



Report on an unannounced inspection of

HMP North Sea Camp

by HM Chief Inspector of Prisons

22 May – 2 June 2023



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Introduction

North Sea Camp is a small, open prison on the Lincolnshire coast near Boston. Holding up to 300 adult prisoners, more than half of those in residence had been convicted of a sexual offence. This was our first inspection of the prison since 2017, and we again found an institution that was very safe, with reasonably good or good outcomes against all our healthy prison tests.

New prisoners were received well into the prison and violence was very rare. The mix of those convicted of sexual offences with other prisoners raised some low-level issues, but leaders were not complacent in their efforts to keep the prison calm and well-ordered. All other aspects of safety were encouraging; absconds and temporary release failures were very infrequent and compared favourably with other open prisons. The prospect of temporary release or the potential to live in accommodation outside the prison gate were effective incentives for many prisoners.

Positive staff-prisoner relationships, enhanced by good use of peer support and very good consultation and communication arrangements, underpinned much of the good work in the prison. But while the rural backdrop and the pleasant grounds encouraged a sense of well-being, many of the buildings, in particular the accommodation blocks, were showing their age and required refurbishment. The governor expressed some frustration about the delays and impediments in securing new investment and agreeing firm plans to address this problem. There was clear evidence to suggest that the promotion of equality at North Sea Camp was improving, but more needed to be done to reassure black prisoners. Health care provision and outcomes were generally very good.

As an open prison, prisoners were never locked up and nearly all were engaged in purposeful activity, including some 60 prisoners who participated in paid work or other resettlement activity outside the prison each day. Sadly, this good work was undermined by insufficient provision in education, which our colleagues in Ofsted judged as 'requires improvement', their second lowest assessment. The prison had a well-resourced and capable offender management unit which maintained good contact with prisoners, although there were some surprisingly poor prisoner perceptions about the quality of communication from the team. We also identified some specific weaknesses in public protection work, although more was being done to assist the resettlement of those about to be released.

North Sea Camp continues to do much to meet the needs of the men held there. The mixing of those convicted of a range of offences was well managed and prisoners' time was purposeful, despite some shortfalls in education. The governor understood the prison and provided confident, balanced leadership, predicated on a determination to achieve the best with the resources available. A full staff complement, good communication and consultation, proportionality in decision making, and a strong local culture all underpinned this success.

Charlie Taylor

HM Chief Inspector of Prisons

June 2023

What needs to improve at HMP North Sea Camp

During this inspection we identified 10 key concerns, of which 4 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. **Almost all prisoners lived in shared cells that were far too cramped, with not enough space for even a table or chair.**
2. **Too few of those who needed to improve in mathematics and English could access those subjects, and the standard of teaching did not enable enough of them to achieve real progress.**
3. **Support for prisoners to maintain family ties was still poor.**
4. **There were some significant failings in public protection arrangements.** Departments in the prison were not communicating properly and some risks were being missed.

Key concerns

5. **Prisoners with protected characteristics lacked the confidence to raise concerns, particularly those from black or minority ethnic backgrounds.**
6. **Leaders did not offer a broad enough range of ROTL placements.**
7. **Leaders had not fully implemented a reading strategy across the establishment.**
8. **Staff did not identify and recognise the transferable skills that prisoners gained in work roles.**
9. **Patients requiring a psychiatry appointment never saw the psychiatrist face to face.** This was contrary to commissioning arrangements and to expected practice.
10. **Most OASys (offender assessment system) assessments were not completed soon enough after the prisoner's arrival.** On some occasions, temporary release had occurred without an OASys review.

About HMP North Sea Camp

Task of the prison/establishment

An open male category D prison. Many are serving indeterminate sentences and more than half are in prison for sexual offences.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 296

Baseline certified normal capacity: 300

In-use certified normal capacity: 300

Operational capacity: 300

Population of the prison

- 192 new prisoners were received in 2022. 141 new prisoners had been received in 2023 so far (around 28 per month, including 89 in March).
- 23% of prisoners were from black and minority ethnic backgrounds.
- There were 1,300 temporary release days in April 2023, for work, family ties or preparation for release.
- An average of 12 prisoners were discharged on final release each month.
- 48 prisoners were receiving support for substance misuse.
- There were no foreign national prisoners.

Prison status (public or private) and key providers

Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: We Are With You

Prison education framework provider: People Plus

Escort contractor: PECS

Prison group

East Midlands

Brief history

HMP North Sea Camp was originally a borstal which opened in 1935. The original staff and trainees were from HMP Stafford and they established a tented camp at the site while they began to build permanent buildings. They also built a new sea bank to reclaim land from The Wash. This work was completed in 1979. In 1988 North Sea Camp was re-roled to become an adult male open prison.

Short description of residential units

There are four residential units, with single accommodation available for up to 17 prisoners, the remainder being in cells and dormitories.

Five detached houses outside the main prison perimeter accommodate 67 long-term prisoners living independently, towards the end of their sentence.

Name of governor and date in post

Colin Hussey, April 2021 -

Change of governor since the last inspection

Michelle Quirke, December 2016 – March 2021

Prison Group Director

Paul Cawkwell

Independent Monitoring Board chair

Ray Dennis

Date of last inspection

July 2017

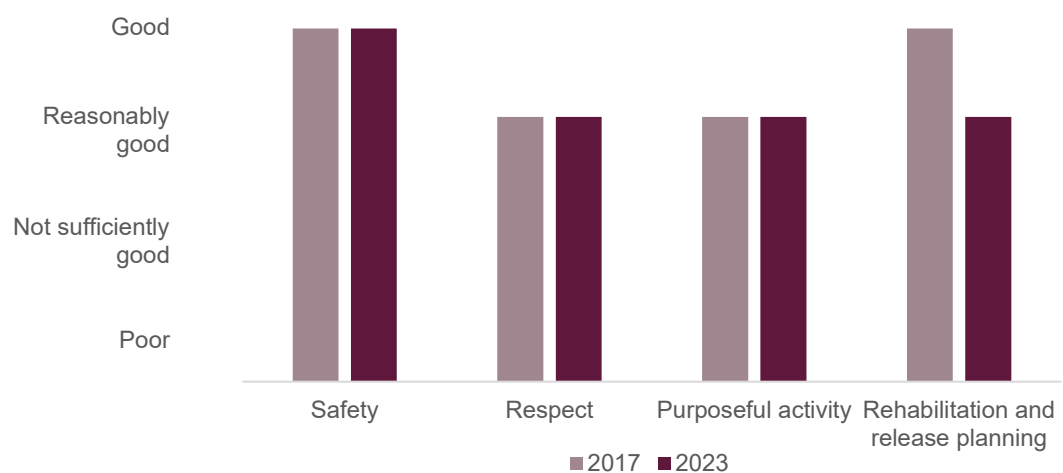
Scrutiny visit: April 2021

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 North Sea Camp, we found that outcomes for prisoners were:
 - good for safety
 - reasonably good for respect
 - reasonably good for purposeful activity
 - reasonably good for rehabilitation and release planning.
- 1.3 We last inspected HMP North Sea Camp in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP North Sea Camp healthy prison outcomes 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2017, we made 49 recommendations, two of which were about areas of key concern. The prison fully accepted 42 of the recommendations and partially (or subject to resources) accepted five. It rejected two of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been partially achieved and one had not been achieved. The recommendation made in the area of purposeful activity had been partially achieved, however the recommendation made in respect had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In April 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/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made seven recommendations about areas of key concern. At this inspection we found that four of the recommendations had been achieved, one had been partially achieved and two 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 seven examples of notable positive practice during this inspection.
- 1.10 Abscond/temporary release failure packs for all prisoners had been introduced. This allowed for the immediate sharing of information with the police if a prisoner should absent themselves unlawfully from the prison. (See paragraph 3.22)
- 1.11 Leaders had introduced a 'trigger dates' database to identify significant dates that might affect individual prisoners' mood or behaviour. The upcoming dates were well communicated to staff. (See paragraph 3.28)
- 1.12 A clothes shop run by the HIS charity made a wide range of clothing available to prisoners at reasonable prices. (See paragraph 4.15)
- 1.13 All prisoners could access a two-week group called 'Home Leave Preparation', addressing potential stresses after release and exploring ways to cope. (See paragraph 4.80)
- 1.14 Education classes, as well as enrichment activities in the library and gym, took place during the evenings. This enabled access for prisoners who worked in the community during the day. (See paragraph 5.3)
- 1.15 Library staff offered good support to those preparing for release and resettlement, including accompanying some on ROTL to the local library for supervised online tasks such as job search. (See paragraph 5.8)

- 1.16 A well-established employment hub offered drop-in support and advice to prisoners seeking employment. (See paragraph 5.18)

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 provided confident and grounded leadership, being realistic about the limitations of the site but also determined to make the most of the opportunities. Senior leaders knew the prison well and worked as a team, achieving good results. There was a good learning culture among the leadership group, seen for example in rapid changes made in response to inspectors' observations.
- 2.3 Everything in the prison was helped by the fact that almost all departments were fully staffed. The general well-being of prisoners, was, however, undermined by delays to investment in what was an aging and poor residential infrastructure. Some of these delays were apparently caused by concerns over potential flood risks at the site which is adjacent to the North Sea.
- 2.4 Leaders generally communicated and consulted with prisoners well, including those who were out of the establishment on weekdays. The most challenging area was progression towards release on temporary licence (ROTL), where frustration and misunderstandings abounded among prisoners. Steps had recently been taken to improve communication, but further work was needed to inform and reassure individual prisoners about their situation, as well as doing everything possible to reduce the delays.
- 2.5 The strong culture of the prison, where people convicted of the full range of offences lived together, had proved sufficiently robust under pressure. A recent large influx of shorter-term prisoners, as part of a national programme to fill spaces in the open estate, had been handled carefully. It had led to some tensions, for example in unsettling the balance between those convicted of sexual offences and others, but these had been contained effectively without incident. Leaders and staff took a reasoned, case-by-case approach to non-compliance and there was no evidence that they resorted too quickly to returning non-compliant prisoners to closed conditions.
- 2.6 There was some evidence that the prison's successes might have engendered some complacency in some oversight arrangements. Processes for the assurance of public protection and safeguarding were not, for example, sufficiently thorough. More detailed attention was needed in the investigation of complaints and in making sure that staff were confident about how to handle infrequent demands such as

the use of interpretation. The use of data and more effective quality assurance arrangements similarly needed to be more robust.

- 2.7 Energetic and collaborative leadership was bearing fruit in health care and in the offender management unit; but in education, skills and work, leaders had not driven forward the necessary improvements in delivery.

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 The reception area had been refurbished and was clean and welcoming with a calm and relaxed atmosphere. Prison staff and peer workers greeted new prisoners positively and respectfully and prisoners were offered food and hot drinks while they waited to complete the initial processes. The peer workers included a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to others). In our survey, 86% of prisoners said they had spent less than two hours in reception when they arrived, and 92% that they had been treated well in reception.



Reception

- 3.2 Not all prisoners received a medical health screening on the day of arrival. In our survey, only 60% said they had been able to see someone from health care on their first night, compared with 88% at

our previous inspection. Every prisoner had been seen by the following day.

- 3.3 Property was processed immediately on arrival. Those who arrived before 5pm could buy items from the prison shop in reception which helped to reduce potential debt issues.
- 3.4 There were 10 double first-night cells on the separate induction wing. Prisoners were taken there promptly and were given a private interview and a useful information guide to North Sea Camp. This was only available in English. The cells were clean and kitted out, but inadequately furnished (see paragraph 4.4).
- 3.5 More survey respondents than in similar prisons said that they had problems on their first night getting telephone numbers. During our inspection, a procedure was introduced to offer all prisoners a free telephone call on the day of arrival.
- 3.6 In our survey, 83% said that they had felt safe on their first night compared with 95% in similar prisons. Several attributed this to having to share a cell with other prisoners convicted of a range of offences, which they found unsettling. Staff did not carry out additional checks on new arrivals during their first night.
- 3.7 Prisoners spent between seven and 14 days on the induction wing. Structured information sessions were timetabled daily on weekdays, with contributions from different departments. In our survey, 99% of respondents said that they had an induction, and 78% of these felt that it covered what they needed to know against the comparator of 67%.

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

- 3.8 The incidence of violence remained very low. There had been just one minor occurrence during the previous year involving an assault on a prisoner. The most recent assault on staff had occurred in April 2022. Both incidents had been handled appropriately.
- 3.9 Staff in the safer custody department had, however, continued to seek improvement. A good safety strategy was in place, including a violence reduction action plan which set suitable aims. For example, leaders had focused on issues such as debt and bullying rather than on physical violence. Prisoners had recently been asked to complete a safety questionnaire and the outcomes were being fed into the safety strategy. The weekly safety intervention meeting (SIM) and bi-monthly safer custody meeting were well attended, and prisoners exhibiting

challenging behaviours were discussed individually at a multidisciplinary meeting.

- 3.10 In our survey, 28% of prisoners said that they had felt unsafe in the prison, compared with 13% at other open establishments. Similarly, more reported receiving verbal abuse, threats or bullying from other prisoners. Some prisoners and staff attributed this to a mixed population including people convicted of sexual offences, and also to the recent arrival of a large group of shorter-sentenced prisoners, who had been moved into the open estate to relieve population pressures upstream in the prison system. Leaders were aware of the issues and had taken appropriate action; there had been no rise in violence or disruptive behaviours.
- 3.11 Prisoners were motivated to make positive use of their time by incentives such as the option of independent living in the Jubilee houses, the 'citizenship' programme which granted prisoners small rewards for not incurring any warnings for negative behaviour, and access to release on temporary licence. The formal incentives scheme was less relevant, since almost all were on the enhanced level.
- 3.12 During the previous year, there had been 89 referrals to CSIPs, 15 of which had progressed to full plans. These included cases where bullying or feelings of vulnerability had been reported. CSIP investigations were more thorough than we usually see, but some of the plans were not specific to the individual prisoner and contained targets that did not always reflect the reasons for opening the plan.
- 3.13 Leaders continued to provide good support to prisoners who struggled to cope with open conditions. The weekly suitability and management meeting enabled multidisciplinary discussion of prisoners who were a cause for concern and, in general, staff attempted to support and work with prisoners to help them remain at North Sea Camp.

Adjudications

- 3.14 There had been only 179 adjudications during the previous year and the number had been reducing. Hearings were conducted fairly and records showed thorough enquiry and good engagement with the prisoner. Governance was robust, and the regular standardisation meetings identified shortcomings and lessons to be learned.

Use of force

- 3.15 There had been no use of force since March 2022 and it had been very infrequent before that. Footage from previous incidents was no longer available, but the written records were detailed and indicated adequate justification. Night staff carried PAVA (incapacitant spray) and batons, but they had not been used.
- 3.16 Most staff were up to date with control and restraint training and regularly drew body-worn video cameras to capture incidents. Quarterly meetings continued to take place to review any issues that might arise.

Segregation

- 3.17 Segregation had not been used since the previous full inspection. Two segregation cells had been available on site since 2022 but had not been used, which was positive.
- 3.18 Staff had received training in segregation and all the requisite policies and documentation were in place.

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.

- 3.19 Security meetings were well attended, regular and well structured. They focused on the known and emerging threats to the security and good order of the prison. Links to the police and other departments in the prison were strong.
- 3.20 The flow of intelligence into the security department was good. During the previous 12 months, 2,475 intelligence reports had been submitted, with the highest number consistently involving order and control and illicit items. A daily triage meeting ensured a speedy response, as did management checks at weekends. A few requested searches had not, however, been carried out in early 2023 because of a lack of staff and fewer than half the searches conducted in the last six months had led to relevant finds.
- 3.21 In our survey, 35% of respondents said it was easy to get drugs and 24% alcohol, compared with 18% and 11% respectively at similar establishments. However, random drug testing had returned a positive rate of just 4.82% over the last 12 months, lower than at our last inspection. Swab drug testing was used for screening, backed up by full tests to ensure coverage of the number of risk-based tests needed for ROTL. Breath testing had also been introduced to conduct random alcohol checks on prisoners returning from work placements and home leave, but this was not sufficiently well organised or properly recorded.
- 3.22 Three prisoners had absconded in the past year, less than at the time of our previous inspection. Temporary release failures over the same period were lower than the average for similar establishments. Abscond/temporary release failure packs had been created for all prisoners. They compiled useful information that could be shared quickly with the police at any time. The packs contained extensive background information, facilitating a more coordinated and rapid response in such cases.

- 3.23 Efforts were made to return prisoners to closed conditions only when not enough support could be provided on site and decisions were proportionate (see paragraph 6.20).

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

- 3.24 Since the last full inspection in 2017 there had been 10 deaths, none of them self-inflicted. Nine prisoners had died of natural causes, and one had died in 2018 of non-natural causes while released on a temporary license. Actions had been implemented in response to Prisons and Probation Ombudsman recommendations and the resulting improvements in practice were well embedded.
- 3.25 There had been four incidents of self-harm during the previous 12 months, three by the same prisoner. None had involved serious injury.
- 3.26 There was a good focus on support for prisoners with low-level vulnerability and the SIM considered all prisoners of concern, including those scheduled to transfer into the prison.
- 3.27 During the previous 12 months, 10 ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) had been opened, considerably fewer than at the time of our previous inspection. Most ACCT documents were of good quality and case management was consistent.
- 3.28 A 'trigger dates' database had been introduced which all staff could update when they identified significant dates with the potential to affect a prisoner's mood and/or behaviour. These dates were shared through the daily briefing sheet and morning management meeting and were discussed at the weekly SIM. They were also included in a detailed safety display in the key-safe room, which was an effective method of briefing staff on current risk information.
- 3.29 There was now a team of 15 Listeners. They told us that prison staff and the local Samaritans coordinator supported them well and met them regularly. In our survey, 51% said that it was easy to speak to a Listener when they needed to. According to prison data, there had been 126 Listener callouts over the last 12 months but no telephone calls had been made to the Samaritans during this period.

Protection of adults at risk (see Glossary)

- 3.30 A local safeguarding strategy was in place, but prison representation at the local authority meeting had lapsed. The prison safeguarding lead was not well known and there had been no specific training over the last year to improve understanding of how to identify and support prisoners at risk. Many staff we spoke to were not aware of what would meet the threshold of a safeguarding referral but said they would raise any concerns with managers or the safety team.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff knew prisoners well and the interactions that we observed were respectful and professional. In our survey, 82% of respondents said that staff treated them with respect, compared to 93% at the previous inspection, and some prisoners reported disrespectful behaviour by a few staff. Those aged 50 and over were more positive than others on this point.
- 4.2 In our survey, 94% of prisoners said that they had a named officer (personal officer), of whom 70% said they were helpful. Prisoners we spoke to were positive about the personal officer scheme and their assigned personal officer, but the standard of entries in individual case records was very inconsistent. Sessions with personal officers were scheduled to take place every month, but this was not always achieved (see paragraph 6.10).
- 4.3 There was a wide range of effective peer work to provide additional support and guidance to 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 Too many prisoners lived in cramped conditions. At the time of our inspection, 90% of those housed on the main site were living in very small double cells, providing only enough room for two beds and storage units, with no space for a table or chair. Prisoners who could not go to work or had retired spent a lot of time on their beds as they had nowhere to sit.



Two halves of the same room

- 4.5 Most cells had curtains and lockable storage and every prisoner had a key to their cell. Prisoners were frustrated that they did not have telephones (see paragraph 6.7) or kettles in their cells.
- 4.6 The communal showers and toilets were in poor condition and had a lingering smell of dampness. In our survey, only 54% of prisoners said that communal areas were normally very or quite clean compared with 70% at similar prisons. A refurbishment programme of showers and toilet areas, already postponed more than once, was due to begin in the autumn.



Showers on north unit

- 4.7 About a quarter of prisoners lived in shared houses just outside the perimeter as a way of developing their confidence in independent living once they had lived successfully in open conditions for some time. Some facilities in the houses were worn and shabby, but refurbishment of the kitchen and bathroom units was due later in 2023. Prisoners valued the opportunity to live in this accommodation, saying that it was the closest experience to living in the outside world while they were still in prison.
- 4.8 The external grounds were well maintained and offered a very pleasant environment.
- 4.9 Prisoners had weekly access to a central laundry and those employed in paid outside work could receive an additional wash if needed. In our survey, 92% of prisoners said they normally had enough clean clothes for the week.

Residential services

- 4.10 Prisoners were offered three hot meals each day, which is better than we usually see. Leaders told us it was part of the culture to promote a working day. Meals were served at appropriate times in a central dining hall, where prisoners could choose to eat together or take the food back to their residential unit.

- 4.11 In our survey, 57% of prisoners said the food was good and 64% said there was enough to eat, significantly better than at similar prisons (44% and 52% respectively). Our observations reflected this.
- 4.12 Prisoners working shifts outside the prison were provided with sufficient food, including lunch packs and evening meals which were delivered to residential units for their return.
- 4.13 The main kitchen was small and in need of investment, for example the flooring was damaged and some equipment was working intermittently or not at all.
- 4.14 Self-catering facilities on the main residential units were very limited, with only microwaves available. On the Jubilee housing units, prisoners were expected to cater for themselves and were given a small weekly budget, which was a good basis for learning to live independently, for those who had shown themselves able to put this privilege to proper use.
- 4.15 In our survey, 46% of prisoners said the shop sold what they needed compared with 60% at similar prisons. Leaders were not aware when the canteen list had last been reviewed or amended. In the prison grounds there was a clothes shop run by the HiS charity, which redistributes emergency goods to those needing them in various settings. It made a wide range of clothing available at reasonable prices.



HiS shop

Prisoner consultation, applications and redress

- 4.16 Consultation arrangements were good. A monthly prison-wide council meeting was well attended. Prisoners' representatives told us they felt that leaders were actively listening and that they had a voice. There was evidence that consultation did lead to change, for example a recent increase in the small food budget for the Jubilee residents. A range of other consultation activities, including surveys and forums, reinforced the sense of participation. However, actions taken in response to the issues raised were not systematically recorded.
- 4.17 Leaders communicated well with prisoners. As well as traditional information notices, there were initiatives such as the monthly 'News night', an open forum for all prisoners to receive updates on local and national prison issues and to ask questions. One forum held at the time of the inspection was attended by about 70 prisoners and lasted for two hours. Other media included a monthly newsletter, the North Sea Chronicle, and up-to-date, conspicuous notice boards on walkways and within residential units.
- 4.18 The rate of complaints, 620 in the last 12 months, was similar to the last inspection but remained higher than at comparable prisons. Just over 100 of these complaints related to other prisons, while the other main topics concerned the offender management unit and property. Not all received a satisfactory response and some lacked appropriate investigation. Quality assurance was carried out but was not sufficiently robust: it was completed by a relatively junior manager and not used as a tool to aid improvement.
- 4.19 The application system was paper-based and prisoners lacked confidence in a process which was not well managed. In our survey, only 66% of prisoners said that applications were dealt with fairly and only 44% said that they were dealt with within seven days, both significantly lower than at our last inspection and at similar prisons. In March 2023, a quarter of all applications were logged as not receiving a response.
- 4.20 Legal visits took place in the open visiting hall, which lacked privacy. In our survey, 56% of prisoners said that their legal mail had been interfered with compared with 37% at similar prisons. Only four letters had been recorded as having been opened in error. A new process had recently been introduced for staff and prisoners to sign for receipt of legal mail.

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 The promotion of equality at North Sea Camp had improved, with a committed team and improved structures. Members of the leadership team each took responsibility for a protected characteristic (see Glossary) and held regular forums, but attendance by prisoners was low (see paragraph 4.24). A number of prisoners, particularly those from black or minority ethnic backgrounds, told us that they lacked confidence to raise concerns for fear of reprisals.
- 4.22 Just under a quarter of the population were over 60 and almost 10% were over 70. A weekly seniors' support club was valued by prisoners, with a good atmosphere and well-planned activities, although there was not enough to occupy and engage older prisoners at other times. Leaders had implemented initiatives to support younger prisoners, including additional personal officer sessions and screening for and delivery of Choices and Changes, an intervention for this age group (see Glossary).
- 4.23 In our survey, 35% of prisoners declared a disability. There were no prisoners with a social care package at the prison (see Glossary) and most of those with a physical disability lived on the North unit, which had adapted facilities. There were some good support arrangements, including assisted food delivery and transport to get around the establishment either with a peer support driver or using communal electric scooters. Personal emergency evacuation plans were in place for those who needed them. These were reviewed regularly and included up-to-date information about nominated prisoner buddies who would assist in an emergency.



Electric wheelchair shed

- 4.24 A quarter of the population were of minority ethnic heritage and this group responded less positively to a few questions in our survey, particularly about the incentives scheme and whether their experience in the prison made them less likely to offend in the future. Several told us that they felt they could not raise issues for fear of repercussions, in particular a return to closed conditions. Equality data had sometimes shown this group to be over-represented in returns to category C status. Some prisoners told us this is why they did not go to the forums as they perceived that attendance could cause trouble for them. Leaders had reviewed all recent decisions to return, without finding either evident unfairness or any underlying reason for these perceptions.
- 4.25 Suitable support was available to transgender prisoners and the one to whom we spoke was appreciative that her practical needs were being met.
- 4.26 Few foreign national prisoners passed through North Sea Camp, and most that did spoke good English. However, there was a lack of translated information and staff in key areas could not tell us how they would access the contracted interpreting service if the need arose. Limited support was available for prisoners who needed information and signposting on immigration issues.
- 4.27 There was good support for veterans in custody. A dedicated hut had been set up and several community agencies attended regularly, especially the Lincolnshire-based Veterans Support Service and an ex-veteran with experience of having been in custody.

- 4.28 A centrally situated equality drop-in hub, staffed by well-informed prisoner representatives and supported by the equality team, was an excellent resource. A regular, published programme of events took place to celebrate and promote diversity.



Equality hub

- 4.29 The strategic oversight of equality had improved. A two-monthly meeting took place which was well attended and included prisoner representation. Leaders had adapted the equality data to ensure a focus on issues relevant to North Sea Camp, such as access to paid work and to the Jubilee houses or prisoners being returned to closed conditions, which was good. Leaders acted when disproportionality occurred, but they did not investigate sufficiently to understand the root cause (see paragraph 4.24).
- 4.30 During the previous 12 months, 16 DIRFs had been submitted (discrimination incident report forms), all by prisoners, only one of which had been upheld. DIRF boxes were not all labelled well enough or stocked on residential units and some were difficult to find. The DIRFs that we reviewed had been investigated thoroughly, but they were not sufficiently objective and equality issues were not fully addressed. Local oversight had recently improved, but there was still no external scrutiny.

Faith and religion

- 4.31 The small chaplaincy team was very well integrated into the prison and continued to provide valuable support to prisoners of all faiths. Chaplains were a familiar, active and well-respected part of the staff team. Many prisoners spoke highly of the pastoral support they received.

- 4.32 In our survey, 90% of prisoners said that they were able to attend religious services if they wished. All faiths had a religious leader who attended the prison regularly, except for the Pagan, Buddhist and Rastafarian faiths. The chaplaincy was liaising with national leaders about the vacancies and provided weekly worship and study materials to members of these faiths. Leaders had organised a range of faith-based celebrations.
- 4.33 The two full-time members of the chaplaincy gave good pastoral care to all prisoners, providing support during bereavement and anniversaries as well as more general well-being support.
- 4.34 The facilities were adequate and the washing facilities in the small multi-faith room had been refurbished since our last inspection, which was positive.

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

- 4.36 NHS England commissioned Nottinghamshire Healthcare NHS Foundation Trust to deliver health care services, We Are With You to provide integrated substance misuse services and Community Dental Service (CDS) to deliver dental services.
- 4.37 Partnership working among the health providers, the prison and key stakeholders was effective and local clinical governance structures were in place to monitor patient outcomes and drive service improvement. Wider clinical governance meetings with the Trust's offender health directorate had not taken place since January 2023 and this needed to be resolved.
- 4.38 Excellent leadership was supported by a skilled and conscientious staff group who were delivering a good standard of care. In our survey, 88% of respondents described health care services as good or very good. Managers were visible and all levels of staff were encouraged to participate and develop their skills. An efficient administration team supported all services and were making very good use of data to improve patient outcomes.
- 4.39 Health care staffing was generally stable in all areas apart from medicines management. Staff told us they felt supported and valued by

leaders. Mandatory training compliance among staff was very good and the Trust encouraged and supported clinicians to upskill. Clinical and managerial supervision was embedded and the provider was aware of the need to improve the recording of individual clinical supervision sessions.

- 4.40 A systematic approach to reporting and learning lessons from incidents informed clinical practice and an established cycle of clinical audit was in place. Regular patient forums were facilitated and the service gathered feedback by means of a 'you said, we did' format. Safeguarding responsibilities and processes were well understood by staff.
- 4.41 Most patients we spoke to valued the accessible health services. Clinical contacts that we observed were caring and professional and clinicians clearly knew their patients well. The separate health care complaints system was co-ordinated by the Trust's patient advice and liaison service. Most issues were dealt with face to face and all patients received a detailed written reply. Our sample of replies indicated that patients had been listened to and their concerns responded to appropriately. Electronic clinical records that we sampled indicated that record keeping met professional standards.
- 4.42 Daily handovers were well attended by representatives of all teams and provided a forum for sharing pertinent patient information and updates. Patients with complex needs were reviewed regularly, with a strong multidisciplinary approach.
- 4.43 The health centre was clean and tidy, while clinical rooms met infection control and prevention standards. Clinical equipment was calibrated annually.
- 4.44 Clinical staff attended emergency incidents when they were on duty and the equipment used was checked regularly and contained the necessary items.

Promoting health and well-being

- 4.45 There was a whole-prison approach to health promotion, including the dentist and gym and catering staff. The Trust was committed to a five-year health and care strategy through the integrated care system with a focus on improving access to all services.
- 4.46 The health team focused on improving health and well-being as part of the contract. The service followed a health and well-being calendar and displayed literature across all wings. Regular well-being events were held with stalls, information and quizzes.
- 4.47 Telephone interpreting services were rarely used but staff had good access to telephones to facilitate health appointments for patients who did not speak English. All patients could access the local sexual health clinic for screening and treatment and all patients were screened for sexual health and blood-borne viruses at reception. A range of national

health screening programmes included bowel cancer and visiting specialists supported treatments at the prison.

- 4.48 The team provided varied health promotion support, including weight management, blood pressure monitoring and NHS health checks. There were plans to develop an older adult pathway in collaboration with physical and mental health and with support from adult social care services.
- 4.49 All prisoners had access to age-appropriate immunisations. There was a plan for prisoners to have any missing childhood vaccinations where appropriate and planning was in progress for autumn influenza vaccinations.

Primary care and inpatient services

- 4.50 All new arrivals had transferred from other prisons. They received an initial health screening and a registered nurse would make any necessary referrals to the mental health and substance misuse team. The secondary screening took place within seven days. An induction package was provided containing information on the services available and how to order medication.
- 4.51 There were three GP clinics each week and an advanced nurse practitioner and clinical leads held five clinics a week. The wait for a routine appointment was six days and urgent need was prioritised on the day.
- 4.52 When health care staff were not on duty out of hours, prison staff called 111 or 999.
- 4.53 Patients could request an appointment by submitting a paper application or by dropping into the health care unit. A registered nurse triaged requests each day and arranged appointments with an appropriate member of staff. There was a suitable range of primary care services and visiting specialists with reasonable waiting times.
- 4.54 Since the last inspection, managers had implemented a range of specialist services to visit the prison and the Trust had increased their podiatry provision to reflect the older population.
- 4.55 Patients with long-term conditions such as asthma, diabetes and epilepsy were managed well. Nurse-led clinics had effective oversight by the GP and community specialists. All patients had a care plan and most of those that we reviewed were person centred. We saw good examples of care plans created for each condition, including wound management.
- 4.56 An individualised holistic approach was taken to helping patients manage pain. Health care had good contacts with the gym and physiotherapy and a GP reviewed all treatments with the patient in line with national guidance.

- 4.57 Secondary care hospital referrals were efficient and closely monitored by competent administrative and clinical teams. A minibus was available to take prisoners to community health care appointments. Some prisoners had to be accompanied by prison staff and there were three daily slots available for this.
- 4.58 The lack of 24-hour nursing care at the prison made it difficult to provide palliative care and patients were transferred to an appropriate facility where possible. The health care team and the prison tried to manage the patient's condition for as long as possible and there were plans to develop a palliative care pathway.
- 4.59 Patients were provided with a discharge summary of care on release and were given a 28-day supply of their medicine.

Social care

- 4.60 An up-to-date memorandum of understanding between the prison, health care and Lincolnshire County Council provided a clear operational framework for social care and processes to identify potential social care needs were in place. Prisoners were screened for social care needs on arrival and were able to self-refer.
- 4.61 Referral data demonstrated that social care assessments were completed in a timely manner. A small stock of aids and adaptations were held at the prison for prisoners who might require them and larger or specialist items could be accessed from the local council.
- 4.62 No prisoners were receiving a social care package (see Glossary) at the time of the inspection and we were advised that an external domiciliary care agency had been identified to deliver care should the need arise.

Mental health care

- 4.63 Mental health services were delivered five days a week by a well-led and responsive team. Access for those requiring support was very good and the team had recently adjusted their working hours to deliver a weekly evening service for those in employment or on ROTL.
- 4.64 The service had a clear referral pathway. Referrals were clinically triaged daily and seen within the required timeframes. A good range of interventions were offered, including psychological therapy, trauma-informed support and groupwork. Patients now had good access to individual counselling.
- 4.65 Arrangements for patients with neurodiverse needs were well established and very good, with an experienced learning disabilities nurse co-ordinating assessments and ongoing care and support.
- 4.66 At the time of the inspection, the mental health team were supporting approximately 60 patients and cases that we sampled had care plans tailored to individual needs. A small number of patients were under the care programme approach (CPA, mental health services for individuals

diagnosed with a mental illness) and reviews of their care were scheduled. Prescribing reviews and health monitoring for patients receiving mood stabilisers and antipsychotic medicines were completed regularly.

- 4.67 Patients we spoke to were positive about the support they received. Clinical records provided a detailed narrative of care delivered and staff monitored patient outcomes through nationally recognised tools. Prison staff we spoke to were complimentary about mental health services and knew how to refer prisoners if they were concerned about them.
- 4.68 Although access to psychiatry appointments was prompt, we were concerned that patients were not seen face to face and all appointments were held virtually. This required resolution.
- 4.69 Staff felt supported and valued and undertook regular supervision. Mental health staff were co-located with physical health care colleagues and integration within health care was a strength. The acting matron was focused on further improving collaboration with substance misuse service colleagues who were not co-located in the same building. The service had effective relationships within the wider prison and attended the weekly prison safety meetings.
- 4.70 The service was successfully accredited with the Royal College of Psychiatrists Prison Quality Network.
- 4.71 Release planning was effective, including work with prison colleagues and probation.
- 4.72 No patients had required transfer to specialist mental health inpatient facilities during the previous 12 months.

Substance misuse treatment

- 4.73 We Are With You, an integrated substance misuse team, delivered psychosocial interventions five days a week from 7am to 4pm, with later appointments on Thursdays until 6pm and Saturdays from 7am to 11.30am. The team was well led and worked with prison staff to make sure there was a pathway for supporting rehabilitation across the prison. Clinical services were delivered by qualified nurses and prescribers, who also worked for the Trust. Recovery workers had access to a qualified GP and prescribers within the wider agency which ensured that staff had immediate access to a range of professionals for advice and oversight of any new arrivals and patients wishing to change medicine.
- 4.74 There was an up-to-date prison strategy on tackling drugs. The substance misuse team, health care staff and governors met monthly to discuss actions and progress toward achieving key goals. Psychosocial and clinical support for new arrivals remained good. In our survey, only 6% of prisoners said they had a problem with alcohol when they arrived and 12% with drugs.

- 4.75 The team offered harm minimisation advice when prisoners were found to have used illicit substances. Five trained peer workers met new arrivals and offered good advice and information on the services available.
- 4.76 All prisoners who transferred with an opiate substitution therapy (OST) prescription were seen by a nurse on the same day to make sure that they were stable and to update care plans. A committed, trained team of practitioners assessed and supported prisoners within five days of their arrival and prisoners told us they valued their support. A range of interventions were delivered face to face, online and in groups. At the time of inspection, 53 prisoners were receiving support. Care plans that we reviewed were in date and concise and showed that treatment options were holistic and focused on patient outcomes.
- 4.77 The team included a qualified specialist nurse practitioner from the Trust and six patients were being prescribed OST. The prescriber held routine clinical reviews which were completed with the patient and in line with national guidance. We observed administration, which was carried out safely. Harm minimisation was prioritised and recovery workers were able to supply prisoners who were going on ROTL or release with a nasal spray Naloxone (opiate-blocking medicine to prevent overdose).
- 4.78 Mutual aid groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous, had been unable to visit the prison during the pandemic. One prisoner was trained in and delivered in-house AA groups, which were popular.
- 4.79 When prisoners were released, the team offered harm minimisation advice and arranged community appointments so that recovery work could continue.
- 4.80 All prisoners could access a two-week group 'Home Leave Preparation' which encouraged prisoners to think about a wide range of situations that could be stressful to them on release and to explore coping strategies.

Medicines optimisation and pharmacy services

- 4.81 Overall, medicines were managed safely but the service was affected by the lack of a clinical pharmacist and a pharmacy technician vacancy which we were told had recently been filled. As a result, few clinics had been offered and in-cell compliance checks were not being undertaken for those who were on high-risk medicines or were vulnerable. As there was no clinical pharmacist, there was no professional guidance, challenge or oversight of prescribing practice.
- 4.82 Medicines were supplied by a community pharmacy in a timely manner, mostly as named patient medicines with appropriate labelling and a dispensing audit trail. The supply, transportation, storage and management of medicines were generally well managed, although unused medicines were not always destroyed in a timely manner.

- 4.83 Prescribing and administration was entered on the electronic record, SystmOne, and medicines reconciliation was completed promptly for new arrivals. The senior pharmacy technician completed this remotely for prisoners arriving out of hours.
- 4.84 Most patients held their medicines in possession and records that we sampled demonstrated that in-possession risk assessments were completed and staff knew when these should be reviewed. Administration of medicines occurred twice daily from health care and our observations confirmed that this was managed well with good officer support. There was good local oversight of medicines administration competencies, led by the senior pharmacy technician.
- 4.85 A range of emergency medicines were available for patients to access out of hours and records of what had been taken from the cupboard were good. Some patient group direction medicines were in place which allowed clinicians to administer certain medicines without a prescription. However, several of these had recently lapsed and this required resolution.
- 4.86 We were told that no local or directorate medicines management meetings had taken place for the last six months which needed improvement.
- 4.87 Transfers and releases were managed well, with patients receiving an adequate supply of medicines on their departure. Medicines were ordered about two weeks in advance and prescriptions could be written where necessary.

Dental services and oral health

- 4.88 Community Dental Service CIC provided two sessions a week on Tuesdays and Thursdays as well as emergency ad hoc appointments. One session was delivered on site from a dental van and the second session was run from their Boston Health Clinic.
- 4.89 At the time of the inspection, 108 residents were awaiting assessment or treatment. A dentist triaged all applications using a red-amber-green rating to reflect urgency. Routine appointments were booked into the next available slots with a wait of about 63 days. All urgent appointments were arranged for the next day.
- 4.90 An oral health improvement manager had provided several display boards and packs containing oral health information. There were plans for the manager to attend the prison to deliver oral health promotion to prisoners.
- 4.91 We were unable to inspect the dental van but were sent equipment certificates showing that all equipment was serviced and safe to use. The dental staff described the decontamination processes that they carried out when treating patients. Managers completed appropriate audits and assurance checks.

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 cells and had keys for their doors. Most prisoners were unlocked from the residential units from 7.45am to 8.15pm and only had to return for three roll checks during the day.
- 5.2 Eighty-six per cent of the population were involved in some form of purposeful activity and those who were not had legitimate reasons such as retirement or long-term illness. Unauthorised absence was very low. In addition to work and education, the daily regime offered various activities such as drop-in sessions and even a prison band. Most prisoners told us that they appreciated being kept busy and enjoyed the range of activities on offer.
- 5.3 Education classes, as well as enrichment activities in the library and gym, took place during the evenings. This allowed prisoners who worked during the day to engage with further activities.
- 5.4 The library provided a very good service. It was open during evenings and weekends and, in our survey, 95% of prisoners said they were able to visit at least once a week if they wished.
- 5.5 In addition to a good selection of books, newspapers and magazines, the library also loaned out consoles and games, music, puzzles and puzzle boards, and a small number of musical instruments. Prisoners told us that the materials available met their needs.



Library

- 5.6 Prisoners could access computers in the library to complete education work, study for driving theory tests and access prison policy frameworks. They could also request that a librarian print material on their behalf, which was especially useful for prisoners who were preparing for ROTL and required information such as travel timetables or tickets.
- 5.7 The library offered a good range of clubs and enrichment activities. These included social events such as a reading group and chess club, as well as schemes such as Storybook Dads (prisoners recording a story to send to their children). Support from the Shannon Trust (provides peer-mentored reading plan and training resources to prisons) was available and was advertised to prisoners, but take-up was low and at the time of our inspection just one prisoner was using this service.
- 5.8 It was positive that prisoners on release on temporary licence (ROTL, see Glossary) could use temporary membership cards for the local library in the community, which allowed for supervised internet access to help with release and resettlement planning. The librarian offered individualised support to prisoners who needed it, in particular those who had served long sentences, and assisted them with basic IT skills.

- 5.9 The gym had received new equipment since the last inspection. Exercise areas were in good condition and the gym offered a good range of recreational and training activities. Gym staff supervised team sports and group exercise activities in the sports hall and outdoors, and prisoners were not allowed to use any of these facilities without PE staff being present. The showers and changing rooms remained in a very poor condition and did not provide adequate privacy, but there were well-advanced plans to refurbish them.



Gym equipment

- 5.10 The gym was open at weekends and in the evening and had adequate capacity for prisoners who were employed outside the prison to attend outside working hours.
- 5.11 It was positive that gym staff had recently resumed educational courses, including courses in fitness and a first aid course.
- 5.12 Gym staff maintained strong relationships with health care staff and offered good support and dedicated sessions to prisoners who required assistance with remedial exercise.

Education, skills and work activities



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

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

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

Overall effectiveness:	Requires improvement
Quality of education:	Requires improvement
Behaviour and attitudes:	Good
Personal development:	Good
Leadership and management:	Requires improvement

What does the prison do well and what does it need to do better?

- 5.14 Staff used suitable labour market information to inform the range of subjects offered. Leaders offered a sufficiently broad range of education and training courses up to level 3. They had clustered courses into appropriate pathways including construction, warehousing and business. They had considered the nature of prisoners' offences. As a result, most activities met prisoners' needs. Prisoners had a clear line of sight from courses through to ROTL work placements and to national employment opportunities.
- 5.15 There were sufficient spaces for all prisoners to take part in purposeful activity. Leaders had allocated all prisoners to a work role. Prisoners took part in work on the farm and in critical roles to ensure that the prison functioned and taught most of them new skills. Leaders and managers offered relevant qualifications in all work areas and the gym, but the uptake of qualifications was low. Where prison work was for a

specific employer, such as building lobster pots, the work prepared prisoners well to progress to jobs within this company.

- 5.16 During induction, staff ensured that prisoners were made aware of the importance and priority that achieving English and mathematics functional skills qualifications had on enabling progression into employment both inside and outside the prison. However, despite offering highly valuable evening and weekend sessions alongside daytime sessions in English and mathematics, leaders and managers did not appropriately maximise the spaces available or avoid clashes with other activities to allow prisoners to attend.
- 5.17 Prisoners who had already planned for future employment gained a good awareness of the education courses and employment they could work towards to realise their plans. Careers staff reviewed electronic learning plans thoroughly and frequently with learners to reflect prisoners' evolving future employment aspirations.
- 5.18 Prisoners received high quality careers advice and applied for jobs through the well-managed employment hub. Employment hub managers, assisted well by peer mentors, ensured that most prisoners benefited from being allocated to education courses and prison work which were relevant to their needs.
- 5.19 Leaders had incentivised prisoners to engage in education, skills and work through pay. However, this was not applied consistently. Staff did not consistently do enough to promote the value of working towards and achieving level 2 in English and mathematics and how this could improve the progress prisoners could make towards their next steps.
- 5.20 The prison education framework contractor, People Plus, did not provide a consistently high enough quality of education. Tutors in English and mathematics did not suitably personalise their teaching from prisoners' starting points. They did not use assessment methods well enough to check how well prisoners could apply what they had been taught. Too few prisoners achieved English and mathematics qualifications. However, the quality of vocational training was excellent. In these areas, staff taught prisoners valuable new knowledge and skills. For example, prisoners studying painting and decorating painted stripes accurately and applied mathematics skills to produce a professional result. As a result, prisoners' achievement in vocational areas was very high.
- 5.21 Vocational trainers and instructors had expert knowledge of their subjects. Most tutors were appropriately qualified and experienced. For example, in waste management training, highly experienced instructors used their knowledge to teach concepts clearly. They embellished their teaching with scenarios to apply theory to work. Instructors and vocational trainers checked prisoners' understanding well. For example, during tractor driving and ride-on mower assessments, instructors gave clear and guiding feedback to prisoners. As a result, prisoners achieved highly in most work areas.

- 5.22 Prison and education staff supported well the small proportion of prisoners who studied Open University or distance learning courses. Leaders offered valuable computer and smartphone skills courses to help prisoners prepare for life and work in the community. For example, prisoners had learnt about online safety and how to use technology for everyday tasks such as banking and booking train tickets. However, the computer skills courses were not offered frequently enough. Consequently, a few prisoners felt anxious about how they would develop the skills to be successful on release.
- 5.23 In most subjects, courses were coherently sequenced. Prisoners cumulatively gained the knowledge and skills for future employment. For example, in bricklaying learners began by building straight walls, then turning corners at 90 degrees using half bricks, followed by finishes including dog tooth techniques and gable ends. As a result, prisoners built on their knowledge and developed new knowledge and skills.
- 5.24 In workshops and work areas, staff did not sufficiently identify and monitor the wider transferable skills that prisoners developed. They did not set ambitious targets for prisoners. Prisoners working on the farm, for example, did not recognise the skills they were developing or how they were relevant to them on release.
- 5.25 Leaders and managers had been too slow to implement a whole establishment reading strategy. They did not suitably assess and monitor prisoners' reading skills. Library staff promoted reading well. Trained mentors guided identified non-reading prisoners effectively to improve their reading. Leaders used initiatives such as a book club and monthly competitions to encourage prisoners to read. However, staff across the prison did not use the resources provided to promote reading effectively.
- 5.26 Teaching staff did not apply specialist support for prisoners with learning difficulties and disabilities (LDDs) consistently well. Most instructors in workshops were not aware of the support available from education staff or the wider prison nor how to support prisoners' LDD needs themselves. In education, tutors did not always implement the strategies that had been identified for learners with specific learning needs. However, tutors worked effectively with peer mentors who had been well trained in working with prisoners with ADHD and dyslexia. In bricklaying, mentors supported prisoners who had disabilities considerably to help them make progress. Prisoners with LDDs achieved as well as their peers in education, but leaders did not effectively measure the achievement of prisoners with LDDs in work or industries.
- 5.27 Leaders and managers promoted prisoners' personal development well. They had set up a range of clubs such as a chess club and other social activities through the library. Leaders and managers offered creative arts provision which prisoners participated in at weekends. People Plus employed prisoners to run creative writing courses on Saturday mornings. Prisoners used the virtual campus resources

(prisoner online access to community education, training and employment opportunities) well to explore their interests and continue learning. Managers had recently increased the range of one-off events such as wildlife walks, quizzes, treasure hunts, musical events and celebrations of national days that prisoners could participate in, often organised by prisoners working as equality mentors. However, while most prisoners were aware of the enrichment activities available, many chose not to participate in them. Managers did not evaluate sufficiently the number of prisoners participating in these activities or the reasons why prisoners chose not to take part.

- 5.28 Attendance to education, skills and work was high. Tutors and instructors created positive and purposeful environments where prisoners were motivated to work and learn. Prisoners had respect and tolerance for each other's ideas and views and were respectful to staff. A small proportion of prisoners took part in additional voluntary work or extra work. For example, prisoners on ROTL volunteered to work on the farm for enjoyment. Prisoners felt safe and worked safely when attending education, skills and work.
- 5.29 Prison and education managers understood the weaknesses across education, skills and work, but they had been slow to make improvements across too many areas, such as broadening the offer of ROTL. Leaders had taken appropriate actions from the previous inspection and had fully achieved six recommendations and partially achieved five.
- 5.30 Prison leaders, education managers and other partners in careers shared information across departments about prisoners' aspirations and plans. As a result, staff working in different areas knew prisoners well and provided prisoners with coherent advice.
- 5.31 Leaders and managers ensured that each prisoner took part in an employability course before taking part in ROTL work opportunities or before release. As a result, prisoners were equipped with a CV, knew how to fill in application forms and received training to prepare for interviews.
- 5.32 The range of ROTL placements available was limited to warehousing and logistics and was not of interest to many prisoners. Around a fifth of prisoners were on work placements on ROTL. They were all paid. Leaders and managers had built strong links with local employers willing to employ prisoners. They made employers aware of the nature of the offences. As a result, they offered valuable ROTL placements and a small, but notable, number of prisoners were successfully employed on release. Prisoners working at a logistics company had valuable opportunities, for example to study towards a heavy goods vehicle (HGV) licence. Prisoners on ROTL developed resilience, confidence and independence. Prisoners working in logistics on ROTL spoke with pride about the responsible roles they were undertaking. Leaders had advertised a wider range of paid ROTL work placements, although it was too early to judge the impact of these opportunities.

- 5.33 Leaders had started to monitor closely the destinations of prisoners after release. Over a third of prisoners had progressed into work or education over the previous 12 months, with half the prisoners released in the last month successfully moving into employment. They used this information to inform the curriculum offer. For example, they had successfully introduced the construction skills certification scheme to help prisoners gain construction jobs.

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 Prisoners were not positive about the opportunities available to maintain family ties, with the prisons remote location being one key factor. Only 13% of prisoners in our survey said it was very or quite easy for family and friends to get to the prison compared to 41% in similar establishments. During the previous month, only 21% of prisoners said they had seen their family or friends in person more than once.
- 6.2 A family engagement service was in place, the Lincolnshire Action Trust, but apart from the regular family days that they had supported over the last 12 months, their contribution was limited, supporting a caseload of just four prisoners at the time of the inspection. A multi-session parenting course, 'Being a Dad', had been delivered once in the last year, to a group of six, although there were plans for it to start again soon. The Lincolnshire Action Trust staff were not involved in routine social visits sessions, which was a missed opportunity to interact with prisoners and their families.
- 6.3 More than half the population were, however, able to access ROTL for family purposes, which they appreciated. There was some monitoring and analysis of prisoners who did not have any contact with family or friends, but more needed to be done to understand the negative perceptions of prisoners. A penfriend scheme was advertised for prisoners, but staff could not remember the last time it had been used.
- 6.4 The visitors' centre was drab and an unwelcoming environment for family and friends. It was not overseen by staff, much of the information displayed was out of date and there was limited seating. The visits area was small, but an outdoor area could be used when the weather permitted. A selection of children's toys and boardgames were available, but there was no longer a dedicated play area. Limited provision of food had restarted at the beginning of 2023.
- 6.5 The number of face-to-face visits opportunities had reduced since the last inspection from five sessions a week to three. Only half of the visits

hall capacity was taken up each month but more prisoners took advantage of the video-calling service, which had increased capacity. For various reasons many prisoners did not receive visits regularly or at all, and the facilities offered appeared to be meeting the need.

- 6.6 During our inspection, the need for better supervision and support in the visits area was identified. The security department completed the seating plan for visits and had to manage a mixed population in the small space provided. We found examples of poor communication between departments that required immediate attention (see paragraph 6.15).



Visits centre



Children's toy area in the visits hall

- 6.7 There were no phones in the cells and not enough communal phones for prisoners on the residential units. When they were able to use them, some of them did not afford enough privacy and prisoners complained of the noise when trying to make a phone call (see paragraph 4.5).

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.

- 6.8 During the previous 12 months, 278 prisoners had transferred into North Sea Camp. A regular reducing reoffending meeting was well attended by different prison departments and all resettlement pathways were discussed. The needs analysis dated from 2021, did not reflect the population changes since then, and so needed to be refreshed.
- 6.9 The OMU had a well-resourced and experienced team, with strong leadership and manageable case loads. Contact levels between the prison offender manager (POM) and the prisoner were good and feedback on the level of POM contact was positive, particularly from

most of the prisoners we interviewed in our case sample. The quality of these contacts varied, but we saw examples of excellent planned supervision sessions by POMs. The head of offender management delivery was completing quality assurance checks, recognising and addressing areas of need and development, but was stretched in trying to check and countersign every assessment by the required date. A new part-time senior probation officer had started during our inspection and would be supporting this process in future.

- 6.10 The key work system does not apply in category D prisons as part of the offender management in custody (OMiC, see Glossary) model but there was a personal officer scheme instead. In the case sample that we reviewed, sessions were taking place monthly and were supportive of a prisoner's sentence progression. We found other entries of a prisoner's sentence progression, although this was not true of all personal officer entries (see paragraph 4.2).
- 6.11 Prisoners expressed mixed views to us about the offender management unit (OMU). Some complained of dismissive attitudes by OMU staff, while others felt that delays in accessing ROTL were not adequately explained to them (see paragraph 6.25). Communication channels between the OMU and the population had improved recently, including daily drop-ins during the working week, surveys conducted to gather feedback on their work and a good level of written communication.
- 6.12 More than 90% of prisoners had had an OASys (offender assessment system) completed in the last 12 months. Most were of good quality but they were not always reviewed in a timely manner. In our case sample, only one had been completed within eight weeks of the prisoner transferring into the establishment and the latest date of completion was more than 64 weeks after arrival. We found examples of prisoners who had not had their OASys reviewed before a ROTL event and, although an assessment had been completed by the sending establishment, there had not been a review to mark the significant change in circumstances in moving to an open prison.
- 6.13 In our survey, 75% of prisoners knew they had a custody plan. The majority of sentence plans that we reviewed were well considered and informed by an appropriate risk management plan.
- 6.14 Only a small number of prisoners were eligible for home detention curfew (HDC) and in most cases it was granted. Some anomalies in recording and data were corrected during the inspection.

Public protection

- 6.15 We identified two public protection issues that required immediate action by the prison. Both concerned prisoners subject to public protection measures forbidding contact with certain vulnerable groups, who had been given access to them within the prison. These cases showed inadequate security checks, and poor communication between

the relevant departments. Processes were to be reviewed directly after our inspection.

- 6.16 At the time of our inspection, 157 prisoners were assessed as posing a risk to children, more than half the population. The OMU had started to deliver in-house public protection training to staff across the prison in response to an identified need.
- 6.17 More than half the prison population were assessed as presenting a high or very high risk of harm. Relevant cases were discussed thoroughly at the interdepartmental risk management meeting (IRMM), which was held every two weeks. There was evidence of good multi-agency cooperation in these meetings.
- 6.18 The forms that OMU staff contributed to MAPPA meetings (multi-agency public protection arrangements) were of an excellent standard, appropriately detailed and demonstrated in-depth knowledge of the prisoner. However, we found examples of prisoners being released without a MAPPA level or with a level allocated too close to the release date. Despite evidence of case administrators contacting community offender managers (COMs) six months before release, it was not always clear what process was followed after they had made this contact.
- 6.19 We found some delays in reviewing the need for offence-related monitoring of communications. In one example, a prisoner's three-month review was a month overdue and the monitoring had lapsed at the review date, even though it might still have been needed. The standing agenda item for this topic at the IRMM was no longer used.

Categorisation and transfers

- 6.20 During the previous 12 months, 28 prisoners had been recategorised to category C and returned to closed conditions. In the sample that we reviewed, the decisions appeared justified and good consideration had been given to the risks posed by the prisoner and to any mitigation. Most reviews outlined the support that had been offered to enable the prisoner to stay at North Sea Camp (see paragraph 3.26). There was ample evidence that leaders continued to treat return to closed conditions as a last resort, that they considered individual circumstances carefully and tried to keep the person in open conditions if it was safe and sensible to do so.
- 6.21 At the time of our inspection, 87 prisoners were serving indeterminate sentences, nearly a third of the population, most of whom were past their tariff date. The policy to engage and support this cohort was due for review and there were no active peer mentors or forums available for them at the time of the inspection. The psychology team provided good support and case consultancy to the 43 IPP prisoners (indeterminate sentence for public protection) through the national progression programme and worked closely with POMs to give regular updates on this work.

Interventions

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

- 6.22 Most prisoners had completed offending behaviour programmes before arriving at North Sea Camp. The psychology department and OMU completed offence-related one-to-one work where required and we found examples of excellent planned sessions.
- 6.23 During our inspection, 13 prisoners were being managed through enhanced behaviour monitoring (see Glossary). These individuals were discussed regularly at the suitability and management meeting. For prisoners who were not assessed as needing enhanced behaviour monitoring, the psychologists continued to provide individual plans and guidance for staff, demonstrating good working relationships between this department and the OMU.
- 6.24 A small number of individuals were benefiting from working with the SOLAR service (Seek Opportunity, Learn, Adapt, Reintegrate). This 'pathway enhanced resettlement service' was funded through the NHS and regular key work sessions were delivered to those requiring extra support in the open estate. All prisoners were screened for this service on arrival at the prison and those engaged with it spoke to us positively about the experience.
- 6.25 Many prisoners complained to us of delays in accessing ROTL. Although some delays appeared justified for reasons such as an increase in risk, other factors included late OASys review in the prison and delays to probation reports or police checks in the community. Prisoners were informed about the ROTL process during induction, but more needed to be done to communicate if delays were occurring. The OMU had recognised that some information being given to prisoners by the sending establishment was incorrect and were making efforts to address this by communicating with these establishments.
- 6.26 ROTL risk assessments were of a good quality and consideration was given to victim issues, safeguarding and the implementation of restrictions to manage and monitor the risks. These matters were discussed in detail during ROTL boards and with the prisoner.
- 6.27 During the previous six months, there had been 7,694 ROTL events, an increase from 5,709 before the last full inspection. More than 4,200 of these events were for paid work placements. At the time of our inspection, 61 prisoners were in paid ROTL placements. Improvements had been made since our scrutiny visit in securing jobs for prisoners convicted of sexual offences, but there were still not enough placements or skilled work available (see paragraph 5.32).

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 Handover meetings from POMs to COMs were taking place with the prisoner, but not always within the expected timeframes. Records demonstrated consistent efforts by the POMs and case administrators to give early notification of handover dates, but this was often affected by frequent changes of COM or absences. This also affected the opportunity to discuss confirmation of MAPPA levels, which was often missed and, as a result, release planning sometimes appeared disjointed (see paragraph 6.18).
- 6.29 The employment hub offered a welcoming environment, with good support and advice available from a knowledgeable team of mentors and staff. The hub was open seven days a week, with regular evening slots to accommodate prisoners who were working full time. An average of 120 prisoners visited the hub each week to find out about employment both inside and outside the prison. During the last six months, the outcomes for employment on release had started to increase, reaching 50% of prisoners in April 2023.
- 6.30 The community engagement team (CET) worked hard to address outstanding prisoner needs before their release, including identification documents, benefits, employment and housing support. All prisoners had a resettlement meeting with the CET 12 weeks before release and were then discussed at the well-attended multi-agency discharge boards every three weeks. However, records of this information were not easily accessible to all agencies who required them and they needed to be shared within the appropriate prison systems.
- 6.31 The Jubilee units continued to be a popular pathway for prisoners living independently, while under supervision, before being released into the community. In our survey, 85% of prisoners living on these units thought their experiences had made them less likely to offend in the future, compared to 57% of the rest of the population. They continued to access the support services offered within the prison, including courses preparing prisoners for release delivered by the substance misuse service (see paragraph 4.79).
- 6.32 There had been 143 releases during the previous 12 months. Most prisoners were released to supported housing, mainly approved premises. In some cases, there were still delays in getting a space in an approved premise before the person could be released. Prison staff completed their own monitoring of accommodation outcomes which they compared against performance hub data, which was good practice. Support had been put in place for the small number of prisoners who did not have their accommodation needs met in time for their release.

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

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2017, despite long journeys to the prison most prisoners felt escort staff treated them well. Reception and arrangements during prisoners' early days were generally good. Some prisoners felt unsafe when they first arrived at the prison but their concerns appeared to be relatively short-lived. Levels of violence were low and although the use of assessment, care in custody and teamwork (ACCT) procedures for prisoners at risk of suicide or self-harm was higher than at the last inspection, most were used for relatively short periods. Security arrangements were proportionate and the prison made substantial efforts to avoid returning prisoners to closed conditions. Disciplinary procedures were well managed and support for prisoners with substance misuse was good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The prison should determine why some men feel unsafe on their first night and address any arising issues. (1.11)

Not achieved

Induction should take place in a quiet room without other men distracting new arrivals. (1.12)

Achieved

Men should be supported by unit staff to find their next accommodation upon completing their induction. (1.13)

Achieved

Staff facilitating mediation between prisoners should be appropriately trained. (1.20)

Achieved

Links between safer custody and security should be strengthened to ensure both departments gain a full picture of antisocial behaviour at the prisons. (1.21)

Achieved

The prison should improve its analysis of antisocial behaviour so trends can be identified at the earliest opportunity and action taken promptly. (1.22)

Partially achieved

All staff should receive suicide and self-harm training. (1.27)

Partially achieved

Appropriate safeguarding training should be available to all staff. (1.31)

Not achieved

Prisoners should be removed from the basic level following a review if no further poor behaviour is observed. (1.42)

No longer relevant

Prisoners on the enhanced level who are returned to closed conditions due to poor behaviour should have the opportunity to attend a review board or make a representation to it. (1.43)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2017, the general environment was well maintained and attractive but much of the accommodation was poor, cramped and inadequately furnished. Relationships between staff and prisoners were excellent. The recent re-launch of diversity and equality work was welcome, but the absence of equality monitoring was disappointing. Faith and religious support was generally positive and responses to complaints were improving. Physical and mental health support was reasonable. Food was very good and prisoners appreciated it. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Rooms designed for one man should not accommodate two and men should have space to store their possessions properly. (S42)

Not achieved

Recommendations

All showers and toilets should be in a reasonable state of repair and suitable for use. (2.10)

Not achieved

Equality monitoring data and prisoners' views should be analysed routinely to help managers identify and investigate areas of possible discrimination. (2.21)

Achieved

The prison should assess the needs of less able and older men and implement a strategy to meet their needs, which should include physical adaptations where necessary. (2.32)

Achieved

The washing facilities in the multi-faith room should be refurbished. (2.39)

Achieved

Legal visits should take place in sufficient privacy. (2.44)

Not achieved

A representative health forum should be set up to inform service developments and enable collective concerns to be addressed. (2.55)

Achieved

Access to podiatry services should be equivalent to community provision. (2.61)

Achieved

Adequate arrangements for reconciling and disposing of unused medicines should be in place. (2.67)

Not achieved

Patients should receive medicine confidentially and officers should oversee supervised medicines. (2.68)

Achieved

Medications not given in possession should be administered as clinically indicated and documented risk assessments should be completed before in-possession medication is considered and recorded on SystmOne. (2.69)

Partially achieved

Patients should have access to dental assessment and NHS treatments in line with community provision. (2.72)

Achieved

Patients requiring counselling support should have access to appropriate services. (2.77)

Achieved

Purposeful activity

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

At the last inspection in 2017, prisoners were not locked in their rooms and restrictions of movements were minimal. Progress had been made since the last inspection to increase the range and number of employment places. More data analysis was required. Outcomes in work, education and training had, broadly, improved. Despite good community involvement, only a small number of prisoners worked outside the prison gates. Teaching and learning were reasonably good. The introduction of the virtual campus (internet access for prisoners to community education, training and employment opportunities) was positive, but prisoners were not using it. The library was good and the gym provision was reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The number of external work placements should be increased and provide suitable preparation for employment on release. (S43)

Partially achieved

Recommendations

The space for association should be increased and rooms should be properly equipped. (3.3)

Achieved

Relationships with employers and other external agencies should be further improved to increase the proportion of prisoners who work outside the prison. (3.12)

Partially achieved

All staff should analyse and make good use of data to improve the quality of the provision and measure the impact of their actions. (3.13)

Partially achieved

The prison should introduce a greater number and range of functional skills and employability courses to meet the resettlement needs of the population. (3.18)

Achieved

The level and range of the education and training provision should be extended to meet the needs of those with higher prior academic attainment. (3.19)

Achieved

The integration of English and maths skills should be promoted in all work and training settings. (3.28)

Partially achieved

Prisoners should have access to sufficient computing facilities, including the virtual campus. (3.29)

Achieved

The prison should ensure there are appropriate vocational training opportunities across all work settings. (3.36)

Achieved

Immediate action should be taken to drive up success rates further on English and maths courses. (3.40)

Partially achieved

Senior managers should ensure all repairs and routine maintenance are carried out promptly. (3.51)

Achieved

Senior managers should ensure showers and toilets have sufficient screening. (3.52)

Not achieved

Resettlement

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

At the last inspection in 2017, strategic management was generally good. The prison had a clear sense of purpose. ROTL was central to its function and much of its work was good, well managed and efficient. However, delays in processes were not monitored sufficiently or relayed and explained to prisoners consistently. The roles and functions of the community rehabilitation company (CRC) required clarifying. The work of the offender management unit (OMU) was well integrated and involved prison, psychology and probation departments. Interactions with prisoners were focused and effective. Some further work on risk management planning and clarifying pre-release multi-agency public protection arrangement (MAPPA) levels was required. Support for work with families was generally good. Temporary licences to support family contact were extensive. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The offending needs analysis should be informed by OASys and resettlement needs data. (4.12)

Not achieved

The allocation process for accompanied ROTL should be reviewed to ensure allocations are suitable. Prisoners should be informed of intended timescales. (4.13)

Partially achieved

The prison should monitor delays at each stage of the ROTL process to ensure barriers to progress are minimised. (4.14)

Partially achieved

HMPPS should amend their prisoner employment performance targets so that prisons facilitating the effective use of ROTL to promote employment skills are not disadvantaged. (4.15)

No longer relevant

Risk assessments should consider the inherent risks of all offending behaviour not just those that appear violent. (4.25)

Achieved

Risk management plans should be current and comprehensive covering risk management in open conditions and for release. (4.26)

Partially achieved

All MAPPA prisoners should have their level set prior to release. (4.32)

Not achieved

All prisoners should have their resettlement needs assessed at least 12 weeks before release, and any outstanding concerns should be met. (4.42)

Partially achieved

Assessments should make full use of all forms of information. (4.43)

Not achieved

The work of the CRC should be closely aligned with the OMU. (4.44)

No longer relevant

Senior managers should collect and analyse information on the number of prisoners who on release enter education, employment or training to support future service improvements. (4.54)

Achieved

NSC managers should conduct a searching review of the effectiveness of skills action plans to inform further improvements. (4.55)

Achieved

The prison should do more to understand who does not receive visits and why, and support men's links to the outside world. (4.67)

Not achieved

Family days should be appropriately resourced. (4.68)

Achieved

Recommendations from the scrutiny visit

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

Prisoners should have access to outside areas, subject to appropriate levels of social distancing and other COVID-19 safety measures. (S3)

Achieved

Prisoners should meet with resettlement staff to identify the help that is needed and this should be supported by the reintroduction of the peer-led initiatives previously in place. (S4)

Achieved

Resettlement day release should be resumed to enable prisoners to have contact with their children and families and also secure work, training or education. (S5)

Achieved

A comprehensive equalities strategy should be introduced, with a clear timetable for restarting forums to support prisoners with protected characteristics. Evidence of disproportionate treatment should be further explored, and action taken to address issues arising. (S6)

Achieved

Leaders should explore and understand prisoners' poor perceptions about the support provided by the OMU and take steps to make sure that the work is central to the rehabilitative function of the prison. (S7)

Partially achieved

Telephone call monitoring for public protection purposes should be robust. (S8)

Not achieved

There should be enough suitable places in approved premises to make sure that prisoners who require this as part of their parole conditions are released without delay. (S9)

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

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

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

<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Martin Kettle	Team leader
Rebecca Mavin	Inspector
Chelsey Pattison	Inspector
Fiona Shearlaw	Inspector
Donna Ward	Inspector
Helen Downham	Researcher
Grace Edwards	Researcher
Alex Scragg	Researcher
Samantha Rasor	Researcher
Shaun Thomson	Lead health and social care inspector
Lynda Day	Care Quality Commission inspector
Rebecca Jennings	Ofsted inspector
Mary Devane	Ofsted inspector
Malcolm Fraser	Ofsted inspector
Hilary Speight	Ofsted inspector
Dionne Walker	Offender management 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.

Choices and Changes

A one-to-one programme helping younger prisoners towards a law-abiding life.

Enhanced behaviour monitoring

A structured process for assessing the behaviour of prisoners identified as restricted release on temporary licence (ROTL) cases, i.e. where there are raised risks associated with ROTL (e.g. abscond or reoffending). It begins with a case review by a psychologist, followed by several months of regular observations and assessment against specific behavioural targets, before a decision is made on the granting of ROTL.

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Social care package

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

Special purpose licence ROTL

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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