holds and/or the use of handcuffs, mostly for returning prisoners to closed prisons.

- 3.15 The monthly use of force meeting provided good managerial oversight and use of force documentation was up to date and of a good quality. Both the documentation and camera footage we viewed showed that force was used proportionately and demonstrated good de-escalation. PAVA (see Glossary) and batons were only carried by staff at night, but neither had been used in the last 12 months.

Segregation

- 3.16 A secure accommodation block with four cells was used before returning prisoners to closed conditions. The cells were of a good size, clean and ready for use.



Secure accommodation cell

- 3.17 Records that we viewed of prisoners who had been held in the cells demonstrated appropriate authority and a good level of interaction. Prisoners were informed of where they were going and why they were being transferred. Length of stays were short and prisoners were rarely held overnight.

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.

- 3.18 The security team focused appropriately on managing risk in the prison and the community, working collaboratively with the police, safer custody team and offender management unit. The level of ROTL failures in the last 12 months was lower than the average for open prisons, with a 99.8% success rate.
- 3.19 Six prisoners had absconded from the prison in the past year. Comprehensive investigations into each case had been completed and

a thorough abscond reduction strategy and action plan were in place. In addition, a thematic review had been commissioned to determine any learning from a cluster of absconds. Abscond awareness training, which explored the factors which increased abscond risk and how to reduce it, had been rolled out to staff. Staff spoke positively of the training that they had received.

- 3.20 In total, 158 prisoners had been returned to closed conditions in the last 12 months, which was higher than in other open prisons. Consideration for a return was triggered by a serious incident or change in circumstance. Comprehensive decision logs were completed for all prisoners who were being considered for return. These included reports from security, offender management and health services (including substance misuse) teams, and a summary of the prisoner's behaviour since arriving at the prison. From the sample we looked at, we judged that information was considered robustly and that decisions were proportionate. A further 36 prisoners had been considered for return to a closed prison, but the decision had been taken for them to remain at Ford, with support (see paragraph 6.21).
- 3.21 Security intelligence was managed well. A good flow was received each month, and this was collated and analysed quickly to identify emerging issues and monitor known concerns. Most related to mobile phones, drugs and other contraband. A comprehensive local tactical assessment was produced each month which identified the key security threats and highlighted areas that needed more attention. Monthly tactical briefings and security meetings were well structured. The actions drawn up to address identified security threats were proportionate and completed within a suitable timescale.
- 3.22 The prison had recovered a large volume of illicit drugs and numerous mobile phones in the past year, and there was good, coordinated working with the police to manage serious organised crime groups. The random mandatory drug testing positive rate (11.6%) was slightly higher than in other open prisons. Although there had been good work to reduce the supply of drugs, there was too little consideration of relevant data at the quarterly drug strategy meeting to give a prison-wide approach to responding effectively to emerging trends.

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

- 3.23 There had been no self-inflicted deaths at the prison since before the previous inspection. Only six assessment, care in custody and

teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened in the previous 12 months, two of which had included acts of self-harm. This was much lower than the average for the type of prison.

- 3.24 There was a good focus on understanding risk, and the prison's 'community concern form' was available for both staff and prisoners to submit to the safer custody team, to raise concerns about an individual. These were discussed at the safety intervention meeting and action was then taken to support the individual.
- 3.25 The ACCT documentation we reviewed gave a clear account of the issues and showed a good level of support. Some of those subject to ACCT procedures had been returned to closed conditions, but we were satisfied that this had been for a combination of reasons and not specifically for being at risk of self-harm.
- 3.26 A rolling programme of staff awareness training made sure that they were kept up to date on understanding and managing the risks of self-harm. There were sufficient Listeners in place to respond to any requests for support and they were well integrated into the safer custody team.

Protection of adults at risk (see Glossary)

- 3.27 The prison had maintained links with the West Sussex Safeguarding Board and a representative attended the quarterly meetings.
- 3.28 Consideration of safeguarding needs was included in the initial screening of new arrivals. The prison operated a 'community concern form' process (see paragraph 3.24), which enabled anyone to raise concerns about an individual with the safer custody team; the team would then formulate support plans, including, if necessary, an external safeguarding referral to the local authority.

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, 90% of respondents said that most staff treated them with respect, and 87% that they had a member of staff they could turn to for support, the latter being higher than at the time of the previous inspection. Our observations reflected this, and we witnessed a supportive staff group who encouraged prisoners to take responsibility for their conduct and behaviour in a measured way. Prisoners told us that staff were friendly and supportive, with some giving examples of staff intervening quickly to address poor behaviour and offering advice on life in open prisons to prevent a return to closed conditions. There was also a strong focus across the prison on developing prisoners' work ethic in preparation for release.
- 4.2 There was, however, no active key worker scheme (see Glossary) and only 56% of respondents to our survey said that they had a named officer. Monthly welfare checks took place, but we found little evidence of any meaningful commentary in the electronic case notes we reviewed.
- 4.3 Peer workers were well used to support some key supportive functions, such as safer custody, induction and equality, and we were impressed with their interactions with staff to provide support for prisoners.

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 The old post-war Royal Navy billet huts had been demolished and replaced with 120 temporary single occupancy living units ('pods'). These were the preferred option for most prisoners because of their modern design, the greater privacy and ensuite shower. The prison's capacity had been reduced by around a third since the previous inspection and prisoners no longer had to share rooms. The prison was

waiting for confirmation of a start date for the construction of new purpose-built accommodation that would replace some of the pods and almost double the overall capacity.



Single occupancy pods

- 4.5 The remainder of the population lived in the much older, brick-built units that formed A wing (A to F units) and B wing (R1, R2, Q1 and Q2 units). Some of the units on A wing needed substantial investment to bring them up to an acceptable standard. A shower refurbishment scheme had stalled because of the discovery of major structural defects, leaving two of the units dependent on temporary showers outside the main buildings. This caused much frustration among prisoners, particularly when the weather was bad. Some showers had been refurbished, but far too many remained in poor condition, with damp and mould, insufficient privacy and poor drainage.
- 4.6 While the majority of rooms were clean, tidy and well equipped, we found most of the communal areas on A wing to be dirty, with litter strewn and in a state of neglect. The walls against which prisoners stood queuing for telephones and meals were covered in dirt and boot marks, and some of the toilet and shower areas were filthy. Communal sinks under drinking water boilers were also dirty and had not been cleaned for some time. The exception to this was C1, C2 and F2 landings, which were well decorated, clean and well looked after by those who lived there.



E unit toilet area



Boiler sink

- 4.7 Although the responses to our survey suggested that access to cleaning materials had improved since the previous inspection, they were far more negative than at similar prisons. However, access to clean clothing and bedding was good and most survey respondents also said that they could access their stored property easily.

- 4.8 Laundry facilities had improved since our last visit and washing machines had been installed on all but one living unit, with most also having a tumble dryer. The central laundry provided a weekly service to those waiting for washing/drying machines to be installed.

Residential services

- 4.9 In our survey, 53% of respondents said that the food was good or very good, and more than at similar prisons said that they got enough to eat. Consultation and actions in response to the annual food survey had been limited.
- 4.10 The kitchen was a relatively new, modern, well-equipped building. Almost all of the equipment was in working order, but the hygiene standards were poor. Work areas and storage areas were dirty and there was rubbish and food spillage on the floor. Some cooking appliances and food storage racks were filthy. We immediately raised our concerns with senior managers, who took remedial action quickly.



Dirty oven (left) and food storage rack (right)

- 4.11 Breakfast packs were issued weekly and prisoners could request more. The lunch and evening meals were served at a central servery. This provided the facility for prisoners to dine together, although most chose not to do so, taking their meals back to their rooms.
- 4.12 Facilities for self-catering were limited to microwave ovens, grill plates and toasters on most units. The exception was on Q1 (the independent living unit), where prisoners could opt out of prison catering and buy their own food, to be cooked in a fully equipped kitchen. This supported prisoners to develop skills for release and was welcomed by those who lived there.
- 4.13 Around 35 prisoners worked in the main kitchen on a shift rotation basis. There were no qualifications available beyond basic food hygiene training.
- 4.14 Newly arrived prisoners could wait up to 10 days for their first full shop order, potentially leaving them at risk of getting into debt. This was

disappointing, given that the prison operated a DHL (prison shop) distribution centre.

- 4.15 In our survey, only half of respondents said that the shop sold the things they needed, and during the inspection many prisoners complained at the lack of fresh food available for self-catering.
- 4.16 Prisoners could order goods from a range of catalogues, although the general move to online ordering was becoming problematic with the scrapping of paper catalogues. They could also order newspapers.

Prisoner consultation, applications and redress

- 4.17 In our survey, far fewer prisoners than elsewhere (48% versus 69%) said that they were consulted about things such as food, prison shop, health care or wing issues. Consultation with the wider prison community had deteriorated. They consisted of only one or two prisoners from the offender consultative committee (OCC) meeting leaders at weekly and monthly meetings. However, although not wholly representative of the wider population, there had been pockets of leadership action as a result of engagement by the OCC, including a wider range of shop products.
- 4.18 Applications and complaints processes were sound and prisoners were generally satisfied with arrangements for both. The number of complaints submitted was comparatively high, at 487 in the last 12 months. Over half of these originated from other prisons, and most related to prisoners' property. Through good analysis of data, the prison had recognised this as a concern and was addressing the issue, using staff to transport property to onward locations where possible.
- 4.19 Overall, the complaint responses we reviewed were polite, timely and dealt with the issues raised. Quality assurance by the governor was robust.
- 4.20 The legal services provision was adequate. There were sufficient legal visit slots to meet need and there was an appropriate range of legal texts in the library.

Equality, diversity and faith

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

Strategic management

- 4.21 Leaders were developing their approach to the promotion of equality and inclusion. Although quarterly diversity and inclusion meetings were now chaired by the deputy governor, attendance and contributions from other leaders were sporadic. The range of data that was analysed was too limited and did not adequately cover issues that were of most importance to the community, including access to paid work on ROTL, and allocation to the better prison accommodation. Even where issues were highlighted, actions taken did not always address disparity of treatment.
- 4.22 A member of the leadership team took responsibility for each protected characteristic, supported by an officer and a prisoner representative, and convened quarterly forums. The recent meetings with prisoners from different ethnic groups, young adults and those with disabilities had been reasonably well documented and highlighted issues for leaders to follow up and address. However, others were often poorly attended and there was little evidence of discussion or action.
- 4.23 Few discrimination incident report forms (DIRFs) were submitted, with the most recent being in August 2022. Prisoners told us that they feared being returned to closed conditions if they complained, although we found no evidence to support this. The quality of responses to DIRFs was variable; some lacked empathy and were not timely. Disappointingly, senior leaders still had no oversight of the process and devolved quality assurance outside of the prison. Scrutiny of completed DIRFs was not always timely or rigorous enough.

Protected characteristics

- 4.24 Our survey showed few disproportionate outcomes for prisoners with protected characteristics, including those from an ethnic group other than white. At the time of the inspection, this group made up 41% of the population. Most of those we spoke to were satisfied with their treatment, but some complained that allocation to paid work and access to better prison accommodation were unfair. Evidence we found supported disparity of treatment in both areas, which needed to be explored and addressed further.

- 4.25 Prisoners with disabilities were identified on arrival and their needs were generally well met. Those with the most severe physical disabilities were located on C1, which was accessible to those using a wheelchair, had an adapted shower and was close to the staff office. An orderly collected meals for residents of C1 and cleaned the unit, but the absence of formal peer support orderlies meant that prisoners who would have benefited from some additional help – for example, to clean their rooms – did not receive it.



Adapted shower on C1

- 4.26 Personal emergency evacuation plans were drawn up quickly and contained relevant information. They were readily available and most staff knew where to find them, and also the support that was needed in an emergency.
- 4.27 Where identified, neurodivergent prisoners were discussed at the safety intervention meeting. Support was developing, but staff did not always understand prisoners' individual needs.
- 4.28 There was too little support for gay or bisexual prisoners and few felt comfortable disclosing personal information for fear of discrimination by their peers.
- 4.29 Support for most older prisoners was limited to designated gym sessions three times a week. Those who lived on F2 described a slightly better experience, but only because they thought the wing was quieter and cleaner. Beyond a regular forum, there was little specific support for the under-25s.
- 4.30 Support for the smaller groups of prisoners from a Gypsy/Roma/Traveller background, foreign nationals and veterans was

adequate. Those we spoke to told us that their needs were generally well served through support from individual staff and/or specific departments in the prison, including the chaplaincy and the offender management unit (OMU). Representatives from external agencies, such as immigration authorities, Care for Combat and SSAFA (the Armed Forces charity), visited to advise and assist where needed.

Faith and religion

- 4.31 Access to faith provision was excellent. In our survey, responses to questions about most aspects of faith were much more positive than in similar establishments and prisoners were extremely satisfied with the support they received. The chaplaincy was valued within the prison and catered well for the religious, faith and pastoral needs of the population.
- 4.32 The chapel and multi-faith centre were pleasant, well-used spaces. A range of religious services, classes, study groups and well-being activities were held there each week.
- 4.33 Prisoners observing Ramadan were greatly appreciative of the provision for this festival. Freshly prepared food was cooked each evening by a small group of prisoners in the kitchen and served to Muslim prisoners breaking their fast. The Muslim prayer room was open outside of curfew times, to allow communal prayers in the morning and up to 10.30pm. The only issue raised by these prisoners concerned the lack of separate utensils for preparing and handling halal food. While they had not complained about this formally, we encouraged the prison to remedy it at the earliest opportunity.

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

- 4.35 NHS England commissioned Practice Plus Group (PPG) to provide health services and Wade Houlden to provide dental services at the prison.
- 4.36 Overall, we found the quality of health services to be very good, with strong clinical and operational leadership ensuring effective delivery of services. In our survey, 88% of respondents said that the overall quality

of health services was good and all prisoners we spoke to were satisfied with the provision.

- 4.37 There was an effective partnership between the health care team and the prison that was underpinned by regular meetings and up-to-date terms of reference for the local delivery board. Clinical governance arrangements were well established and a wide range of governance and quality assurance meetings, led by the head of health care and the business manager, ensured effective oversight of services.
- 4.38 Effective recruitment and retention of health care staff meant that there were few vacancies, and all staff we spoke to felt supported and valued by leaders. Clinical and managerial supervision arrangements were well embedded and mandatory training compliance was good. The provider encouraged and supported further professional development.
- 4.39 Health care staff were easily identifiable. All clinical interactions we observed were kind and compassionate, and staff clearly knew their patients well. Electronic clinical notes, stored on SystemOne (the electronic clinical record), were of good quality.
- 4.40 All staff we spoke to understood their safeguarding responsibilities, and a recent NHS England safeguarding quality review visit found good structures and governance in place.
- 4.41 A regular monthly cycle of clinical audit was undertaken, and results and actions were monitored. There were robust arrangements for the ongoing monitoring of actions arising from Prisons and Probation Ombudsman (PPO) deaths in custody recommendations.
- 4.42 Leaders had good oversight of incidents. Themes and trends were analysed and disseminated among health care staff.
- 4.43 Infection control and prevention measures were followed and the health centre was clean and well ordered. Clinical equipment was calibrated regularly and servicing schedules were adhered to.
- 4.44 Well-established patient forums took place, capturing the patient voice, and health care staff made good use of health care peer workers. There was a confidential patient complaint system, but this was rarely used. We saw evidence that the few complaints that were made were resolved face to face with the appropriate clinician.
- 4.45 Daily handovers, which were well attended by representatives of all teams, provided a forum for sharing pertinent patient information and any service updates. Patients with complex needs were reviewed regularly through a strong multidisciplinary approach.
- 4.46 Health care emergency resuscitation equipment contained the necessary kit and was subject to regular checking. The prison had five automated external defibrillators (AEDs) across the site, one of which we found to be faulty; the prison rectified this and gave assurances that AED checks would be made more regularly.

Promoting health and well-being

- 4.47 Health promotion material was visible across the prison, available in alternative languages for those whose first language was not English. Noticeboards had appropriate posters focusing on current health campaigns, and a rolling calendar of events each month promoted health and well-being among prisoners.
- 4.48 NHS age-related health checks and screening programmes were delivered, with test results returned promptly. Patients had access to flu and COVID-19 vaccinations, and health care staff promoted uptake actively.
- 4.49 All new arrivals were offered screening for hepatitis B and C at the initial or secondary health care reception appointment, and hepatitis C-positive patients were referred to specialist services.

Primary care and inpatient services

- 4.50 All new arrivals were screened by a primary care nurse to determine their health needs, and another clinician offered tests for blood-borne viruses. Referrals for further detailed assessment were made as clinically indicated. Prisoners received useful information on how to access health services in the prison.
- 4.51 In March 2023, all new prisoners had been seen within 24 hours of arrival for reception screening, and within five days for secondary screening.
- 4.52 The health centre was well equipped. Some rooms needed refurbishment and decoration, but a new purpose-built health care department was included in the prison's expansion plans.
- 4.53 Access to health services was excellent, with low to no waiting times for appointments or referrals. For example, the longest wait to see a GP was seven days. A well-staffed clinical team helped to make sure that patients' needs were met promptly. Health service provision reflected the wide age range of the prison population and included GP and nurse-led triage, treatment and long-term condition clinics.
- 4.54 The service monitored non-attendance rates and appropriate actions were taken when necessary.
- 4.55 There was a range of visiting practitioners and allied health care professionals, including physiotherapists, a podiatrist and an optician, and waiting times for their services were reasonable.
- 4.56 Primary health services were delivered seven days a week; out of hours, prison officers used the NHS 111 telephone line, and any interventions were communicated to the health care team the following day. Health care appointments were made via paper applications, and triaged effectively on a daily basis.

- 4.57 Prison and health care staff took a coordinated approach towards patients' discharge, which included a pre-release assessment and help with registering with a community GP practice.
- 4.58 The primary health care clinical records that we examined were well written and had individual evidence-based care plans which were reviewed regularly.
- 4.59 External hospital appointments were facilitated well by the prison and there was adequate provision.

Social care

- 4.60 Social care arrangements were informed by a memorandum of understanding between West Sussex County Council (WSCC), the prison and PPG.
- 4.61 An occupational therapist oversaw and coordinated referrals, and had strong links with WSCC and the safer custody team at the prison. There was prompt access to any aids or adaptations needed by prisoners.
- 4.62 No prisoners were receiving a social care package (see Glossary) at the time of the inspection, but systems to promote, identify and respond to need were established. PPG was identified as the provider of personal care when needed.
- 4.63 PPG had good arrangements for individualised end-of-life care, having strong links with the local hospice and hospice-at-home teams.

Mental health care

- 4.64 In our survey, of those who said they had a mental health problem, 70% said that their mental health had improved since arriving at the prison, and 95% that they had been helped by the mental health team, which was very good.
- 4.65 PPG delivered mental health services seven days a week and had recently adjusted the teams' hours to make sure that every new arrival was seen by a mental health clinician. Access to the service was prompt, with urgent cases being seen within 48 hours, and non-urgent cases within five days.
- 4.66 The cohesive, experienced and well-led mental health team delivered a wide range of interventions and patients we spoke to were complimentary about the service. Patients could access valuable groupwork and access to a psychiatrist was very good. A newly appointed psychologist was about to join the team, to enhance psychological provision further.
- 4.67 The mental health and substance misuse services teams were co-located in the well-being centre. Prisoners could drop in during the working day to arrange support and make appointments. The centre

was administered by a mental health peer worker, who told us that he had received good training and support for the role.

- 4.68 Prescribing reviews and health monitoring for patients receiving mood stabilisers and antipsychotic medicines were completed regularly. There was a well-established care pathway for those with learning disabilities and neurodiverse needs. Records we sampled demonstrated that care plans and risk assessments were reviewed regularly and subject to regular audit by the mental health team lead.
- 4.69 Prison staff we spoke to valued the mental health team and knew how to make referrals. The service had recently held a joint well-being event for prisoners and prison staff, and had plans to run further learning events. The team had strong links with safer custody and OMU staff.
- 4.70 Release arrangements for patients were well coordinated and based on individual need.
- 4.71 No patients had needed a transfer to specialist mental health inpatient facilities in the previous 12 months.

Substance misuse treatment

- 4.72 PPG delivered psychosocial and clinical care for patients with drug and alcohol addictions, underpinned by close working with the prison and its partners.
- 4.73 All new receptions were seen by a substance misuse clinician, followed by a meeting with a drug recovery worker, and offered an assessment within five days if needed.
- 4.74 At the time of the inspection, four patients were receiving opiate substitution therapy, with a total of 54 patients on the caseload. Thirteen-week reviews were undertaken jointly with drug recovery workers and a prescribing clinician. The demand for psychosocial support had changed recently, which had led to the provider increasing the number of steroid awareness and harm minimisation sessions provided.
- 4.75 Group therapy take-up was limited because of prisoners' work commitments. We saw advanced plans to restart face-to-face mutual aid support with Alcoholics Anonymous and Narcotics Anonymous partners.
- 4.76 Preparation for release was good and had been improved by inviting community substance misuse key workers into the prison to meet and develop a relationship with prisoners before release. Patients were given guidance on harm minimisation and naloxone (an opiate reversal agent) to take home as necessary.
- 4.77 Prisoners were active partners in the delivery, review and development of the service. There was a service user forum and prisoners held peer group support sessions. The service was proactive in securing client feedback and used this to inform service development.

Medicines optimisation and pharmacy services

- 4.78 Overall, we found the management of medicines to be safe, patient centred and effective. Medicines were supplied by an external pharmacy in a timely manner, mostly as named patient medicines with appropriate labelling and a dispensing audit trail. The health care provider told us about some supply issues which had been reported appropriately, and the provider was working collaboratively with the external pharmacy to rectify the problem.
- 4.79 Prescribing and administration were entered on SystemOne and medicines reconciliation was completed promptly for new arrivals. Medicines were stored and transported securely, and cold-chain medicines were kept in suitable refrigerators, which were monitored.
- 4.80 There were good governance processes, which included close monitoring of incidents involving medicines, and prescribing trends. Pharmacy staff attended regular local and regional medicines management meetings, where issues raised were escalated and acted on.
- 4.81 Medicines were dispensed twice a day from the health centre. Most patients held their medicines in-possession. In-possession risk assessments were in place and these were reviewed appropriately.
- 4.82 The senior pharmacy technician made sure that prisoners who worked shifts and were unable to attend the health centre for their medicines could access these via biometrically controlled lockers at the main gate.
- 4.83 Prisoners had good access to a clinical pharmacist for medication reviews. The management and oversight of those on tradeable medicines were robust, with the pharmacy team having strong links with the security department.
- 4.84 The pharmacy held a small stock of critical medicines, with appropriate stock control, and prisoners could access suitable medicines to treat minor ailments. There was appropriate provision of medicines for those being transferred or released.

Dental services and oral health

- 4.85 A full range of NHS dental treatments was available. Prisoners who needed routine or urgent dental support could self-refer or be referred by health care staff. The dental team triaged patients on the waiting list, to make sure that urgent cases were prioritised.
- 4.86 The dental waiting list was short, with only 25 patients waiting to be seen at the time of the inspection. The current average wait for a non-urgent dental appointment was two to four weeks.
- 4.87 The dental suite met infection control standards and equipment was well maintained. When equipment was damaged or needed an update, it was replaced.

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 Prisoners were never locked in their rooms, but were expected to remain on their residential unit during curfew hours, between 8.30pm and 7.45am. Most were engaged purposefully during the working day and had relatively free access to the extensive grounds.
- 5.2 However, many prisoners complained to us of boredom in the evenings and at weekends. The timetable of enrichment activities (see paragraph 5.29) was too limited and made little use of available facilities or peer-led initiatives. Other than accessing some outdoor exercise equipment, prisoners were not allowed to use the sports fields unsupervised. Prisoners told us that a game of football had not been played in the prison for around six weeks.



'Keep off the grass' sign

- 5.3 The spacious community centre was promoted as the focus for most evening and weekend activities, but it was used by relatively few prisoners during the inspection. Some of the equipment was of poor quality. There was also some limited recreational or gym equipment on the residential units. Pockets of evening and weekend activities were accessed by small numbers of prisoners. These included art classes and a recently funded craft group. When held, quizzes were popular and well attended.



Community centre

- 5.4 In our survey, 70% of respondents said that they used the gym twice a week or more, which was much better than at similar prisons. However, many prisoners complained to us about poor access at weekends and too few outdoor sports activities.
- 5.5 The gym was timetabled to be open during the day and in the early evening throughout the working week and on Saturday mornings, but some sessions were cancelled because of staff shortages. Attendance at the gym was governed by a rigid timetable, which often led to the facility being used well below capacity, and we saw little drive to widen attendance.
- 5.6 Gym facilities remained limited to a single cardiovascular/weights area. There was little evidence of any structured activity, and the outside football and all-weather pitches were not in use at the time of the inspection. An outdoor bowling green had fallen into disrepair and was overgrown.
- 5.7 There was a daily designated PE session to support the rehabilitation of injuries and those with well-being or mental health needs, but there was a lack of coordination between departments to provide bespoke

activities. There were no accredited sports qualifications available, or links with any external community agencies.

- 5.8 By contrast, library access and provision were good. In our survey, 95% of respondents said that they were able to visit the library once a week or more, which was far higher than at the time of the previous inspection and at similar prisons. The library opened most evenings and on Saturday mornings, to enable those working during the day to access it.
- 5.9 There was a wide range of activities, including 'raising readers' and a 'book chat', to promote literacy. Events run by the library's parent organisation (West Sussex Library Services) were replicated routinely in the prison and a monthly newsletter publicised these activities.



Library activities

- 5.10 Almost all prisoners were registered with the library, and monitoring showed a high footfall, with prisoners using the facility to borrow books, CDs, DVDs and puzzles, and to read books, newspapers and magazines in a tranquil environment. The library also contained a section of books for emergent readers.
- 5.11 In addition to attending the library during their induction to the prison, all prisoners visited it as part of their pre-discharge procedure and were given details of libraries and other useful educational bodies in their home areas.

Education, skills and work activities



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

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

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

Overall effectiveness: Requires improvement

Quality of education: Good

Behaviour and attitudes: Requires improvement

Personal development: Good

Leadership and management: Requires improvement

- 5.13 Leaders and managers had planned and reviewed their education, skills and work offer carefully, so that it was relevant to the changing needs of the prison's population and the requirements of employers. They used the information they collected on local and regional labour markets and the needs of the prison population well to commission provision that enabled prisoners to develop the skills they needed to gain employment on release. For example, they had introduced bricklaying after identifying that fewer prisoners were arriving from other prisons with these skills following the COVID-19 pandemic.

- 5.14 There were sufficient activity spaces for the prison population to be occupied in full-time activity and there were no unemployed prisoners during the inspection. The allocations process supported prisoners well to achieve their rehabilitation goals. Staff assessed prisoners' starting points and ambitions fully when they arrived at the prison and allocated each to the most suitable activity for them. A large proportion of prisoners on ROTL were in paid work or attending vocational or higher education courses. All prisoners had access to nine sessions of

education and/or work a week and the pay policy was equitable for education, vocational training and prison workshops.

- 5.15 Most ROTL placements were purposeful and enhanced prisoners' readiness for their lives on release. Leaders and managers had productive, long-standing relationships with local and national employers in the construction and hospitality sectors, who valued the contribution that prisoners made to their businesses. A small proportion of prisoners who were interested in professional and administrative roles were not supported sufficiently to secure successful ROTL opportunities with employers in these areas.
- 5.16 The quality of education, skills and work was good. Staff had expert knowledge of the subjects they taught and used it well to help prisoners understand new concepts. As a result, prisoners developed new knowledge and skills swiftly. For example, in the cycling mechanics workshop, prisoners learned quickly how to make recycled bicycles safe and fit for the road. Those working in the waste management unit displayed a good work ethic and could describe different recycling processes in detail.
- 5.17 Staff in education and vocational training were suitably qualified. Prison leaders and managers recognised the need to develop the teaching practice of prison instructors who did not hold teaching qualifications.
- 5.18 Staff gave prisoners constructive and helpful feedback that enabled them to recognise what they had learned. In education and vocational training, staff reviewed prisoners' progress often. The monitoring of prisoners' progress in prison workshops was weaker. The use and effectiveness of the skills progress trackers that leaders had introduced to recognise and record the skills that prisoners were developing were too variable.
- 5.19 Education staff identified prisoners' learning support needs promptly. Teachers and trainers used this information well to support prisoners in education and vocational training. Instructors were not aware of prisoners' additional needs when they joined their workshops. This led to delays in prisoners receiving support if they needed it.
- 5.20 Staff supported prisoners well to study at higher levels through Open University and distance learning courses and ROTL to local colleges and universities. They arranged tutorial times with the distance learning tutors, and prisoners valued having access to study facilities when required. Trained peer mentors supported prisoners effectively on induction, in education classes and when studying on distance learning courses.
- 5.21 Leaders did not make sure that that the regime allowed enough access to activities such as gym and enrichment activities (see below) without prisoners having to miss valuable work and study time. This disrupted lessons and the continuity of learning. Attendance and punctuality to most lessons and workshops were good, but attendance was low in mathematics classes. When prisoners were released from lessons or

work to attend personal appointments, too many chose not to return, displaying a lack of the positive attitudes needed for work and future employment. A small proportion of prisoners were frustrated with delays in administrative processes, such as applications for distance learning funding.

- 5.22 Prisoners were respectful and polite, and their relationships with staff were good. They accommodated each other's views and opinions well. Those with previous work experience took on key mentoring roles and ably supported their peers. They generally took pride in their work.
- 5.23 Leaders and managers from Milton Keynes College had taken on the management of the prison education framework contract from Weston College at the start of April 2023. They offered a curriculum that responded well to the needs of prisoners. For example, prisoners developed their digital literacy and learned about online safety. Teachers planned and sequenced the curriculum logically. They used a good variety of assessment methods to identify prisoners' existing skills and knowledge. For example, the English teacher assessed the understanding of formal and informal language of a new cohort of prisoners, to set them appropriate targets on their individual learning plans. Education staff used the virtual campus (internet access for prisoners to community education, training and employment opportunities) well to identify prisoners' prior knowledge in information technology, to help them research information for their courses and for classroom-based assessments. Those completing English courses generally achieved their qualifications. Achievement of mathematics qualifications was low, particularly at level 1.
- 5.24 Prison leaders had commissioned most of their vocational offer effectively through the dynamic purchasing system to Chichester College Group (CCG). The 'school of construction' was a particularly well-conceived initiative, whereby prisoners gained valuable industry skills and achieved qualifications in bricklaying, dry lining, painting and decorating, and carpentry, which stood them in good stead for gaining employment on release. CCG staff supported prison instructors well in prison workshops, such as cycling mechanics, engineering and land-based activities.
- 5.25 Staffing issues in the education, skills and work management area had resulted in slow progress towards achieving many of the recommendations from the previous inspection, and limited leaders' ability to identify areas that needed improving. For example, leaders and managers did not monitor the take-up, completion or suitability of the short courses on the virtual campus that represented their main offer for the increasing number of prisoners with short stays. As a result, they had not identified that some of the content that prisoners were accessing was not current. Leaders' improvement plans did not drive improvements effectively or in a timely manner.
- 5.26 Prison leaders and managers did not give enough priority to improving prisoners' levels of English and mathematics. They did not challenge those whose levels in these subjects were below level 2 to join classes

if they were reluctant to do so. Only a third of these prisoners met leaders' expectation of their leaving the prison having achieved one level higher in English and mathematics than when they arrived. This reduced the opportunities for progression for some prisoners. For example, 12% of ROTL job applications were unsuccessful as a result of prisoners not having the right English and/or mathematics levels.

- 5.27 Prisoners working in waste management and in the prison kitchen were not able to gain qualifications in recognition of the skills they were learning. At the time of the inspection, the first cohort of prisoners had achieved qualifications in cleaning. However, too few wing cleaners had the training and support needed to make sure that cleaning practices on the wings and elsewhere in the prison were safe. Consequently, these prisoners were not developing the appropriate attitudes to working safely, which meant that they were not properly prepared for the world of work. Prisoners in vocational areas and workshops kept work areas clean and clear.
- 5.28 Leaders and managers were aware of the reading needs of the population and promoted reading in education and the library. They had introduced a reading assessment and they liaised effectively with the Shannon Trust (which provides peer-mentored reading plan resources and training to prisons) and the prison education framework provider to support the few non-reader prisoners to improve their reading skills. There was a dedicated reading area in the education foyer and teachers set pre-course reading for level 2 courses. Prison leaders recognised in their action plans that they needed to increase participation at the reading events held and extend the promotion of reading to all areas of the prison.
- 5.29 Leaders and managers provided a diverse range of enrichment opportunities to support prisoners to broaden and extend their personal interests and hobbies, as well as to enhance their well-being. Prisoners benefited from activities such as art and craft classes, music, peer support groups and relaxation classes. However, this provision was poorly coordinated and activities were not promoted effectively. At times, evening activities clashed with each other and there was little on offer at the weekends. As a result, uptake was low. Those who attended these activities found them relaxing, therapeutic and valuable.
- 5.30 There was a respectful and tolerant culture within the prison. Prisoners were well informed about relevant risks, such as extremism, and knew how to keep themselves safe from them. Through their studies and work, within and outside the prison, prisoners developed their character, confidence and resilience. The appointment of former prisoners as trainers was particularly effective. Prisoners gained from the experiences they shared as part of learning sessions and were motivated by them.
- 5.31 Prisoners were aware of opportunities for future progression or work in the prison. Their personal learning plans were clear and logical, linking well to their prior experience and future goals. Leaders prepared prisoners well for release. Employment leads worked closely with

prisoners in the last six months of their sentence, to complete their CV, arrange bank accounts and confirm employment or training plans on release. In the previous three months, just under half of prisoners had progressed to further relevant education, training or employment on release.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

- 6.1 Support to help prisoners stay in touch with family and friends was good. Prisoners repeatedly told us that they appreciated opportunities for ROTL to maintain family ties. It was positive that ROTL for this purpose had been granted almost 3,000 times in the previous six months.
- 6.2 The visits hall and outside area were pleasant. The atmosphere was relaxed and the prisoner-run café was valued. Most prisoners had received visits, and extended 'family days' were generally well attended. However, secure video calls (see Glossary) were limited to Friday afternoons because of staff availability. While take-up of these sessions had improved marginally since being moved from Friday mornings, use still remained very low.



Outside visits area

- 6.3 In our survey, 95% of respondents said that they could use the telephone daily if they had credit. However, it was a source of frustration that they did not have telephones in their rooms. Some wings had only one telephone, which restricted access, and some telephones were poorly located, such as in busy kitchen areas, which limited privacy.



Telephone in kitchen area

- 6.4 The 'email a prisoner' scheme was well used and prisoners experienced no unnecessary delays in sending or receiving postal mail. However, only 27 prisoners had participated in Storybook Dads (in which prisoners record stories for their children) since April 2022.
- 6.5 The charity Prison Advice and Care Trust had taken over family work in October 2022. However, it had experienced recruitment problems, which was having an impact on the service it provided. Family engagement work had been slow to start; opportunities to work on building personal/family relationships were limited and no parenting courses had yet run.

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.

- 6.6 The prison had a strong focus on reducing reoffending. Oversight of this work had improved and it was well coordinated. A needs analysis had been completed, to understand the varied needs of the population. This analysis included the views of some prisoners, captured by a survey and focus group, although the response rate was low, despite the prison's attempts to encourage more feedback.
- 6.7 The reducing reoffending strategy had been reviewed recently and illustrated well the prison's vision and priorities. Regular, reasonably well-attended meetings offered good opportunities for collaboration and information sharing. This had led to some good work and action planning to improve outcomes for prisoners across all areas important to rehabilitation and resettlement. In our survey, 78% of respondents said that their experience at the establishment would make them less likely to offend in the future, which reflected the rehabilitative ethos of the prison.
- 6.8 The well-led offender management unit (OMU) was adequately resourced and almost up to full staffing. All the prison-employed POMs were operational staff, but, positively, they were rarely cross-deployed to other duties outside of the unit. The culture within the OMU was supportive, enabling and committed to helping prisoners. Staff and prisoners were supported by an OMU peer representative, who was well informed, helpful and efficient.
- 6.9 The allocation of individual cases to POMs was timely and appropriate, and caseloads were manageable, typically averaging 30 to 40 each. POMs usually contacted prisoners within a couple of weeks of their arrival, and we found levels of ongoing recorded contact to be proportionate to the individual needs of prisoners, and reasonably good overall. The quality of contact recording, including the use of the CRISSA (check in; review; intervention; summarise; set and agree

tasks; appointment) model to enable structured and meaningful interactions, was good, and better than we usually see.

- 6.10 In our survey, 96% of respondents who had a custody plan said that they understood what they needed to do to achieve their objectives and 81% said that someone was helping them to do this, which was better than in similar prisons. The prisoners we spoke to were positive about the support they received to progress.
- 6.11 The weekly 'OMU drop-in' was an excellent and well-attended initiative. All probation and prison POMs that were on-site that day, along with the senior probation officer, head of OMU services and a case administrator, attended, to help prisoners with any progression- or resettlement-related problems and queries.
- 6.12 In the cases we looked at in detail, most prisoners had been transferred to the prison with an up-to-date offender assessment system (OASys) assessment to inform their move and suitability for the open estate. In nearly three-quarters of cases, the OASys assessment had been reviewed again within three months of arrival, which was good practice, given that a change of prison was a significant event. At the time of the inspection, nearly all prisoners had an OASys assessment which had been reviewed in the previous 12 months.
- 6.13 The quality of sentence plans that we examined was reasonably good. Consistent with the nature of the prison, they had a clear focus on ROTL and preparation for release, and progress was good for most prisoners. There was also good achievement of other types of sentence plans targets, such as regime compliance, engagement with substance misuse services, and education, training and employment.
- 6.14 The prison held 15 prisoners serving life sentences and three serving indeterminate sentences for public protection (IPP). They were supported appropriately by probation-employed POMs, and all but two were accessing some form of ROTL. The impressive Q1 unit, which opened in 2021, was a dedicated facility to encourage a small number of prisoners serving indeterminate/long sentences to develop the necessary skills to live independently. In the previous 12 months, three prisoners had been released into the community on the direction of the parole board, and prison-led parole processes were managed well.
- 6.15 The prison managed home detention curfew (HDC) processes efficiently. Few prisoners were eligible to be released in this way because of their sentence length. In the previous 12 months, 89% of those considered for HDC had been approved. Most releases were timely, but a minority had been released late for reasons outside of the prison's control, such as delays by community offender managers (COMs) and the victim liaison unit in verifying suitable addresses.

Public protection

- 6.16 Nearly a fifth of the population was assessed as presenting a high risk of serious harm to others, and over a third was subject to multi-agency public protection arrangements (MAPPA). The well-attended monthly interdepartmental risk management committee had appropriate oversight of these prisoners, including those who were subject to child contact restrictions and psychology staff-led enhanced behaviour monitoring. However, some high-risk prisoners were not always considered in sufficient time before their final release, which risked causing delays in implementing actions. The senior probation officer (SPO) planned to address this deficit imminently, to enable oversight of these prisoners at more appropriate intervals.
- 6.17 As a result of longstanding shortages of COMs, particularly across the London boroughs, the OMU sometimes struggled to establish contact with the community, to transfer responsibility of cases and share information in good time. For some prisoners, this had an impact on the timeliness of their ROTL approvals (see paragraph 6.25) and reduced timescales to plan for release, despite efforts from the prison to follow up and escalate issues when necessary.
- 6.18 For prisoners subject to MAPPA, we found sufficient evidence of management levels being confirmed and appropriate risk management plans being discussed and implemented between POMs and COMs, in preparation for final release.
- 6.19 The quality of most risk management plans and the prison's contribution to community MAPPA meetings were reasonably good.
- 6.20 Only a few prisoners were subject to communication monitoring. For these, authorisation and reviews were managed appropriately, but there were sometimes delays in listening to their calls.

Categorisation and transfers

- 6.21 Decisions to return prisoners to closed conditions were made following a comprehensive and multidisciplinary review (see paragraph 3.20).

Interventions

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

- 6.22 Opportunities for prisoners to undertake work in the community while on temporary release had improved and the prison was developing good links with a range of employers to increase the variety of work available.
- 6.23 About 80% of the population had been assessed as suitable for some form of ROTL activity. Between April 2022 and March 2023, about 37,000 ROTL events had taken place, for a variety of different reasons,

including for work or education, to maintain family ties, on compassionate grounds and for resettlement purposes. We also saw examples of some prisoners released on temporary licence to attend self-help groups, such as Narcotics Anonymous, as well as many progressing well from town visits, to home visits, to overnight visits. In our survey, 94% of respondents who had used ROTL said that it had helped them to achieve their objectives and targets.

- 6.24 At the time of the inspection, 119 prisoners were routinely engaged in employment in the community and a further 17 were attending college, together comprising more than a third of the population. Most placements were purposeful and prisoners we spoke to reported positively about their work and training experience.
- 6.25 The ROTL files that we reviewed were comprehensive and risk management oversight was thorough. However, MAPPA management levels were not confirmed routinely before prisoners undertook ROTL. Review boards were usually timely, but ROTL approvals were sometimes delayed by late contributions from COMs and the police (see paragraph 6.17).
- 6.26 Impressively, we saw entries on individuals' electronic case notes detailing their licence conditions, which meant that all staff could be familiar with their ROTL requirements.
- 6.27 There were no accredited behaviour programmes available as prisoners were expected to have completed such work before they arrived. POMs provided one-to-one interventions as required, to consolidate previous learning and promote positive thinking, and could arrange for prisoners to access courses on ROTL when a need was identified.

Release planning

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

- 6.28 The lack of a dedicated pre-release team was a significant gap for a prison of this type, which had a core purpose to prepare prisoners for release. Following national changes to release planning provision, the position of a part-time resettlement worker had not been filled because of longstanding probation staff shortfalls in the community. Despite this, POMs and other staff within the prison worked hard, and collaboratively, to address this deficit.
- 6.29 Prisoners approaching release were much more positive about the support they received than at the time of our previous visit, and resettlement outcomes for prisoners were mostly good. We identified two exceptions, which were attributable to the late allocation of a COM, and the SPO escalated these immediately for resolution when we pointed this out.

- 6.30 The employment hub provided a good environment for prisoners to access a range of resources to help with their practical release planning needs. Staff helped prisoners to prepare criminal conviction disclosure statements, as well as applying for jobs, bank accounts (see paragraph 5.31) and important documentation, such as national insurance numbers, birth certificates and, more recently, driving licences. These staff could also arrange telephone calls to banks, specialist debt support and other community services to book appointments for prisoners to attend while on temporary release.
- 6.31 Staff from the Department for Work and Pensions were on site five days a week to help prisoners with their benefits entitlements. These staff were piloting an initiative to prepare claims digitally, to enable eligible prisoners to receive an advance payment on the day of their release. A Money Matters course, led by the education provider, had just started.
- 6.32 The well-attended, multi-agency 'partners pre-release panel' was held for all prisoners about a month before their release, to make sure that their outstanding resettlement needs were identified and addressed.
- 6.33 Accommodation outcomes for most prisoners were good. From March 2022 to February 2023, 96% of prisoners with a recorded outcome were released to some form of accommodation, and 73% of these were released to sustainable accommodation (that is, accommodation that is in place for a minimum of 13 weeks after release). However, data showed that outcomes were not known for 25 prisoners, and 4% were released homeless.
- 6.34 The Community Accommodation Service tier 3 programme (designed to offer accommodation for 84 nights following release for prisoners who were not deemed a priority to house under the local authority 'duty to refer' scheme) was a good initiative and had provided accommodation for a few prisoners who might otherwise have left homeless.
- 6.35 The chaplaincy provided valuable support to help prisoners with their accommodation and resettlement needs, including the offer of 'through-the-gate' mentoring via the 'Ford Forward' project.

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 2016, arrangements for arrival were good and prisoners felt welcomed, supported and well informed, particularly by peer workers. There was little evidence of bullying or self-harm, levels of violence were low and few prisoners said that they felt unsafe. Security was proportionate, the prison felt relaxed and stable, and the number of absconds had reduced year on year. Levels of use of force were low but governance was poor. According to our survey, drug and alcohol availability was similar to that in other open prisons. Use of spice and, more recently, steroid abuse were cause for concern but the prison was addressing supply and demand proactively. Support for substance misusers was very good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All peer workers should be adequately trained for their role and appropriately supervised.

Achieved

All relevant staff and peer workers should receive appropriate training in bullying and violence reduction, including mediation; suicide and self-harm prevention; and safeguarding adults at risk.

Achieved

Action required from security information reports should be carried out promptly.

Achieved

The use of force committee should scrutinise all incidents of the use of force, ensuring that all dossiers are completed to an acceptable standard.

Achieved

The substance misuse strategy policy should contain up-to-date action plans and development targets.

Achieved

The establishment should include means of safe and discreet disposal of needles and syringes as part of its harm reduction measures.

Achieved

Good-quality assessment, care in custody and teamwork (ACCT) and behaviour management documentation should be assured by robust quality assurance and appropriate governance.

Achieved

Staff in regular contact with prisoners should undergo regular assessment, care in custody and teamwork (ACCT) refresher training.

Achieved

The prison should ensure that all staff are aware of the adult safeguarding local operating procedures.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, external areas were pleasant. Most residential units were grubby and poorly maintained. Shared rooms were too small. Staff–prisoner relationships were relaxed and professional but residential staff had limited regular contact. Consultation with prisoners was well developed and very effective. Equality and diversity work lacked direction and outcomes for prisoners with protected characteristics were not adequately monitored or addressed. For the third consecutive inspection, there was evidence of black and minority ethnic prisoners being disadvantaged and this had not been investigated. Faith provision was good. Responses to complaints were reasonable. Health services were good, and better than we usually see. Food was reasonable and the opportunity for prisoners to cook their own was welcome but facilities needed improvement. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Equality monitoring data should be interrogated; when potentially unfair treatment is indicated, it should be investigated and action should be taken to address any inequalities.

Partially achieved

The standard of living accommodation should be improved. All areas should be clean and should provide all prisoners with decent living conditions.

Partially achieved

Recommendations

Key workers should make regular, good-quality entries in prisoner case notes, and management checks should be clearly evidenced.

Not achieved

The rooms in the huts in B block should only be used for single occupancy.

No longer relevant

All rooms should have sufficient lockable cabinets and curtains.

No longer relevant

Facilities for self-catering should be improved, to provide prisoners with a hygienic, fully equipped kitchen on every residential unit.

Partially achieved

Data on complaints should be analysed to identify trends in both their content and timeliness, in order to inform action to reduce the number submitted and improve response times.

Achieved

Discrimination incident report forms should be quality assured by senior managers and scrutinised by an independent external agency.

Not achieved

Foreign national prisoners should have access to appropriate interpreting services and translated material as required.

Achieved

Prisoners with disabilities should have personal emergency evacuation plans that are regularly reviewed and individualised. Detailed social care plans should also be in place, and available to wing staff, for those who need them.

Achieved

Prison staff should have oversight of peer carers, to ensure safe and appropriate practice.

No longer relevant

All health services staff should be in date with basic life support training.

Achieved

The health care complaints system should preserve medical confidentiality.

Achieved

All emergency equipment used by custody staff should be in good order and easily accessible, with an effective monitoring system.

Partially achieved

The in-possession risk assessment score should reflect whether the prisoner is already taking tradable medicines.

Achieved

A pharmacist should check the medicines management systems in operation regularly, and the pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audits and medication reviews.

Achieved

Where appropriate, the range of patient group directions should be expanded to allow supply of more potent medicines by the nursing staff.

Achieved

The dental suite should be refurbished to ensure compliance with national required standards, with good maintenance arrangements.

Achieved

Purposeful activity

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

At the last inspection, in 2016, prisoners were unlocked all day and had much free access across the site, but recreational activities were limited. The management of learning and skills was good, with an emphasis on planned and purposeful progression. There were sufficient, mostly high-quality, activity places within the prison but too few ROTL placements for work. The quality of teaching and learning was good and prisoners were suitably challenged and stretched. Trained peer supporters provided valuable support. Standards of work were high and prisoners achieved well but some opportunities to accredit work were missed. Library and PE provision were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The number of high-quality work-related ROTL placements should be increased.

Achieved

Recommendations

Suitable accredited qualifications should be available in the gym.

Not achieved

The management of learner performance data should be improved, to track the progress of those who are unsuccessful at examinations.

Not achieved

Individual learning plans should reflect learners' progress in technical and personal skills, and should be reviewed regularly and effectively.

Partially achieved

Opportunities to accredited work should be maximised.

Partially achieved

Prisoners should be encouraged to recognise and record the importance of the transferable and employability skills they gain in activities across the prison.

Not achieved

The internal verification process should be managed sufficiently well, to ensure the timely awarding of certificates to learners.

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 2016, the work of the offender management unit had greatly improved and was effective. Prisoners had regular, meaningful contact with their offender supervisor and the quality of offender assessment system (OASys) assessments and sentence planning was good. Home detention curfew processes were effective and timely. Public protection measures were mostly sound and ROTL assessments were managed very well. Prisoners had a bewildering range of resettlement plans, and access to resettlement services was confusing. A wide range of accommodation, finance and debt advice was provided. Arrangements to support prisoners into employment on release were satisfactory but there were too few opportunities for work and training placements in the community. Visits and ROTL were used well to promote family contact. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Prisoners should have one primary resettlement plan which is shared with the prisoner and across departments and organisations within the prison. Progress should be reviewed regularly.

Achieved

Recommendations

The reducing reoffending strategy should be based on a robust needs analysis and supported by a comprehensive action plan to monitor progress.

Achieved

All prisoners arriving at the establishment should have a complete and robust offender assessment system (OASys) assessment and sentence plan to ensure that they are suitable for open conditions and set out potential risk of harm issues.

Partially achieved

Indeterminate-sentenced prisoners should be supported to develop the necessary life skills for living independently.

Achieved

All relevant prisoners should have a multi-agency public protection arrangements (MAPPA) management level set before ROTL and well ahead of their final release, so that the prison can contribute to risk management planning.

Not achieved

A comprehensive offending behaviour needs analysis should be undertaken to ensure that prisoners have access to all the necessary offence-focused work before release.

Achieved

The effectiveness of community rehabilitation company (CRC) provision in providing finance benefit and debt advice and assisting prisoners with accommodation and employment, training or education on release should be monitored.

No longer relevant

Prisoners and staff should know who to turn to for resettlement help.

Achieved

Prisoners should be able to access the support of the CRC at any point during their time at the establishment.

No longer relevant

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 29 March – 14 April 2021.

Leaders should accurately analyse and interpret the safety data to develop an accurate understanding of what is happening in their prison. Leaders should look to develop a culture among staff that is focused on the prison's rehabilitative purpose and which encourages, supports and shows confidence in prisoners' capacity to succeed.

Achieved

The standard of accommodation should be upgraded to provide all prisoners with decent living conditions.

Achieved

Prisoners should have access to adequate cleaning materials and washing facilities.

Achieved

Prisoner consultation should be regular, provide sufficient time to discuss issues and clearly demonstrate progress against identified actions. Outcomes should be clearly communicated to all prisoners.

Not achieved

The strategy to promote equality and diversity should be clear, coordinated and supported by all departments. It should incorporate effective data analysis, consultation and actions to eradicate discrimination and improve outcomes for prisoners from all protected groups.

Partially achieved

All prisoners should be able to engage in meaningful discussion with the relevant staff about their resettlement needs and be kept informed of progress to make sure that they are fully prepared for release into the community.

Partially achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*.

Criteria for assessing the treatment of and conditions for men in prisons

(Version 5, 2017) (available on our website at

<https://www.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
Sara Pennington	Team leader
Jade Richards	Inspector
Natalie Heeks	Inspector
Paul Rowlands	Inspector
Kellie Reeve	Inspector
Martyn Griffiths	Inspector
Chris Rush	Inspector
Shaun Thomson	Health and social care inspector
Mark Griffiths	Care Quality Commission inspector
Alexander Scragg	Researcher
Sophie Riley	Researcher
Charlotte Betts	Researcher
Joe Simmons	Researcher
Montserrat Perez-Parent	Ofsted inspector
Tony Gallagher	Ofsted inspector
Diane Koppit	Ofsted inspector
Vicki Locke	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

PAVA

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Social care package

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

Time out of cell

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

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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Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

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