



Report on an unannounced inspection of

HMP Leyhill

by HM Chief Inspector of Prisons

12–22 June 2023



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Introduction

Leyhill is a category D open prison in rural Gloucestershire which, at the time of our inspection, was holding 437 adult male prisoners. Just under half of those held were aged over 50, and many presented a high risk of harm, often coming to the end of lengthy sentences. Over 40% were serving indeterminate sentences and more than half had been convicted of a sexual offence, although all lived communally. Comprising two main accommodation units, with the recent addition of some modular accommodation, the prison campus was set in well-cared-for grounds that undoubtedly contributed to the calm and settled feel of the institution.

Overall, this was a positive inspection. Although it was our first since 2016, outcomes in our healthy prison tests of safety and respect remained 'good', our highest assessment, and 'reasonably good' in rehabilitation and release planning. Only in purposeful activity did we find a concerning deterioration. In this test, our assessment had fallen from 'good' to 'poor', indicative of a significant missed opportunity, especially in the context of an open prison.

Prisoners were generally received well into the prison and, although our survey revealed some negative prisoner perceptions about their personal safety, violence was rare. There was some evidence to suggest that greater staff visibility around the prison would have supported more assurance and confidence among the prisoner population. Over a quarter of the population thought it was easy to access illegal drugs, although the mandatory drugs testing rate was comparatively low. All other indicators concerning safety were encouraging with, for example, very little self-harm and very few abscond or temporary release (ROTL) failures.

The prison was an overwhelmingly respectful institution. Relationships between staff and prisoners were good, the environment was excellent and there had been improvements to living conditions. Prisoner consultation and systems for redress were effective and some very useful work was taking place to support and promote equality. Outcomes in health care were similarly good.

Prisoners had opportunities for spending time out of their rooms, access to the grounds, and a range of enrichment activities. Beyond that, however, the regime had significant shortcomings. Enrichment activities for an increasingly younger population were less well developed than for those aged over 50, and prisoners were not allowed to use an impressive new sports field unsupervised. The curriculum failed to meet prisoner needs and not all work and education opportunities were meaningful or useful. Too few learners obtained qualifications that might have assisted progression and the reading strategy had been implemented too slowly. More needed to be made of the otherwise useful ROTL supported external work placements programme. Our partners in Ofsted judged the overall effectiveness of work and education provision to be 'inadequate', their lowest assessment.

The prison was working hard to encourage prisoners to maintain family ties and offender management interventions were generally good, with reasonable

amounts of individual contact. An on-site psychology team provided support to complex prisoners and those presenting the greatest risk and in general, public protection arrangements were robust. Release planning focused on providing practical support and accommodation and was effective, as evidenced by the 88% of prisoners approaching release who, in our survey, indicated they were being helped to prepare for it.

As we concluded our inspection, the prison was facing a period of transition as a new governor took up post. Our assessment was that the prison had been well led, was settled and had a focus on ensuring decent living conditions and good relationships. The inadequacies of the regime were, however, concerning and needed to be prioritised.

Charlie Taylor

HM Chief Inspector of Prisons

July 2023

What needs to improve at HMP Leyhill

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

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

Priority concerns

1. **The provision of education, skills and work was of not of sufficiently high quality and did not equip prisoners with the skills they needed to gain employment on release.**
2. **Prisoners with additional learning needs did not receive the support they needed.**
3. **The lack of training and effective supervision of support orderlies posed a potential safeguarding risk for frail, elderly and vulnerable prisoners.**

Key concerns

4. **Waiting times for access to certain allied and specialist clinics and services were excessive, with up to six months to see a podiatrist and an optician, and five months to see a physiotherapist.**
5. **The reading strategy was ineffective, which meant that prisoners who struggled to read did not get the help they needed.**
6. **Enrichment activities for younger prisoners were less well developed than those for prisoners who were retired or aged over 50.** Some complained of boredom and not having enough to do during evenings and weekends, and they were not allowed to use the sports field unsupervised, which limited their access to healthy recreational activity.
7. **Work to reduce the risk of reoffending was not informed by an adequate overall analysis of the population's risks and needs.**
8. **Prison-employed prison offender managers did not receive enough training or supervision.**
9. **There were not enough opportunities for eligible prisoners to work while on temporary release in the community.**

About HMP Leyhill

Task of the prison/establishment

HMP Leyhill is a category D male open prison.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 437

Baseline certified normal capacity: 555

In-use certified normal capacity: 447

Operational capacity: 461

Population of the prison

- 200 prisoners received since January 2023.
- 41 % serving indeterminate sentences.
- 46% of prisoners over 50.
- 13 prisoners on opiate substitution treatment.
- Average of 24 prisoners released each month.
- 52.5% of prisoners convicted of a sexual offence.
- 13 prisoners aged 25 or under.
- Three foreign national prisoners.

Prison status (public or private) and key providers

Public

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas NHS Foundation Trust

Substance use treatment provider: Oxleas NHS Foundation Trust

Prison education framework provider: Weston College

Escort contractor: Serco

Prison group/Department

Avon and South Dorset

Prison Group Director

Paul Woods

Brief history

HMP Leyhill is located in the parish of Tortworth in Gloucestershire. The prison first opened as hutted accommodation in 1946, and was then rebuilt in the late 1970s to early 1980s. In 1986, residents were rehoused in new living accommodation, and again in 2002 new accommodation units were added to create C unit; these have now been demolished ahead of an expansion project. There was an addition of 40 individual 'pods' with ensuite accommodation in 2020.

Short description of residential units

Ash unit: a 214-bed unit including a resettlement services hub.

Beech unit: a 209-bed unit incorporating a facility for residents with restricted mobility and related health issues. The library is also housed here.

Cedar unit: currently decanted, waiting for fire safety remedial works.

Cedar 4 unit: 40 individual 'pods' with ensuite accommodation and some catering facilities.

Most rooms are single occupancy, with the exception of 10 dorms.

The establishment has a purpose-built palliative care unit that can house two prisoners in the latter stages of palliative care, but this is not currently in operation because of health care resourcing.

Name of governor and date in post

Steve Hodson, July 2020

Changes of governor since the last inspection

Helen Ryder: March 2016 – September 2018

Ray Johnson: September 2018 – March 2019 (temporary)

Neil Lavis: March 2019 – July 2020

Independent Monitoring Board chair

Kevin Masters

Date of last inspection

Full inspection: 5–16 September 2016

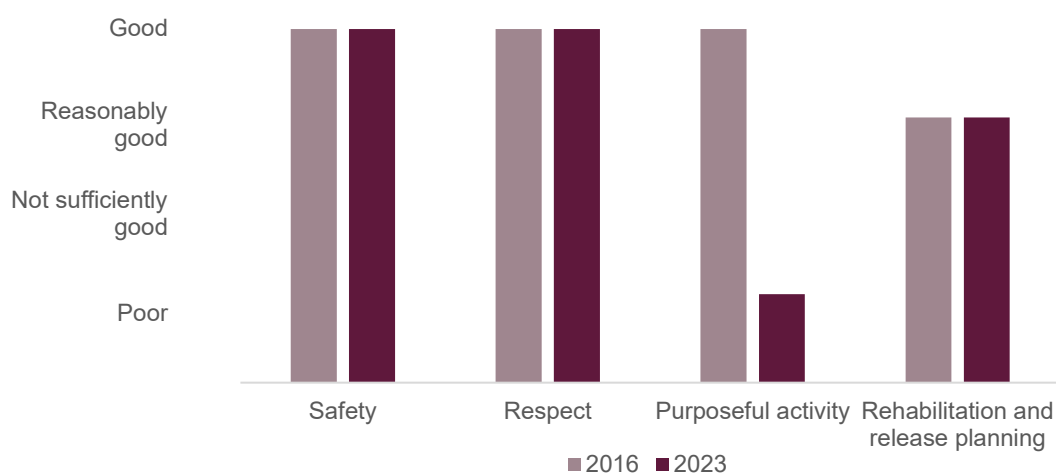
Scrutiny visit: 23 February and 2–3 March 2021

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

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



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection, in 2016, we made 39 recommendations, three of which were about areas of key concern. The prison fully accepted 34 of the recommendations and partially (or subject to resources) accepted five.
- 1.5 At this inspection, we found that one of our recommendations about areas of key concern had been achieved and two had been partially achieved. The recommendations made in the areas of safety and purposeful activity had been partially achieved and the

recommendation in the area of rehabilitation and release planning had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In February – March 2021, during the COVID-19 pandemic, we conducted a scrutiny visit (SV) at the prison. SVs focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV, we made five recommendations about areas of key concern. At this inspection, we found that four of the recommendations had been achieved, and one had been partially achieved.

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found five examples of notable positive practice during this inspection.
- 1.10 The Lobster Pot was a dedicated, well-resourced drop-in centre for prisoners over the age of 50. It offered a creative range of support and activities, including opportunities for prisoners to develop independent living skills. (See paragraph 4.32)
- 1.11 Work to support ex-service personnel was impressive, with a wide variety of meetings and social events, and good support from veterans organisations. (See paragraph 4.37)
- 1.12 The range of activities based on national health campaigns and the proactive and prison-wide approach to promoting health and well-being were impressive. (See paragraphs 4.54–4.58)
- 1.13 The ‘health bar’ was a good initiative, offering a range of affordable over-the-counter items such as paracetamol and toiletries. It promoted independence and patients were very positive about it. (See paragraph 4.90)

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 outgoing governor was being succeeded temporarily by the deputy governor. Robust transition arrangements were in place.
- 2.3 Management of the risks of an open prison was effective, and oversight of public protection arrangements had improved; absconds were the lowest of the comparator group, the release on temporary licence (ROTL) success rate was very high and decisions to return prisoners to closed conditions were proportionate.
- 2.4 The prison's self-assessment of its strengths and weaknesses was broadly in line with the findings of inspectors, although the lack of sufficiently purposeful activity had not been given sufficient priority.
- 2.5 Leadership of education, skills and work, including by Weston College, was inadequate. The portion of provision to be commissioned by leaders through the 'dynamic purchasing system' was not yet in place. There had also been slow progress in the implementation of an effective strategy to teach and promote reading.
- 2.6 Although prison officer staffing was good, a small number were deployed to other prisons that had shortages. Leaders had plans to streamline the recruitment process to address the shortfall in operational support grade and administrative staff.
- 2.7 The governor had commissioned research to identify barriers to good staff-prisoner relationships, and the personal officer scheme was being revived. Although more prisoners in our survey reported respectful treatment than at the time of our scrutiny visit, this was still lower than in similar prisons. More prison officer presence and visibility around the house blocks was needed, to improve support for prisoners.
- 2.8 Leaders had implemented regular decency checks to drive and maintain improvements in living conditions, but the introduction of dormitory accommodation for new arrivals, in response to national capacity problems, was a retrograde step.
- 2.9 Although consultation with prisoners had recently improved through a new prisoner consultative committee, better communication was needed to dispel misconceptions held by prisoners – for example, in relation to ROTL delays.

- 2.10 The head of health care had given clear direction and provided good leadership during the transition to a new provider.
- 2.11 Partnership working with the police and a wide range of community agencies was very good and leaders had built more links with potential employers. The number of external work placements had increased since the scrutiny visit, but there were still not enough.
- 2.12 Leaders had made excellent use of data to drive continuous improvement in the promotion of equality, and also to monitor ROTL risk assessment timescales. However, there were deficiencies in the needs analyses for reducing reoffending and the education, skills and work curriculum. In addition, leaders and education managers did not apply effective quality assurance processes, and only one out of the five Ofsted recommendations from the previous inspection had been fully achieved.

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 Reception facilities were clean and included a waiting area with comfortable seating, and private rooms where nurses and reception staff could talk to prisoners. Both staff and prisoner orderlies were welcoming and helpful to new arrivals, answering questions and providing reassurance about the move to open conditions. Food and drinks were available. In our survey, 82% of respondents said that they had spent less than two hours in reception on arrival, and 94% said that they had been treated well there.



Main reception area

- 3.2 Most prisoners arrived in the afternoon. They were able to go through their personal property with reception staff on arrival and take all in-possession items with them to their unit. Those who arrived later in the day were able to take some items in an overnight bag and return the next day to collect the rest. A small choice of smoking, vaping and

grocery products could be bought in reception, with advances of money available for anyone who did not have sufficient funds.

- 3.3 The reception orderlies helped new arrivals take their property to their allocated residential unit and took them to the dining hall if they arrived in time for the evening meal.
- 3.4 However, in our survey fewer respondents than at similar prisons said that they had felt safe on their first night, and that staff had helped them to deal with problems on arrival. Private interviews with officers in reception and on the first night unit provided opportunities to discuss problems or concerns, but recording of these on electronic case notes was inconsistent, which hindered the effective sharing of information about vulnerability. However, night staff introduced themselves to new prisoners, checked how they were feeling and told them how to get staff support if they needed it overnight.
- 3.5 Most prisoners were allocated to two-, three- or four-person rooms, known as 'dorms', for their first few weeks. Some told us that they had expected to share with one other person, but not to have to sleep in dorms. These rooms had some screening, but this gave insufficient privacy, and they did not give a positive first impression of the accommodation at the prison. Not all prisoners in these rooms had keys to lockable cabinets for items they wanted to keep safe, but this was addressed when we raised it during the inspection.



Shared 'dorm'

- 3.6 In our survey, 52% of respondents said that their induction told them everything they needed to know, which was worse than the comparator. Recent changes had been made to improve the two-week induction programme. It began with sessions delivered by prisoner

orderlies; these took place daily at 6pm for new arrivals, to provide information that they needed to know in the short term, such as about the roll checks that night and breakfast the next morning. A more detailed session the next morning and a tour of the site later in the day led prisoners into a two-week programme of meetings with different services and departments. The sessions we observed were clear and informative, and staff and orderlies gave reassurance that the establishment was safe and that all prisoners mixed together, irrespective of their offending history.

Managing behaviour

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

Encouraging positive behaviour

- 3.7 Levels of violence were very low, but there had been seven recorded prisoner-on-prisoner assaults in the last 12 months, which was the highest in the open estate. However, only one had been serious and there had been only one assault against staff.
- 3.8 In our survey, 16% of respondents said that they currently felt unsafe, and 43% that they had felt unsafe at some point in the prison, both figures being much higher than at similar prisons. More also reported experiencing verbal abuse, and threats or intimidation from other prisoners. Many prisoners and staff said that the recent influx of new arrivals, who were not convicted of sexual offences and mixed freely with others, had led to existing prisoners feeling unsettled.
- 3.9 Additionally, prisoners told us that they felt less safe because of a lack of staff visibility. We often found staff in wing offices and not present on the landings (see also paragraph 4.2). Leaders were aware of these issues and had taken some action; staff from the safety and security departments met weekly to share and act on recent intelligence, and challenge, support and intervention plan (CSIP; see Glossary) referrals were completed for allegations of bullying and low-level antisocial behaviour.
- 3.10 We found good support for victims, such as regular contact with safety peer representatives and a safer custody drop-in hub that was open three days a week. Additionally, the monthly safety intervention meeting (SIM) was an effective forum for discussing prisoners of concern (see also paragraph 3.26).
- 3.11 During the previous year, there had been 54 CSIP referrals, 10 of which had progressed to full plans. These included cases where bullying or feelings of vulnerability had been reported. CSIP investigations were prompt and completed thoroughly.

- 3.12 All prisoners were upgraded to the enhanced level of the incentives scheme on arrival, to reflect their position in open conditions, and most remained on that level. In our survey, only 39% of respondents said that the incentives or rewards in the prison encouraged them to behave well, which was lower than the comparator, and only 41% said that they had been treated fairly in the behaviour management scheme. Prisoners we spoke to said that the opportunity to access release on temporary licence (ROTL) was their main incentive to behave, although they felt that the process was not always applied fairly; we found no evidence to support this perception (see also paragraph 6.9).

Adjudications

- 3.13 In the last 12 months, there had been 283 adjudications and the number had been reducing. Most charges related to possession of unauthorised articles, failing to comply with licence conditions or a mandatory drug test failure.
- 3.14 Hearings were conducted fairly and records showed a good level of enquiry by adjudicating governors. Awards were within the tariff guidelines, which had been updated and published to reflect current themes.
- 3.15 Leaders had good oversight of adjudications through a quarterly meeting, and governors peer reviewed and quality assured 10% of cases. There were no adjudications outstanding.

Use of force

- 3.16 The recorded number of use of force incidents had increased since the previous inspection. There had been 31 incidents in the last 12 months, mostly while returning prisoners to closed prisons, but none had required the use of full control and restraint. All incidents had involved the use of handcuffs, but there was evidence to suggest that this had not always been necessary. Leaders had, however, taken action to challenge the automatic use of handcuffs, and this had resulted in a month-on-month reduction.
- 3.17 Oversight was reasonably good. All documentation was up to date and of good quality. Batons were carried only by night staff; in the previous year, one had been drawn but not used. The monthly use of force meeting provided good managerial oversight and senior managers completed comprehensive learning reviews following every incident. However, body-worn cameras were not activated routinely, and only 72% of staff were up to date with their control and restraint refresher training.

Segregation

- 3.18 There was no segregation unit, but there were three clean and reasonably sized holding rooms in reception that were used before returning prisoners to closed conditions.



Holding room in reception

- 3.19 Documentation to log the length of stay and record interaction with prisoners located in these rooms was not completed. However, during the inspection we observed a prisoner held for only around three hours. Staff reported that prisoners had not been held overnight and rarely spent longer than four hours in the rooms.

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.

- 3.20 The security team focused appropriately on managing risk in the prison and the community. Security intelligence was managed reasonably well, with staff working collaboratively with the safer custody team and offender management unit, and links to the police were strong. There had been no absconds since June 2022 and the number of ROTL failures in the last 12 months was lower than the average for open prisons, with a 99.8% success rate. For every incident, a local review

was completed to identify any factors that might have contributed to the failure.

- 3.21 In total, 127 prisoners had been returned to closed conditions in the last 12 months, which was lower than in other open prisons. Consideration for a return was triggered by a serious incident or change in circumstance. Comprehensive decision logs were completed for all prisoners and, in the sample we looked at, decisions were proportionate. A further 29 prisoners had been considered for return to a closed prison, but the decision had been taken for them to remain at the establishment, with support.
- 3.22 A good flow of intelligence was received each month, and this was collated and analysed quickly to identify emerging issues and monitor known concerns. Most related to drugs, inappropriate behaviour and mobile phones. A local tactical assessment was produced each month which identified the key security threats and highlighted areas that needed more attention. Actions to deal with security threats had strengthened recently.
- 3.23 Some aspects of physical security were in need of upgrade and there were some delays in carrying out intelligence-led searches because of limited staff resources. However, leaders prioritised and dynamically risk assessed the threats and received good support from the regional search and dog teams.
- 3.24 The prison had recovered a large number of illicit drugs and drug paraphernalia in the last six months. In our survey, 28% of respondents said that it was easy to get illicit drugs at the prison and, although the mandatory drug testing positive rate was comparatively low (7.2%), there had been some gaps in routine testing. The drug strategy had been revised and meetings had been reintroduced to regain focus and address the current needs of the population. There had been some good work to raise awareness and tackle the use of steroids. Random alcohol breath testing was being introduced for prisoners returning from ROTL.

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

- 3.25 There had been no self-inflicted deaths since before the previous inspection. The number of reported self-harm incidents was very low, with only four in the last 12 months, none of which had resulted in serious injury.

- 3.26 Delivery of the up-to-date safety strategy was supported by regular prison meetings. These included a monthly multidisciplinary SIM, which was an effective forum for discussing prisoners of concern, as well as plans to support them. Attendance at the quarterly safer custody meeting, where data were reviewed to inform strategic planning, had improved recently.
- 3.27 The prison's assessment, care in custody and teamwork (ACCT) case management log for prisoners at risk of suicide or self-harm showed that 18 ACCTs had been opened in the last year, with two prisoners receiving this support on two occasions. The quality of ACCT documents was reasonable, with some comprehensive reviews that showed good care for the prisoner. Internal quality assurance was identifying and addressing gaps in some documentation, such as conversations with prisoners not always being recorded or being cursory. A rolling programme of training for staff was in progress.
- 3.28 The prison had four Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who received regular support from the local Samaritans. The number of active Listeners was dependent on how many suitably trained prisoners had been received at the prison, as no training took place on site. Information about the number of Listener callouts had not been given to prison managers routinely, although they had recently asked for this to be provided regularly. Listener suites on Ash and Beech units provided private spaces for confidential conversations.
- 3.29 Listeners also provided a 'GobOff' service, through which prisoners could share any frustrations they were experiencing. This was used well, and a regular summary of the topics raised was provided to leaders, giving a good early warning of emerging issues that needed to be addressed.

Protection of adults at risk (see Glossary)

- 3.30 An up-to-date policy was in place and set out the process by which concerns about prisoners could be raised. Any referrals received by the safer custody team were discussed at a multidisciplinary team meeting or the SIM to agree the actions to be taken. The senior management team was updated monthly on any safeguarding referrals received.
- 3.31 Most referrals related to social care needs (see section on health, well-being and social care) and there was a gap in arrangements for dealing with other safeguarding concerns. Although the policy referenced the local adult safeguarding board, the head of safer custody had only recently initiated contact.

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 Our survey results indicated that staff–prisoner relationships had improved since our scrutiny visit, but fewer prisoners than at similar prisons said that they felt respected (73% versus 85%) or had a staff member that they could turn to if they had a problem (74% versus 83%).
- 4.2 Throughout the inspection, we observed some caring, helpful and friendly interactions, and many staff addressed prisoners by their first names and knew them well. However, some prisoners we spoke to reported dismissive staff attitudes towards them. Staff were not sufficiently visible on the residential units and communal areas, and we often saw them gathered in wing offices away from prisoners, talking among themselves (see also paragraph 3.9).
- 4.3 The leadership team was committed to improving the standard of personal officer work. In our survey, far more prisoners than at other open prisons (89% versus 68%) said that they had a named (personal) officer. The frequency and quality of personal officer contact were gradually improving, but more needed to be done to improve the effectiveness of the scheme. Prisoners saw a different personal officer each time, which prevented them from building a rapport. The records that we examined indicated that sessions were not focused sufficiently on prisoners’ progression, rehabilitation and resettlement needs.
- 4.4 There was a wide range of established and effective peer support to provide guidance and assistance to other prisoners, covering all aspects of daily life, although support orderlies, who helped frail and disabled prisoners, lacked appropriate training and oversight (see also paragraph 4.74).

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

- 4.5 Outdoor areas were outstanding. The gardens remained some of the best we have seen and supported prisoners' general well-being.



Outdoor areas and garden

- 4.6 Living conditions had improved in many areas through a long-awaited programme of works to refurbish communal washrooms and the living accommodation on Ash and Beech units. Some cells, and most communal areas and corridors, had been repainted by prisoner-led painting parties, and features, such as fish tanks, made the environment feel bright and pleasant.



Refurbished communal washroom



Fish tank in communal area



Repainted communal corridor

- 4.7 Leaders had introduced a 'residential supervisor' role to support the maintenance of standards of cleanliness, and senior leaders and wing officers undertook regular decency checks. Staff told us that response times for general maintenance repairs were usually swift.
- 4.8 Residential and communal areas on all units were reasonably clean and tidy, and general waste and recycling facilities were widely available and well used by prisoners to dispose of their rubbish.



General waste and recycling facilities

- 4.9 The main residential facilities on Cedar unit had been closed temporarily, waiting for delayed fire safety refurbishment work. Most prisoners on the other units lived in adequately equipped single rooms, which were free of graffiti and offensive displays.
- 4.10 A self-contained 'annex' on Ash unit offered a reasonably pleasant environment for up to eight prisoners and included some shared recreational equipment and basic kitchen facilities. However, the dormitories used for new arrivals did not offer sufficient privacy and were unwelcoming (see also paragraph 3.5).



The annex

- 4.11 The Cedar 4 unit, introduced since the last inspection, consisted of 40 individual 'pods' and provided excellent ensuite accommodation and shared facilities.



Cedar 4 pod



Cedar 4 pod garden area



Inside a typical Cedar 4 pod

- 4.12 All prisoners had easy access to free, well-stocked 'decency boxes' for basic items such as toilet rolls, shampoo, deodorant and toothpaste. Nearly all respondents to our survey said that they could shower daily, and that they had enough clean clothes and sheets each week.



Decency box

Residential services

- 4.13 In our survey, 41% of respondents said that the food in the prison was good or very good, and 51% that they got enough to eat – both being similar to the comparators. The four-week menu cycle had been revised earlier in the year, following a prisoner survey and a meeting open to all prisoners. Ongoing consultation took place via a monthly food forum and prisoners could also submit written feedback.
- 4.14 Several prisoners told us that the food was not as good as it had previously been. Managers described price increases and occasional difficulty in obtaining ingredients. Most prisoners could have hot items in their three daily meals (those who worked off-site did not have access to the hot breakfast and lunch options). Rather than preselect their meals, prisoners chose their food when they got to the central dining hall. The choices catered for religious, and other, diets. Fruit was available each day.
- 4.15 The opportunity to eat communally, select food at the servery and eat from crockery with metal cutlery were all normalising factors that helped prisoners prepare for release.



Dining hall

- 4.16 The kitchen was clean. There were no qualifications available for prisoners who worked there, beyond food hygiene training. Staff and prisoners were frustrated by some long waits to get equipment repaired.
- 4.17 Self-catering facilities were good on Cedar 4 unit, which had a fully equipped communal kitchen, but were more limited elsewhere. On Ash and Beech units, prisoners could use microwave ovens, grills and toasters, but there were no hobs or ovens to develop cooking skills for independent living.
- 4.18 Newly arrived prisoners could wait up to 10 days for their first full shop order. This was disappointing, as the establishment operated a DHL (prison shop) distribution centre.
- 4.19 In addition to weekly DHL access, prisoners could buy items from approved suppliers. The process for this, and for ordering newspapers and magazines, was managed efficiently. The onsite 'health bar' (see paragraph 4.90) provided access to over-the-counter medications available in the community and gave prisoners more responsibility for managing their low-level health issues.

Prisoner consultation, applications and redress

- 4.20 Earlier in the year, prisoners and leaders had recognised that the prisoner community council (PCC) had lost focus and was not fulfilling its purpose. In response to this decline, good work had taken place to review structures of engagement and communication, to make sure that they were representative, meaningful and action driven.

- 4.21 Two prisoner coordinators had since been elected, and 10 peer representatives recruited. Senior staff had been assigned to lead on areas important to prisoner life, such as the offender management unit; food; education, skills and work; and residential services. These staff met prisoner representatives every month to explore and resolve day-to-day themes raised by the community, enabling the PCC meetings to focus on strategic prison-wide unresolved matters. While it was too early to judge the effectiveness of these new arrangements, they showed promise and a commitment to improving prisoner outcomes.
- 4.22 Complaints were well managed and dealt with efficiently. Most prisoners we spoke to said that they had trust in the process. In the previous year, 945 complaints had been submitted. Although this was a relatively high number, about 40% were about other prisons, and most related to prisoners' property. Responses were usually timely, investigated thoroughly and clearly addressed the issues raised. New quality assurance arrangements had recently been introduced to include external scrutiny from the Independent Monitoring Board and oversight from the deputy governor for all complaints relating to staff. Regular analysis to identify and act on patterns and trends was good.
- 4.23 Confidential complaints sent directly to the governor were now held centrally, but responses were still not quality assured.
- 4.24 In our survey, 90% of respondents said that it was easy to make applications, and 74% that they were usually dealt with fairly, which was positive. Most prisoners we spoke to said that replies were usually timely, but responses were not tracked or quality assured.
- 4.25 A wide range of legal texts was available in the library, and prisoners could consult, borrow or photocopy them. Legal visits could be booked on three afternoons a week. These took place in individual private rooms, and there were sufficient slots to meet need.



Private legal visits room

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

- 4.26 Leaders had prioritised the prison's commitment to diversity and inclusion, resulting in some improvements. A dedicated equality officer had been recruited, who had given renewed vigour to this area of work. She was actively supported by a senior manager, two part-time custodial managers, and staff and prisoner 'protected characteristic leads'.
- 4.27 The up-to-date, tailored strategy was useful. Frequently held diversity and race equality action team meetings were well attended and included representation from prisoners as well as external, independent agencies. Discussions were thorough and wide ranging, and meaningful work took place, including excellent, detailed scrutiny of data to understand and act on potential differences in prisoners' treatment and progression. Live action planning incorporated feedback from prisoner forums and drove priorities and improved outcomes for prisoners.

- 4.28 A total of 54 discrimination incident report forms had been submitted by prisoners during the previous year. Those that we reviewed had been investigated thoroughly and included interviews with all parties involved, before drawing a balanced conclusion of the incident. Responses were timely, and robust quality assurance was undertaken by members of the Zahid Mubarek Trust, a third-sector organisation with relevant expertise.
- 4.29 A wide range of creatively themed cultural and social events was celebrated throughout the year. These included Black History Month, during which prisoners enjoyed a month-long festival of music and food, and events including film nights, visiting motivational guest speakers, displays of cultural history from slavery to the modern day and a finale concert night.

Protected characteristics

- 4.30 Forums and engagement opportunities took place regularly, giving individuals from most protected groups the chance to express their views, share experiences and offer support to one another. Forums were well promoted, but some were better attended than others, and actions to address feedback were not widely shared routinely to dispel misconceptions.
- 4.31 Around 18% of the population identified as black and minority ethnic, and 8% as Muslim. In our survey, both groups reported similar perceptions to white and non-Muslim prisoners, respectively, in all areas. Black prisoners we spoke to were positive about life at the prison and, unlike at our scrutiny visit, they did not report feeling targeted by staff or afraid to speak up for fear of repercussions because of their ethnicity. Good attention had been paid to some adverse monitoring data, and feedback from prisoner forums – for example, about the lack of Muslim serverly workers – had been quickly addressed.
- 4.32 Older prisoners accounted for nearly half of the population and work to support this group was impressive. The Lobster Pot, a dedicated drop-in centre for the over-50s, remained a popular and valued resource. It provided a creative range of activities and support, and was open every day of the week, all year round, from 8.45am to 7pm. It offered opportunities for prisoners to develop independent living skills and was resourced with refreshments, books, newspapers, a television and a clothing store, where prisoners on no or low income could access a large stock of donated clothing and bags. More needed to be done to engage with the small young adult population. However, some good work had taken place to raise awareness of the rights and entitlements for those who had experienced local authority care.



Donated clothing store in the Lobster Pot

- 4.33 In our survey, a third of respondents said that they considered themselves to have some form of disability. Many of these prisoners resided on Beech unit, and their needs were generally well met. Living conditions on the unit had been adjusted appropriately to cater for their needs, such as adapted showers and larger cells to accommodate wheelchairs and aids.



Adapted larger cell on Beech unit

- 4.34 There were effective arrangements to identify and address social care needs. Where there was a need for aids, such as mobility canes for those with visual impairments and walking frames, these had been provided. The prison had bought four scooters for use by prisoners with mobility problems, and these were greatly appreciated by those who needed them.
- 4.35 Personal emergency evacuation plans contained relevant information. They were readily available and staff knew where to find them, and also the support that was needed in an emergency. However, it remained a concern that prisoners still did not have sufficient means of alerting staff directly in an emergency, and the response to personal alarms relied on support orderlies as their first point of contact for help, which was inappropriate (see also paragraph 4.74).
- 4.36 There was limited provision to meet the needs of neurodivergent prisoners across the prison, although a manager to lead work in this area had just been recruited.
- 4.37 Work to identify, engage and support ex-Service personnel was impressive. An assigned member of staff, supported by a paid prisoner orderly, organised a wide variety of monthly meetings, breakfast and coffee mornings, and social and fundraising events. There were well-established working relationships with veterans organisations such as NAAFI (the Navy, Army and Air Force Institutes), Care After Combat, Walking with the Wounded and SSAFA (the Soldiers', Sailors' & Airmen's Families Association), which also offered a breadth of support, including for those who were due for release (see also paragraph 6.26).
- 4.38 Support for LGBT prisoners was good. The safety intervention meeting considered the needs of transgender prisoners, which we do not always see, and well-considered case reviews took place when needed. Transgender prisoners reported helpful staff and peer relationships and good care, as well as external support.

Faith and religion

- 4.39 The vibrant chaplaincy was prominent in prison life and highly regarded by prisoners and staff. It catered well for the diverse religious, faith and pastoral needs of the population. There was good access to weekly communal worship, study classes and religious artefacts.
- 4.40 Faith facilities were excellent. They included a centrally located, pleasant and well-equipped chapel, a separate multi-faith room and a mosque with ablution facilities. The outdoor Buddha garden and Pagan grove offered peaceful areas for private contemplation and worship.



Clockwise from left: the chapel, mosque, Pagan grove, Buddha garden

- 4.41 The chapel was open every day until 7.30pm and was well used for a wide range of spiritual, well-being and social activities, including regular film, quiz and games nights, and music classes. An annual programme of festivals was celebrated and links with community groups were a strength.

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.

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

Strategy, clinical governance and partnerships

- 4.43 NHS England (NHSE) had awarded the new health contract to Oxleas NHS Foundation Trust ('Oxleas') as the main health provider in October 2022. There had been delays in mobilising this contract, and changes to the service model did not appear to be fully aligned with the current needs of the population. Oxleas subcontracted some services, including dental provision (to Time for Teeth Limited) and GP services (to an agency called 'Dr PA', which provided regular GPs).
- 4.44 The health needs analysis had been refreshed in November 2021, but, as a result of some changes to the population, this needed updating.
- 4.45 A local quality delivery board meeting had taken place recently, but there had been a long gap since the last one, as meetings about the implementation of the health contract had taken precedence. Monthly clinical governance and incident review meetings provided good oversight and accountability of the service. Learning from adverse incidents, audits and complaints informed service improvement.
- 4.46 There was effective communication and consultation with patients through their feedback and the health improvement group, and actions taken were displayed by 'You said, we did' posters.
- 4.47 Despite the challenges encountered in establishing the new contract, we found a conscientious, skilled and caring staff group who continued to deliver a good standard of care, led by an effective head of health care and skilled clinical team leaders. Most of the prisoners we spoke to, and 87% of respondents to our survey, said that the overall quality of health services was very or quite good.
- 4.48 The service had recently extended its hours and staff were on site from 7.30am to 5.30pm during the week, and from 7.30am to 12.30pm at weekends.
- 4.49 Health care staff were easily identifiable and their interactions with patients were professional, kind and compassionate. They were in date with all mandatory training and had access to professional development opportunities. Annual appraisals, and clinical and managerial supervision were embedded in practice.
- 4.50 The bright and welcoming health centre provided services similar to those at a community GP practice. Clinical rooms were spacious and equipment was calibrated and serviced regularly. There was generally good compliance with infection prevention and control standards, apart from some non-compliant fixtures and fittings. The service had raised this with the prison and was waiting for resolution.
- 4.51 A total of 18 prisoners had died from natural causes since the previous inspection, and the Prisons and Probation Ombudsman had reported positively on the health care services received in all of the 12 published reports. There was good oversight and progress on the few health recommendations that had been made.

- 4.52 Daily lunchtime meetings were well attended by all teams and provided a useful forum for sharing pertinent patient information and any service updates. Health care staff also attended prison-led meetings, and there was good joint working.
- 4.53 There was a robust confidential health care complaints process. Complaints were dealt with in a timely manner. Responses were comprehensive and fully addressed the concerns raised. The tone of the response letters was respectful, and apologetic where appropriate. If needed, staff met the complainant to discuss their complaint as part of the investigation.

Promoting health and well-being

- 4.54 There was a proactive, whole-prison approach to promoting health and well-being. The well-tended grounds, access to allotments to grow produce, and a well-being walk organised by the health and well-being peer mentors contributed to this (see also paragraph 4.5).
- 4.55 The health care team followed a calendar based on national health campaigns and took part in prison-led initiatives, such as the forthcoming Pride event.
- 4.56 The team had recently held two diabetes awareness sessions, which were popular. A new process to improve the uptake of bowel cancer screening had been implemented and a focus group was scheduled with the UK Health Security Agency at the Lobster Pot (see paragraph 4.32).
- 4.57 The NHS initiative to check for liver cancer in high-risk communities had started with a visiting team from the local hospital undertaking screening and liver scans.
- 4.58 The gym provided specific sessions to promote health improvement, and an awareness session about the consequences of misusing steroids had taken place, working with the health team.
- 4.59 There was good access to health screening campaigns and health checks for older prisoners. There was a proactive approach to immunisations, support for blood-borne viruses, smoking cessation services and barrier protection.
- 4.60 A wealth of health promotion information was displayed in the waiting room and also a poster in different languages, advertising that this information could be translated if needed.
- 4.61 Telephone interpreting services were available but there was no telephone in the health screening room in reception. Staff said that they would move to the health centre if these services were needed. The health and well-being mentors kept the display boards on the units updated and were available at set times for drop-in sessions in a resource room full of useful health promotion information. They participated in the health improvement group and were well supported by health care staff.

Primary care and inpatient services

- 4.62 The service received prior notice of between one and four weeks for all new transfers. A written handover was obtained before the arrival of these prisoners, to make sure that they could meet their needs and make any necessary arrangement for care or equipment ahead of the transfer date.
- 4.63 Nurses completed an initial health screen with new arrivals and appropriate referrals were made, including to the mental health and substance misuse teams. The extension of nurses' working day to 5.30pm had improved the levels of screening on the day of arrival. Secondary health screens had not always been completed within the seven-day NICE guidance timeframe because of conflicting priorities during the induction period. Health care staff, along with the health and well-being mentors, were now attending the induction for new prisoners, to emphasise the importance of this.
- 4.64 The daily nurse triage clinic was well managed and provided good access on weekday mornings for those who could attend, and also at weekends for prisoners who worked off-site during the week. We observed caring and skilled interventions during this clinic, which patients valued. Pictorial paper applications could also be used to make appointments.
- 4.65 The waiting time for a routine GP appointment was around three weeks, and urgent on-the-day or next-day appointments were available. When not on site, the GP could be contacted during weekdays for advice and prescriptions could be obtained. Officers used the NHS 111 telephone line out of hours, and 999 for emergencies, and notification of any interventions was passed on to the health care team the following day.
- 4.66 A small team of experienced nurses provided effective clinics for a range of issues, including wound care, and long-term and complex conditions. Clinical records showed appropriate interventions and a good standard of care, with regular reviews. Work was in progress to make sure that care plans were in place, and most patients had one. Nurses liaised with the GP and external specialist services for a coordinated approach when needed. Complex patients were reviewed regularly through a strong multidisciplinary approach.
- 4.67 Some of the allied health professional services had excessive waiting times, of up to six months to see a podiatrist and an optician, and five months to see a physiotherapist, which was a concern. Some additional sessions had been planned to help reduce this.
- 4.68 Administrative and clinical oversight of external hospital appointments was effective, with prompt referrals and few cancellations. Patients attended these on their own, on temporary licence or with an escort, subject to risk assessment.

- 4.69 Patients with end-stage palliative care needs were managed well and appropriate placements were sought, including for three patients who went to a nursing home on release on temporary licence.
- 4.70 Prisoners were offered an appointment two weeks before their release. They received help to register with a GP and a discharge letter detailing the care they had received, and any continuing medications were organised.

Social care

- 4.71 There were robust arrangements for access to social care under the Care Act 2014. A memorandum of understanding between the prison and South Gloucester Local Authority, and their commissioned social care provider (Agincare UK Ltd) set out the arrangements for referral, assessment and the provision of social care. There was good communication and partnership working between the prison, health care department and the local authority's prison social care team.
- 4.72 Most referrals were made by health care staff when they identified a potential social care need, but prisoners could also refer themselves. Health care staff spoke positively about the responsiveness of the social care team and its active involvement in case discussions.
- 4.73 During the inspection, two prisoners were receiving a social care package (see Glossary), the details of which were set out in their care plans and care files. In addition, several prisoners had received aids and adaptations to help maintain their independence. These included mobility aids, handrails, special cutlery, raised toilet seats and commodes.
- 4.74 At the previous inspection, we found that the prison encouraged prisoners to take on support orderly roles to help frail and disabled prisoners with non-intimate care. However, the orderlies did not have the appropriate training and supervision to help define their roles. The prison now had four support orderlies, who had job descriptions and received some regular support. However, it still did not offer appropriate training, and oversight of the function was limited. This raised potential safeguarding risks. The prison had plans to address this, with support from the local authority.

Mental health care

- 4.75 The new model for the integrated mental health service comprised a clinical mental health team, which was the first point of contact, and a psychological therapies team.
- 4.76 The service was still developing at the time of the inspection, and struggling to fill a nurse vacancy. However, staff worked flexibly and diligently to make sure that patients received timely and appropriate care.
- 4.77 The service received around 20–30 new referrals a month and had a combined caseload of around 90 patients, including 12 with complex

needs. No patients had been transferred under the Mental Health Act in the last year and none were waiting for a transfer.

- 4.78 The service had prior knowledge of any prisoners arriving with mental health needs, and new referrals were accepted from any source, including self-referrals. Staff triaged new referrals daily, with urgent referrals prioritised and seen within two days, and most routine assessments completed within 14 days, which they were working to reduce. Staff attended assessment, care in custody and teamwork (ACCT) case management reviews. The psychiatrist held fortnightly clinics, which was sufficient to meet patients' needs. Additional capacity was available if needed. Staff attended release planning meetings and made referrals to community mental health services for patients who needed ongoing care.
- 4.79 The newly formed psychological therapies team had started to work with patients needing psychological interventions. At the time of the inspection, nine patients were in receipt of one-to-one interventions. Around 15 patients had been identified for specific therapy groups such as anxiety, mood management and dialectical behaviour therapy (a type of talking intervention), which were due to start imminently. In the meantime, all mental health patients were kept on the nurses' caseloads to maintain oversight, and the records we sampled showed regular contact with patients.
- 4.80 At the time of the previous inspection, there had been no service provision for prisoners with autism spectrum disorder (ASD) or attention-deficit hyperactivity disorder (ADHD). This had been rectified with the provision of a small specialist team, but this was no longer in place, even though there was still a demand for it. For example, the mental health team had a list of 10 prisoners needing ADHD assessment and diagnosis. As an interim measure, the service offered a monthly medicines review clinic for patients already diagnosed with ADHD or ASD pending internal reviews and discussions with commissioners.
- 4.81 Officers and other health care staff had access to mental health awareness training, which was delivered twice a year by the mental health lead.

Substance misuse treatment

- 4.82 Oxleas provided the clinical element of the service, and subcontracted Change, Grow, Live to provide non-clinical recovery and psychosocial interventions. A prison-wide drug strategy informed partnership working, and joint monthly meetings had recently restarted.
- 4.83 At the time of the inspection, there were no substantive clinical staff in post, but there was a fully staffed psychosocial team. Oxleas had made good interim arrangements for clinical cover while they were recruiting. This included regular onsite and remote access to prescribing cover from a non-medical prescriber based at another prison and scheduled access to a full-time nurse. They worked together closely to run an

effective clinical service. They also worked alongside the recovery workers to provide a comprehensive service, avoid duplication and make every contact count – for example, when completing assessments and treatment reviews.

- 4.84 As there was prior knowledge of patients arriving on opiate substitution treatment (OST), this prescription was continued or reviewed by the non-medical prescriber or GP as soon as possible, and a joint assessment between the clinical team and recovery workers was scheduled. There was an open referral system, including self-referral.
- 4.85 The clinical service supported between 12 and 15 patients on OST, which was steadily increasing in response to a change in the population profile entering the prison.
- 4.86 The psychosocial team had started some interventions, such as one-to-one support and in-cell workbooks. It also offered a weekly group session based on prisoners' needs, such as relapse prevention, motivation, and alcohol and cocaine addiction. It supported a peer mentor to run weekly Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups. This was an interim measure while they made arrangements for local mutual aid agencies to come into the prison and deliver AA, NA and Cocaine Anonymous groups.
- 4.87 The service started release planning soon after a prisoner's arrival, in line with the resettlement focus of the open prison. It also referred prisoners to community substance misuse services and made appointments where possible.
- 4.88 Prisoners were offered naloxone (an opiate reversal agent) on release.

Medicines optimisation and pharmacy services

- 4.89 Overall, we found the management of medicines to be safe, effective and patient centred. In our survey, 90% of respondents, compared with 73% in similar prisons, said that it was very or quite easy to see a pharmacist, and 84%, compared with 70%, said that the quality of the pharmacy service was very or quite good.
- 4.90 Prisoners we spoke to were very positive about the 'health bar', which enabled them to buy a wide range of affordable self-care products, including paracetamol and ibuprofen, toiletries and supplements. This excellent initiative, run by the pharmacy technicians, promoted more autonomy and less medicalisation of everyday issues.
- 4.91 Medicines had been supplied by the dispensing pharmacy at HMP Bristol since April 2016. Deliveries were prompt and most were named-patient medicines, with appropriate labelling and a dispensing audit trail.
- 4.92 Medicines, including controlled drugs, were stored securely and cabinets were clean and well organised. A stock of emergency medication and medicines for minor ailments was held and their use was monitored effectively. Mechanisms to make sure that stock items

were in-date was now more robust. Refrigerator temperatures were recorded daily and any remedial action needed was recorded.

- 4.93 Nearly all medicines were given in-possession, either on a monthly or weekly basis, following a regularly reviewed risk assessment. Medicine reconciliation was completed promptly for new arrivals.
- 4.94 Monthly repeat prescriptions were ordered by the patient, to promote a community approach, and weekly ordering was completed by the pharmacy team. Patients attended timed appointments to collect medicines in a private environment. A few patients were on supervised medicines, and this was administered in a competent and caring manner.
- 4.95 Prescribing and administration records were completed electronically on SystmOne (the electronic clinical record). Nurses could administer an adequate range of medicines to treat minor ailments, without a doctor's prescription.
- 4.96 Pharmacy technicians dealt with patients' medication queries and a senior pharmacy technician attended regularly to provide support and oversight. A pharmacist visited fortnightly to complete medicines use reviews.
- 4.97 There was good governance of the service, and regular cluster medicines management meetings discussed all key issues, including medicine-related incidents and drug alerts, which were well managed. Tradeable medicines were monitored effectively and were supplied weekly.

Dental services and oral health

- 4.98 Time for Teeth offered a wide range of community-equivalent dental treatments, including oral health advice. The waiting time for an initial routine dental appointment was five weeks, which was good, and treatment generally started promptly following assessment. Appointments were allocated based on clinical need, and urgent and emergency care was provided swiftly. Pain relief and antibiotics were available if needed.
- 4.99 A skilled dental nurse and dentist provided four sessions per week, and a dental therapist provided two sessions every other week. There was flexibility in these arrangements and cover was provided for other nearby prison sites managed by Time for Teeth when needed.
- 4.100 The dental facility was spacious and well equipped, with a clear separation between clean and dirty areas, although there was no separate decontamination room. It was clean and tidy, and met infection, prevention and control standards.
- 4.101 Equipment was serviced and maintained appropriately. There were good governance arrangements and dental staff were suitably trained and supervised. Patients gave positive feedback about the service they received.

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 able to spend around 12 hours a day out of their rooms. They could access the prison grounds between 7.45am and 8pm, and, while not able to leave their units outside these times, were never locked in their rooms.
- 5.2 Most prisoners were engaged in an allocated work or education activity during the working day, and there were good activities for the 70 or so retired prisoners. However, the onsite work and education available did not always sufficiently support prisoners' progression and prepare them for life after release (see section on education, skills and work activity).
- 5.3 There was a range of peer-led enrichment activities, especially for older or retired prisoners who attended the Lobster Pot, a drop-in day centre (see paragraph 4.32). Facilities, such as the allotments, were appreciated and tended well by prisoners, music groups practised together and prisoners used the attractive grounds to socialise during the evenings. The units had association areas and there was outdoor seating around the site. However, some prisoners told us that they found their free time boring, and there were less well-developed activities for the younger population.



The allotments

- 5.4 The well-stocked library, run by South Gloucester Library Services, was open every day and on weekday evenings, which gave good access for the whole population, irrespective of their work pattern. Almost all prisoners were registered with the library, and 97% of respondents to our survey said that they were able to visit it at least once each week, which was better than at comparator prisons. Five library orderlies were able to run the evening and weekend sessions when the librarians were not on site.
- 5.5 The library was a welcoming environment, similar to a community library, apart from the absence of computers. As well as books to suit different needs and interests, prisoners could borrow CDs, DVDs, games (board and electronic) and audio books. However, the prison's reading strategy gave insufficient attention to the role of the library, and there was a lack of library-run initiatives to encourage reading. We were told that previous attempts to run book clubs had had limited success, although there were plans to promote unit reading groups.



The library

- 5.6 In our survey, only 41% of respondents said that they went to the gym or played sports twice a week or more, which was worse than in similar prisons. The three PE instructors were working to expand the range of activities available, based on suggestions from a prisoner survey earlier in the year, to encourage greater participation.
- 5.7 Facilities in the fitness and well-being centre were adequate, although much of the cardiovascular equipment was old and had come from other prisons. Communal shower facilities were poor and were due to be replaced, and a new classroom was planned so that PE qualifications could be reintroduced.
- 5.8 The timetable offered all prisoners the opportunity to take part in supervised PE activities, irrespective of their working hours, including early morning and evening sessions. Induction sessions for new arrivals took place weekly. Some daytime sessions were reserved for older prisoners or those who needed remedial gym. The PE and health care teams reported good working relationships to identify the latter, and had also collaborated on sessions to raise prisoner awareness of the risks of steroids after an increase in their use was identified. A gym outreach programme was used to encourage non-gym users to consider which activities might be of benefit to them. A version of the 'Couch to 5K' running programme and a 'walk your way to fitness' programme were promoted; these engaged prisoners in healthy activities that could be continued after release.
- 5.9 Outdoor facilities were good and included tennis courts and an impressive sports field with a running track. This large outdoor area was used for weekly Parkrun/walk sessions, and group games such as football, volleyball, cricket nets and boules/bowls. We were told that

105 prisoners had used the sports field over a three-hour period recently on a weekend morning, but prisoners were frustrated that they could not use the sports field unsupervised, particularly when some were looking for constructive ways to use their free time and to evidence their reduction in risk.



The sports field

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.

- 5.10 Ofsted made the following assessments about the education, skills and work provision:
- Overall effectiveness: Inadequate
- Quality of education: Inadequate
- Behaviour and attitudes: Requires improvement
- Personal development: Requires improvement
- Leadership and management: Inadequate
- 5.11 Leaders and managers had not prioritised the design of an effective curriculum. They had not considered the local, regional or national skills needs. Most courses were in English, mathematics, painting and decorating, professional cookery, and a few classes in basic digital skills. Managers had recently put in place a multi-skills construction course. However, this was not yet appropriately designed or resourced. As a result, it did not support prisoners to secure employment on release.
- 5.12 Prison leaders had not made sure that the vocational training and education curriculum was sufficiently ambitious. They had not taken into account the existing educational levels of prisoners. Half of the prison population was educated to level 2 or above in English and mathematics. Other than these subjects, the courses on offer were mainly low-level and vocational. As a result, prisoners did not have the opportunity to attend courses that were appropriately challenging and that would provide them with the skills they needed for resettlement.
- 5.13 Leaders had not established safe working practices in the construction course, and this was being taught in an environment that was hazardous and not fit for training purposes. Prisoners on this course were using heat guns to remove paint from doors, with no extraction facilities in place. As a result of the volume of fumes being released, they had to keep taking breaks. In addition, unsecured extension leads ran across the floor areas, creating trip hazards.
- 5.14 Leaders did not plan meaningful work activities. Much of the work that prisoners did was repetitive, lacked challenge and was mundane. There were no opportunities for them to progress to roles with higher levels of responsibility or to learn different roles within the same workshop area. As a result, many prisoners lacked motivation.
- 5.15 In addition, in most work areas, trainers did not identify and record the knowledge and skills that prisoners developed. Leaders did not make sure that prisoners had access to any meaningful, accredited qualifications. Consequently, most prisoners did not see any positive benefits to work, other than the pay they received and the time they spent out of their cell.
- 5.16 Managers put in place a small but effective work experience programme for prisoners via release on temporary licence (ROTL).

They worked successfully with several employers and local communities to help prisoners to develop the skills needed for resettlement. The work involved a mixture of paid and voluntary positions. The experience helped a few prisoners to find work on release. However, many were unhappy about the limited access to ROTL work experience opportunities and felt let down.

- 5.17 Prisoners received appropriate careers information, advice and guidance (CIAG). Leaders had integrated CIAG successfully into prisoner induction. During induction, many prisoners received information about the work opportunities available. Advisers aligned this to prisoners' starting points and aspirations. They provided prisoners with career goals, to help them to understand the knowledge and skills needed to secure employment on release. However, too few prisoners received an effective review of these career goals. As a result, many were unclear about what to do next.
- 5.18 Leaders and managers had made sure that there were sufficient places in education, skills and work to engage the prison population. Prisoners worked closely with advisers to identify their preferences. This information fed into an employment board that swiftly allocated prisoners to education or work. However, these allocations were made based on the availability within the provision on offer. As a result, many prisoners were not undertaking training or jobs of their choice or that they needed to engage in.
- 5.19 There was a clear local pay policy in place. Prisoners were generally well paid for the work they did. However, payment to attend education was not aligned with that of the better-paid jobs, which meant that many were not motivated to attend education.
- 5.20 Prisoners with additional learning needs did not receive effective support. Assessments of learning needs were superficial. Only those who attended education classes received a further, more detailed assessment. However, even then, on a few occasions prisoners had already completed several courses before they received appropriate support for their needs. Consequently, most prisoners did not get the learning support they needed promptly enough in education classes or the wider prison.
- 5.21 Leaders had made slow progress with the implementation of an effective reading strategy. There were no specific education classes available for non-readers or emerging readers. There was no additional in-class or one-to-one support available. Leaders had implemented an initial assessment in reading. However, when they identified prisoners with a need, they directed them to the volunteer Shannon Trust mentors (see Glossary) for support. Leaders did not take the time to work with these mentors to make sure that prisoners were making progress. As a result, they did not know if prisoners were developing the reading skills they needed.
- 5.22 The prison education provider, Weston College, was not effective in providing appropriate courses that met the needs of prisoners. For

example, they did not provide adequate teaching sessions for those with levels 1 and below in English and mathematics. The only option for these prisoners to study was through a very small outreach programme. In addition, leaders had been too slow to recruit teachers for English and professional cookery. As a result, the already narrow curriculum had been further reduced. At the time of the inspection, the main curriculum consisted of mathematics, painting and decorating, and construction. Consequently, prisoners did not develop the skills they needed for release.

- 5.23 Experienced teachers in mathematics, and painting and decorating knew the prisoners well, and adapted their teaching successfully to meet individual needs. They planned and sequenced their courses effectively. For example, the mathematics tutor re-sequenced the level 2 curriculum so that prisoners built their skills over time, learning about angles before covering two- and three-dimensional shapes. As a result, prisoners retained the knowledge in their long-term memory.
- 5.24 Prisoners received good support to study on distance learning and Open University courses. They were able to work and attend social activities alongside their courses. Staff processed their applications and provided resources quickly. Prisoners undertook three sessions a week for their studies, and additional sessions if needed – for example, when assignments were due to be handed in. As a result, they made appropriate progress.
- 5.25 Managers made sure that classrooms, workshops and most vocational skills environments were conducive to learning. Most teachers and trainers set clear expectations for personal conduct. All prisoners in work attended inductions in health and safety, and the use of personal protective equipment. This meant that behaviour was calm and orderly across all areas. Prisoners were respectful to each other and to teaching staff and trainers. They felt safe when attending education, skills and work activities.
- 5.26 Attendance and punctuality at work, education classes and vocational training were not consistently high. Leaders set high expectations for attendance, but these were generally not met in work settings. Leaders did not manage effectively the large number of meetings that prisoners attended. For example, some missed important mathematics lessons to attend mandated appointments.
- 5.27 Leaders did not plan an appropriately broad curriculum. Although trainers in painting and decorating embedded values of tolerance and respect, and equality and diversity into their teaching effectively, many teachers and trainers failed to do this. As a result, prisoners' understanding of these subjects was not fully developed or reinforced to prepare them for resettlement.
- 5.28 Prisoners had access to a mental health awareness course, which helped them to develop their understanding and compassion for mental ill-health. As a result, they were able to support their peers.

- 5.29 Managers in work settings did not support trainers to develop the training skills they needed. Although many instructors in work environments were industrial experts, most did not have a good enough understanding of how to measure the progress that prisoners made or how to facilitate learning. As a result, there was not enough oversight to make sure that prisoners at work developed the skills needed for resettlement.
- 5.30 Prison leaders did not use the information on prisoners' starting points effectively to plan a suitable curriculum. In addition, although they understood the destinations of prisoners, they did not use this information to influence the curriculum. For example, although many prisoners moved into self-employment on release, only a very limited self-employment course was available through a voluntary organisation. As a result, the curriculum was not effective in supporting prisoners to develop the skills they needed to set up their own businesses on release.
- 5.31 Leaders and managers did not apply effective quality assurance processes. Education managers met prison leaders regularly to discuss the education provision. However, they did not identify key areas of concern. Leaders were not sufficiently evaluative in their assessment of the quality of the provision and did not set clear targets for improvement. In addition, only one out of the five recommendations from the previous inspection had been fully addressed.

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 Work on reducing the risk of reoffending through support for relationships with family and significant others had seen some improvements but remained quite narrow.
- 6.2 The visits environment had been improved and was now bright and welcoming, with well-equipped outside areas. The demand for visits had risen steadily in the last year, and the provision was almost at full capacity, and limited to weekends. Prisoners could have up to three social visits and three secure video calls (see Glossary) each month. Security measures in the visits hall were not excessive. Prison Advice and Care Trust (PACT) staff and volunteer play workers made a good contribution. The video-calling facility was fairly well used, but offered limited privacy, with five laptop stations partitioned from each other in one room. Availability had been extended to afternoons and evenings on two days during the week, and was sufficient for the present demand.
- 6.3 Some work was being carried out to support families, prioritising a full programme of family days supported by PACT. These child-centred family days also included good input from the gym staff, and there was now the additional provision for adult-only extended visit days, with a programme of suitable activities. During 2022, however, more than half of the population had not received social visits, and the PACT engagement manager was working with around a dozen prisoners to explore issues relating to contact with family and significant others.
- 6.4 Prisoners missed the in-cell telephones they had at previous establishments. Many said that there were not enough payphones on the residential units. In our survey, 87% of respondents said that they could use the telephone daily, which was lower than in similar prisons. Not all of the telephones provided sufficient privacy.

Reducing risk, rehabilitation and progression

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

- 6.5 Leadership of reducing reoffending and rehabilitation was dispersed among a higher number of managers than we usually see, with complex lines of accountability. This number made it possible to approve and sign off individual risk assessments and plans more efficiently, thereby reducing previous backlogs. However, the lack of a clear and integrated management structure also had disadvantages; there was no clear plan for work to reduce reoffending based on a full analysis of the needs of the population. Nevertheless, departments worked closely together to achieve the best outcomes for individual prisoners. Leadership in the offender management unit (OMU) and in public protection was also working well.
- 6.6 Offender management staff had been brought together in three 'pods', which was a promising approach. However, the infrastructure did not allow the 'pods' to be properly co-located, and interview rooms for offender management and for the resettlement hub were not soundproof.
- 6.7 The OMU was well managed and maintained good morale under considerable pressure, with three of the probation-employed prison offender manager (POM) posts unfilled. Many prisoners complained of delays to their offender assessment system (OASys) review as well as their release on temporary licence (ROTL) risk assessment, both of which were needed before they could be considered for temporary release and work outside the prison. Managers conceded that there had been some delays in the recent past but said that they had made improvements to the process. Some causes of delay remained outside the prison's control in the community, but data on ROTL risk assessment timescales were now monitored closely.
- 6.8 The uniformed supervising officers who worked as POMs were not redeployed to other duties and several prisoners spoke highly of their commitment to the role. However, they were working with a range of complicated and demanding cases, and on their own account they had not been receiving sufficient training or supervision to deliver high-quality work. Leaders had arranged a 10-session programme on issues such as the management of risk and motivational interviewing. This training was also being offered to POMs in two neighbouring prisons, and was likely to be a useful start to upskilling through regular supervision and support.
- 6.9 In the sample of cases that we reviewed, only a small minority had been seen by their nominated POM within 14 days of arrival at the prison. The mixture of different types of index offence, and differing

levels of risk and complexity, meant that some ROTL applications could be approved more quickly than others, which some prisoners felt was unfair. However, perceptions of unfairness arose largely from a lack of clear explanation. Leaders had introduced new channels of communication, including a popular weekly drop-in session.

- 6.10 Contact with the POM during the rest of their time at the prison varied. Two prisoners told us of difficulties in contacting their POM about their release arrangements, and the anxiety this had caused them. However, most were seen at least every other month, according to the stage in their sentence; one life-sentenced prisoner, who was becoming increasingly apprehensive as his release date approached, was seen at least once a fortnight. OASys assessments were generally good, although the quality of those completed by the prison-employed POMs varied.
- 6.11 Where possible, prisoners also benefited from regular contact with their community offender manager (COM), often in person while on temporary release. It was also positive that POMs continued to work proactively with prisoners to address their offending and reinforce learning from earlier interventions, even after responsibility for their supervision had transferred to the COM.
- 6.12 Almost all prisoners in our sample had a current sentence plan. Most of these plans contained objectives that, although couched in general terms, were specific to the individual, addressing ways of reducing their risk of reoffending and practical resettlement needs. Most prisoners were aware of their sentence plan, and also of the restrictions likely to be placed on them following release.

Public protection

- 6.13 Clear management, and skilled administrative staff, kept public protection risks under control, even though there were many prisoners presenting significant potential risks to the public.
- 6.14 The interdepartmental risk management meeting (IRMT) was well attended by senior representatives of all relevant bodies within the prison, including security, housing, psychology and mental health teams. The meeting considered the full range of issues, with more depth and breadth than we often see. Over 300 of the prisoners were on the violent and sexual offenders register (ViSOR), and these cases were subject to regular quality assurance of risk management, with the results reported back to the IRMT and the public protection steering group.
- 6.15 The prison contributed well to multi-agency public protection arrangements (MAPPA) through attendance at MAPPA meetings in higher-risk cases, and otherwise by written reports, the quality of which varied. The best reports were comprehensive and included details of the prisoner's contacts in both the prison and the community. They were analytical, made good links between risk factors and the impact of work completed in the prison, and considered how these insights could

inform risk management on release. No prisoners were released without their MAPPA management level being set, although few of the cases that we examined had had this level set six months before the release date, as is our expectation.

- 6.16 Probation managers appropriately prioritised the highest-risk prisoners for monitoring of communication, and the IRMT ratified and reviewed these decisions monthly. Support staff in the security and operations team were knowledgeable about monitoring mail and telephone calls, and carried out these tasks effectively.

Categorisation and transfers

- 6.17 Specific support for those serving indeterminate or long sentences had lapsed, as the previous arrangements had not worked well. A manager had been identified to give support to life-sentenced prisoners, those with indeterminate sentences for public protection and those on extended sentences, and he had begun to organise an information day, bringing in experts on aspects of parole and related topics for this group.
- 6.18 A relatively small number were released on home detention curfew. Most of these were released on their eligibility date, as OMU staff worked hard to follow up the checks needed in the community.

Interventions

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

- 6.19 The on-site psychology team gave good support to the management of complex prisoners. The 'pathways enhanced resettlement service' project supported those at most risk of not coping with open conditions, with a small, dedicated team comprising a psychologist, two supervising officers and an administrator. Assessment for parole and for enhanced behaviour monitoring was also carried out effectively, and there was in-depth one-to-one work with several prisoners. In our survey, 60% of respondents said that they had done one-to-one work to address their risk of reoffending, compared with 45% in similar prisons.
- 6.20 Enhanced behaviour monitoring was also working well. This is a system for monitoring, over a period of months, prisoners in open conditions who might be exhibiting behaviour linked to risk factors. Psychology, OMU and wider prison staff worked with prisoners to address risk factors and behaviour issues.
- 6.21 ROTL was the main priority for most prisoners and there were frustrations at the waits involved. However, the amount of ROTL was increasing and much had been done recently to streamline the process for risk assessment, on the basis of careful analysis of data (see paragraph 6.7). There had been more than 1,500 ROTL events in each

of the last 12 months, with 1,866 in the last recorded month, and the overall number was rising. The process appeared to be administered well, with appropriate attention paid to prisoners' individual circumstances, and any breaches of trust were followed up in a proportionate manner. The success rate of ROTL was very high.

- 6.22 A great deal of work went into supporting prisoners to find accommodation on release. Ninety-five percent went to sustainable accommodation, while all of those released in recent months had had somewhere to sleep on the first night after release. This was mainly because of the large number going to approved premises, but much was done to find solutions for those who were hard to place. The probation pre-release team, the strategic housing specialist and Interventions Alliance, the provider under the commissioned rehabilitative services contract, were working together well. It was especially helpful that two workers from Interventions Alliance saw prisoners in the resettlement hub weekly. However, the community accommodation service (CAS-3), which guarantees 84 nights' accommodation to all prison leavers, had not yet been rolled out in this region.

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.

- 6.23 All prisoners had free access to the resettlement hub, where there was energetic and collaborative work by the small probation pre-release team, Interventions Alliance and the Shaw Trust CF03 (European Social Fund) team, as well as the information, advice and guidance workers and the Department for Work and Pensions (DWP). Some able and articulate prisoner peer workers contributed to the smooth running of this facility. The effectiveness of this hub was reflected in our survey, where 88% of those due to leave within three months said that someone was helping them prepare for release.
- 6.24 Monthly release planning meetings, attended by a reasonable but not yet sufficient range of departments, considered individual prisoners 12, eight and four weeks before release. These followed a week after the IRMT, and this sequencing enabled plans to be made on the basis of secure information about individual risk.
- 6.25 The DWP work coach gave valuable help on benefits, including the 'personal independence payment' and pensions. A banking and identification administrator was now in post and achieving good outcomes, including helping prisons to open a bank account with Nationwide.
- 6.26 Those prisoners needing help on the day of release could obtain clothes and other items, and SSAFA (the Soldiers', Sailors' & Airmen's

Families Association) gave good practical support to veterans being released.

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

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, reception and early days processes were good. Few prisoners felt unsafe. Violent incidents were rare and low-level victimisation, including that directed towards sex offenders, was managed well. The number of self-harm incidents was very low and prisoners at risk of harm were supported well. Security was proportionate, the prison felt relaxed and stable, and the number of absconds had reduced year on year. The number of adjudications and levels of use of force were very low. A similar proportion of prisoners to that at other open prisons said that illicit drugs were readily available. The prison was proactively addressing supply and demand, and the use of new psychoactive substances had declined. Support for substance misusers was effective. Outcomes for prisoners were good against this healthy prison test.

Key recommendations

All prisoners in peer worker and mentoring roles should be trained and have regular supervision from staff to help to clarify and reinforce the limits of their demanding roles.

Partially achieved

Recommendations

Prisoner orderlies should not be involved in processing the property of new arrivals.

Achieved

All new arrivals should have a private interview with an officer on their first night to explore feelings of self-harm or suicide.

Achieved

New arrivals should be offered food and drink in reception.

Achieved

Regular monitoring of the offence demographics of the population and their access to work placements and location within the prison should be undertaken. The results should be widely publicised to help to address the negative perceptions held by some prisoners.

Achieved

Operational staff should carry anti-ligature knives at all times.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, external areas and the prison grounds were attractive, well maintained and some of the best we had seen. Residential areas were clean and appropriately furnished. Staff–prisoner relationships were good. Applications and complaints were well managed. Equality and diversity arrangements had improved and outcomes for prisoners with protected characteristics were mostly good. Faith provision was very good and the chapel was a focal point for the community. Health services were reasonably good overall. The quality of the food provided was very good but opportunities for prisoners to self-cater were too limited. Outcomes for prisoners were good against this healthy prison test.

Key recommendations

None

Recommendations

Sufficient staff should be available to deliver substance misuse groups regularly.

Achieved

Washrooms should be refurbished where necessary, and showers should be regularly deep cleaned to remove mould.

Achieved

Arrangements should be made to ensure that there is regular external community involvement and scrutiny of the work of the diversity and race equality action team, including discrimination incident report forms.

Achieved

The poor perceptions of safety by prisoners with a disability should be explored and action taken to improve them.

Partially achieved

Unit-based care plans should be available for all prisoners with complex needs.

Achieved

Prisoners with limited mobility and complex health needs should be able to contact staff in an emergency.

Partially achieved

Confidential complaints should be stored centrally and responses should be quality assured.

Partially achieved

Prisoners should receive all primary care services within community-equivalent waiting times and be prioritised based on clinical need.

Partially achieved

Prisoners with complex health and social care needs should have recorded, regularly reviewed care plans.

Achieved

Stock medicines should be date-checked and their use should be recorded and audited.

Achieved

Prisoners should be able to access basic medications easily and safely, to allow them to self-care as they would in the community.

Achieved

Prisoners requiring routine dental assessments should be seen within six weeks.

Achieved

Prison staff should have regular mental health awareness training.

Achieved

Prisoners should have access to attention-deficit hyperactivity disorder and autism spectrum disorder services.

Partially achieved

The reasons for the apparent dissatisfaction of black and minority ethnic prisoners with the food should be explored.

Achieved

Self-catering facilities should be improved, so that prisoners can develop some essential independent living skills needed for their release from prison.

Partially achieved

Purposeful activity

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

At the last inspection, in 2016, prisoners were unlocked all day, and had free movement across the site and good access to structured recreational activities. The management of learning and skills was good. There were sufficient, mostly high-quality activity places within the prison but too few release on temporary licence placements for work. The quality of teaching and learning was outstanding, and highly effective in most sessions. Trained peer mentors provided valuable support. Standards of work were high and prisoners achieved well in all but functional maths at level 1. Library and PE facilities were good and they were well used. Outcomes for prisoners were good against this healthy prison test.

Key recommendations

The number of high-quality work-related release on temporary licence (ROTL) placements should be increased and prisoners should have timely access to ROTL, to enable them to progress.

Partially achieved

Recommendations

The prison's observations of teaching, training and learning in workshops should be appropriately evaluative and developmental for prison workshop staff.

Not achieved

The prison should develop and implement discrete self-employment and business-related courses and further expand the vocational training provision.

Partially achieved

Prisoners' progress and achievement of skills in the workplace should be better recorded.

Not achieved

All prisoners should wear the required protective equipment during work sessions.

Achieved

Attainment in level 1 mathematics should be improved.

Not achieved

Resettlement

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

At the last inspection, in 2016, the prison held a substantial number of long-term prisoners who presented a high risk of harm. The offender management unit was appropriately focused on managing and reducing risk, and the quality of offender assessment system (OASys) assessments was good. Home detention curfew processes were effective and timely. Public protection measures were mostly sound and release on temporary licence (ROTL) assessments were of high quality. Avoidable delays in ROTL processes caused considerable frustration to prisoners. A wide range of accommodation, and finance and debt advice was provided but a lack of approved premises delayed some prisoners' release. Arrangements to support prisoners into employment on release were satisfactory but there were too few opportunities for work and training placements in the community. Visits and ROTL were used well to promote family contact. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Prisoners should not have their release delayed by the lack of approved premises.

Achieved

Recommendations

The resettlement needs analysis should be more comprehensive and the reducing reoffending strategy should place offender management at the forefront of the work.

Not achieved

Offender supervisors should have regular and meaningful contact with all prisoners on their caseload, in order to reinforce skills learnt, motivate them and keep them engaged in progression.

Achieved

Reviewed multi-agency public protection arrangements (MAPPA) management levels should be confirmed before starting ROTL, particularly for overnight releases.

Partially achieved

Links and information exchange between the community rehabilitation company and the offender management unit should be improved, to provide better awareness of risk issues and progress made.

No longer relevant

The number of places on the independent living skills programme should be increased to meet demand.

Achieved

The number of prisoners released into suitable and sustainable accommodation should be reliably collated and used to evaluate the effectiveness of the provision.

Achieved

The number of prisoners released into employment, education or training should be reliably collated and used to evaluate the effectiveness of the provision.

Achieved

Links with employers, training providers and voluntary sector organisations should be improved, to extend employment and training opportunities for prisoners on release.

Partially achieved

Prisoners without children should be able to access family days, to promote their contact with other family members.

Achieved

A needs analysis should evidence the type and range of interventions required which are aimed at reducing the risk of reoffending.

Not achieved

Recommendations from the scrutiny visit

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

Leaders should improve staff-prisoner relationships, particularly with those from a black and minority ethnic background, so that all prisoners are treated with respect.

Partially achieved

There should be enough video-call visit sessions each week to meet the needs of the population.

Achieved

There should be a broad range of community work placements which allow prisoners to progress, develop skills and demonstrate a reduction in their risk.

Achieved

Multidisciplinary management oversight of all high-risk releases should consider cases far enough ahead of release to identify any gaps in planning and take effective remedial action. Information to assist release planning should be shared effectively by offender supervisors with partner agencies.

Achieved

There should be enough suitable places in approved premises to ensure that prisoners who require this accommodation as part of their licence conditions are released without delay.

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
Sara Pennington	Team leader
Natalie Heeks	Inspector
Jade Richards	Inspector
Martin Kettle	Inspector
Angela Johnson	Inspector
Joe Simmonds	Researcher
Sophie Riley	Researcher
Sam Moses	Researcher
Maureen Jamieson	Lead health and social care inspector
Si Hussain	Care Quality Commission inspector
Bev Ramsell	Ofsted inspector
Montse Perez Parent	Ofsted inspector
Tilly Kerner	Ofsted inspector
Diane Koppit	Ofsted inspector
Liz Calderbank	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.

Leader

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Shannon Trust

A national charity which provides peer-mentored reading plan resources and training to prisons.

Social care package

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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