



Report on an unannounced inspection of

HMP Lindholme

by HM Chief Inspector of Prisons

17–27 July 2023



Contents

Introduction.....	3
What needs to improve at HMP Lindholme	5
About HMP Lindholme	7
Section 1 Summary of key findings.....	9
Section 2 Leadership	11
Section 3 Safety	13
Section 4 Respect.....	22
Section 5 Purposeful activity.....	38
Section 6 Rehabilitation and release planning.....	44
Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports	50
Appendix I About our inspections and reports	58
Appendix II Glossary	61
Appendix III Further resources	63

Introduction

Lindholme is a category C training prison that sprawls across a large, open site in South Yorkshire. At our last inspection in 2017, the biggest challenge facing the prison was the ingress of drugs. I am sorry to report that this problem has remained every bit as serious and continues to affect outcomes in many areas.

Half of the prisoners in our survey told us it was easy to get drugs and, most concerning, 21% said they had developed a problem since coming to the jail. As well as being the cause of most deaths at the prison in recent years, drugs had also been responsible for debt problems that drove the higher than average and increasing levels of violence.

The size of the site meant that drones were often able to fly in contraband undetected and there was no routine searching of staff or X-ray machines at the gate. Inexplicably and despite bids from the jail, the prison service had failed to put in place the technological and physical solutions that have helped to reduce drug supply in other prisons.

It was heartening to see prisoners unlocked for longer than we have seen in most recent category C prison inspections, but there was not enough for them to do, and boredom encouraged drug-taking to pass the time. Leaders had failed to make sure there were sufficient places in education to meet the high demand, particularly in English and maths. The closure of two large hangers that had contained workshops further limited the offer, although the very good training kitchen and café continued to operate well. Too many prisoners were in part-time activities or were underemployed in wing work and there were not enough qualifications on offer.

The offender management unit (OMU) was staffed by a hard-working team, but they were woefully under-resourced, with nothing like enough team members to be able to provide for any more than the most urgent cases. When I walked round the jail, almost every prisoner I spoke to complained about the lack of support from the OMU. Many had a feeling of helplessness, unable to progress with their sentence or complete the non-existent accredited programmes that featured on many of their sentence plans. It was disappointing to find things even worse in this area than in 2017, when we also noted long-term failings.

Most prisoners complained about the food, particularly the lack of variety and small portions. This was compounded by price rises in the shop which meant that many men could not afford to supplement their limited diet.

Health care provided a good service for those who were able to get appointments, but staff shortages meant waits were far too long – up to five weeks to see a GP and 26 weeks to see an optician.

There were some notable positives at the jail: good work had been done to improve the treatment of new arrivals, a compassionate and professional team ran the segregation unit, and the governor and other leaders were active and visible around the site. Each prisoner had a laptop and we saw better

functionality and use than in other prisons, with good communication from leaders and the opportunity to email family and friends. Family days were very popular and there were some excellent initiatives, such as charity runs that brought prisoners and staff together. It was good to see the opportunities for independent living on the enhanced spurs where prisoners could cook for themselves and were not locked in their cells. One of the more positive parts of this inspection was the quality of the staff and the excellent relationships that many of them had with prisoners.

Our lowest score of 'poor' for our healthy prison tests of purposeful activity and rehabilitation and release planning show that the jail is failing to fulfil its function as a training prison. Leaders must not accept this status quo and there needs to be concerted work to create an effective strategy to reduce the supply of drugs. This must be supported by the prison service in providing technology and funding for better gate security, without which the drug problem will remain intractable. As well as dealing with supply, the prison also needs to address demand by making sure that prisoners have enough to do during the day and are supported to progress with their sentences and reduce their risk of reoffending on release.

Charlie Taylor

HM Chief Inspector of Prisons

September 2023

What needs to improve at HMP Lindholme

During this inspection we identified 15 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **There was a very high level of illicit drug use in the prison, which was linked to violence, debt and deaths in custody. Remedial action was not sufficiently comprehensive or coordinated.**
2. **Prisoners had poor access to health services because of weaknesses in the application process and poor organisation of prison officer escorts to health care.**
3. **The prison was not adequately fulfilling its core function as a training establishment. The range, quantity and quality of education, skills and work were inadequate to meet the needs of prisoners.**
4. **Leaders had not implemented a curriculum that met the needs of the prison population.** Few prisoners could study towards accredited qualifications or have their personal and employability skills developed and recognised to support successful transition to another prison or release.
5. **Prisoners could not progress through their sentence and achieve their targets. Reasons included poor availability of offending behaviour interventions, a lack of progressive transfer opportunities and a severely understaffed offender management unit.**

Key concerns

6. **Not enough was done to encourage the high number of self-isolating prisoners to return to a normal regime.**
7. **Efforts to prevent self-harm were hindered by night staff not carrying ligature knives, lacking awareness of the needs of vulnerable individuals or the location of automatic external defibrillators. Cell observation panels were not kept clear.**
8. **The key working scheme was not well established. Only about a third of scheduled appointments were delivered and records showed that they rarely focused on progression goals.**

9. **Many cells were poorly ventilated and could become very hot. The ventilation screens in many cells were either blocked or painted shut.**
10. **Recent price rises in the canteen had sharply reduced the number of items that prisoners were able to buy.**
11. **Prisoners requiring transfer to specialist inpatient facilities under the Mental Health Act were waiting too long. One man in this category had been in the segregation unit for more than four months.**
12. **Leaders had not made sure that all prisoners were able to attend well-planned purposeful activity places that contributed to the fulfilment of their future goals.**
13. **Leaders had not made sure that all prisoners with low English and mathematics skills levels, and those with special educational needs, received the help they needed. Current strategies had failed to achieve their aim of raising prisoners' participation in reading.**
14. **Leaders had not made sure that workshop instructors used information about prisoners' existing levels to plan sessions which would help them develop valuable employability skills. Too often instructors focused on meeting production targets rather than providing training to prisoners.**
15. **Information-sharing and subsequent planning to support public protection were weak. High-risk prisoners due for release were not discussed at the interdepartmental risk management team meeting and concerns that should have been addressed before release were not adequately managed.**

About HMP Lindholme

Task of the prison/establishment

Category C training prison holding adult male prisoners serving four years and over.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 898

Baseline certified normal capacity: 924

In-use certified normal capacity: 834

Operational capacity: 904

Population of the prison

- 683 new prisoners received in the last 12 months
- 40 foreign national prisoners
- 34% of prisoners from black and minority ethnic backgrounds
- 86 prisoners released into the community in the last 12 months
- 315 prisoners receiving support for substance misuse

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GeoAmey

Prison group/Department

Yorkshire

Prison Group Director

Helen Judge

Brief history

HMP Lindholme is located on the site of a former Royal Air Force base, approximately 10 miles north of Doncaster. It was opened as a prison in 1985 and covers approximately 100 acres of land within the perimeter fence.

Short description of residential units

There are three large, modern, purpose-built wings (G, J and K). In addition, L wing, originally built as temporary accommodation, contains 30 double cells for the incentivised substance-free living unit.

The rest of the accommodation consists of six small, older units (A to F wings), each containing 64 beds on eight spurs. These buildings were part of the original RAF camp and are sited around the main exercise yard. On A to F wings, prisoners have access to their own cells, with a cell key, and to a communal area containing a television and cooking facilities.

Name of governor/director and date in post

Rob Kellett, February 2021 –

Changes of governor since the last inspection

Simon Walters, November 2016 – February 2021

Independent Monitoring Board chair

Antoni Cain

Date of last inspection

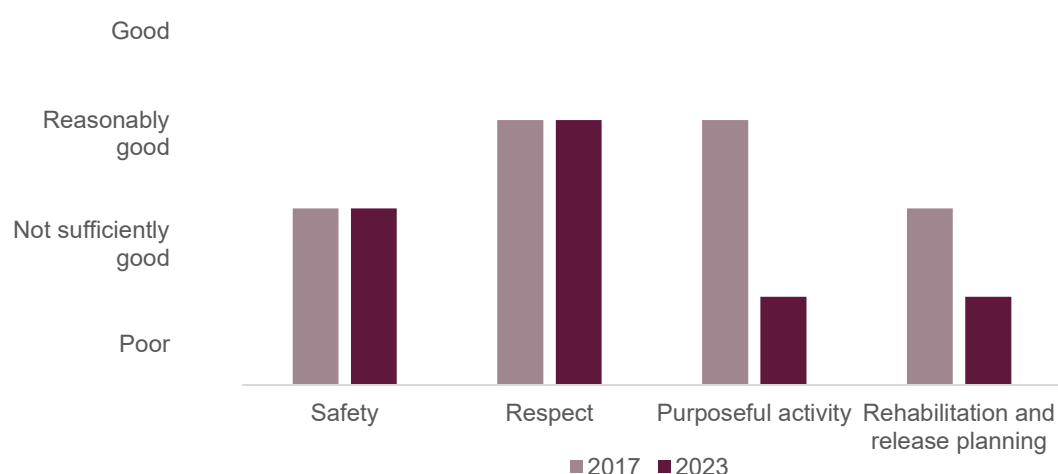
2–6 October 2017

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Lindholme, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - reasonably good for respect
 - poor for purposeful activity
 - poor for rehabilitation and release planning.
- 1.3 We last inspected HMP Lindholme in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Lindholme healthy prison outcomes 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2017 we made 54 recommendations, four of which were about areas of key concern. The prison fully accepted 37 of the recommendations and partially (or subject to resources) accepted nine. It rejected eight of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, one had been partially achieved and two had not been achieved. The recommendation made in the area of purposeful activity had been achieved and the

recommendation made in the area of respect had been partially achieved. However, neither of the recommendations made in safety or 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 October 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made seven recommendations about areas of key concern. At this inspection we found that none of the recommendations had been achieved, four had been partially achieved and three had not been achieved.

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found three examples of notable positive practice during this inspection.
- 1.10 Leaders had carried out a 'bus-to-bed' analysis of arrival and first-night processes and had made appropriate improvements. They were assisted by a prisoner with autism spectrum disorder who identified better practices to support those with neurodivergent needs. (See paragraph 3.1.)
- 1.11 Staff working on the segregation unit received regular monthly group supervision sessions from the psychology team, which had helped some of them to understand the impact of prisoners' previous experiences on current behaviour. (See paragraph 3.24.)
- 1.12 The provision of laptops was appreciated by prisoners and allowed them to select menu choices, order from catalogues and make applications. The digital hub was well designed and an excellent resource for providing information to prisoners and obtaining feedback from them. It was also a means of promoting and celebrating activities involving both prisoners and staff, which encouraged a sense of community in the prison. (See paragraph 4.4.)

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 Leaders took a proactive approach to the many problems faced by the establishment. For example, better systems and oversight had led to improved accountability for use of force, much quicker responses to cell bells and more efficient management of applications. However, not enough progress had been made towards resolving the serious challenges that prevented Lindholme from fulfilling the core functions of a category C training prison. Some of these problems required national HMPPS attention and investment.
- 2.3 The most pressing concern was illicit drug supply. Actions to deal with this longstanding challenge were not sufficiently comprehensive or coordinated. For example, while leaders had worked hard to tackle the significant threat from drones, not enough had been done to increase staff searching or stop diversion of prescription medicines. Given the extent of the drug problem, we were also surprised to find that the prison's bids to install enhanced gate security had not been successful.
- 2.4 National leaders had not adequately addressed systemic weaknesses that hindered prisoners' ability to meet their sentence plan objectives. There was very poor availability of offending behaviour programmes and a lack of progressive transfer opportunities. Despite regional support and hard work by offender management unit (OMU) leaders, there was a critical shortage of staff in the OMU, especially probation officers, which was unlikely to be resolved in the near future.
- 2.5 Leaders made sure that most prisoners had reasonable time out of cell, but the prison was not offering enough meaningful activity and there had been inadequate leadership focus on improving the range, quantity and quality of education, skills and work.
- 2.6 Health care leadership was clear-sighted and collaborative and leaders were starting to make progress in addressing the serious problem of access to health care.
- 2.7 Leaders had successfully encouraged stronger staff engagement with prisoners, who reported much more positively on relationships with staff than at the last full inspection. Leaders had promoted an impressive range of prison community events that allowed prisoners to raise money for charity, increase their fitness and work constructively with staff.

- 2.8 Leaders maintained a high level of communication with staff and prisoners, making particularly good use of laptops to consult prisoners. Most staff responding to our survey thought the prison's priorities were clearly communicated and agreed with them. We found a generally positive staff culture and a good level of commitment to improving the prison. There were still too few operational staff but numbers were increasing, sickness rates were low and staff usually felt supported by their managers.
- 2.9 Too much equipment was broken, including basic items such as washing machines and ovens, and leaders had not done enough to resolve the backlog of repairs. The large wing kitchen areas on the cellular wings were largely empty spaces, which could have been used much more effectively to support prisoners' development of cooking and independent living skills.
- 2.10 Leaders promoted equality and diversity well, but there was weak use of data to help ensure fair treatment. The individual needs of prisoners with protected characteristics were not systematically addressed.
- 2.11 While the prison's self-assessment report identified appropriate priorities and was realistic, planned actions were not always strategic enough.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 The reception environment had been reconfigured and was now spacious, with private interview space and a good range of information on display. Reception staff knew their job well and peer workers gave good practical and personal support to newly arrived prisoners throughout their first 24 hours. Leaders had carried out a 'bus-to-bed' analysis of arrival and first-night processes, with the help of a prisoner with autism spectrum disorder. The prisoner had suggested improvements that could support those with neurodivergent needs and staff had made the changes.



Reception waiting room

- 3.2 Measures had been taken to reduce problems with debt in the early days: basic items were available to purchase on arrival, and an advance of £30 was now available and valued by prisoners. Although many prisoners still did not receive their property from reception promptly enough, there were fewer delays following recent improvements to property handling processes.

- 3.3 Prisoners moved quickly to the first-night accommodation and were well supported there, with regular checks, including during the first night. Conditions were adequate at the time of our inspection, but in our survey a majority of prisoners reported problems such as poor cleanliness of cells and not receiving toiletries and other basic items on their first night.
- 3.4 The induction programme had been improved, with a clear and comprehensive structure and a fixed timetable of events. Specialist inductions such as gym and education skills assessment were carried out promptly and representatives from a wide variety of departments visited each prisoner on the first day. A tracking system ensured that all topics were covered for each individual, including those moved to another wing before all stages of the induction had been completed.

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

- 3.5 The availability of drugs continued to affect a range of safety outcomes. It fuelled violence and debt in the prison and was linked to a high number of self-isolating prisoners. During the previous six months, levels of violence had also correlated approximately with the mandatory drug testing (MDT) positive rate. Using the impressive digital hub (see paragraph 4.4), leaders had completed a prisoner survey with a high response rate (68%), which found that 47% saw drugs as the main cause of violence.
- 3.6 The level of recorded violence was high compared to similar prisons and had been increasing over the last year. During the previous 12 months, there had been 147 prisoner-on-prisoner assaults and 62 prisoner-on-staff assaults, and about 17% of all incidents were serious. Almost all violence (95%) occurred on the cellular wings where we also observed many cases of staff failing to challenge low-level rule breaking, such as vaping or abusive language to other prisoners.
- 3.7 Although a good range of data were considered at monthly safer custody meetings, subsequent actions were not sufficiently well targeted. For example, there was no focus on how to reduce the high levels of violence on the cellular wings. An active group of safer custody peer workers were of limited value as they all lived on the relatively calm spurs.
- 3.8 Most investigations into violence completed by the safer custody team were thorough and detailed and identified the reasons for prisoners' behaviour. However, challenge support and intervention plans (CSIPs, see Glossary) were not consistently focused on individual need and

sometimes included generic targets such as 'refrain from violence'. Regular quality assurance by a safer custody custodial manager was helping to drive improvements and plans were becoming more individualised and relevant.

- 3.9 About 20 prisoners were self-isolating at the time of our inspection, often because of debt or wanting to avoid drugs on the wings. Not enough was done to encourage these prisoners to return to a normal regime. While oversight by wing managers was reasonably good and efforts were made to provide them with a daily regime, some had been self-isolating for more than a year with very little activity or time in the fresh air.
- 3.10 At the time of our inspection, 76 prisoners were on the basic regime on the cellular wings, which was high compared with similar prisons. Most prisoners received timely reviews, but too many targets were basic and generic including 'receive no negative entries' or 'adhere to all prison rules'. There were few opportunities or incentives for them to demonstrate improved behaviour and many remained on this level for long periods. A number of prisoners complained that negative warnings from staff were uploaded onto the prison information system (NOMIS) without them being informed.
- 3.11 The spurred accommodation provided a meaningful incentive for prisoners, who appreciated the relatively open conditions and ability to cook their own food. Men who lived there were unlocked during most of the day with access to good shared cooking facilities. They could use the large outside exercise yard every day.



D wing association room and kitchen

Adjudications

- 3.12 There had been about 2,750 adjudications during the past year, which was high. Most were for possession of illicit items and violence, and an increasing number were for positive MDT results. Some less serious charges, such as using abusive language on an application form, could have been dealt with by other means.
- 3.13 Too many adjudications were adjourned and 58 charges were waiting to be written off because they had timed out. Some were for serious incidents which meant that the prisoners' poor behaviour was not addressed.
- 3.14 In the charges that we reviewed, prisoners were given enough time to prepare for hearings and obtain legal advice. However, charges were not always fully investigated before a judgement was reached and there were inconsistencies in sanctions, depending on which adjudicator led the hearing.

Use of force

- 3.15 Use of force had been increasing, although it was at a similar level to most other category C prisons. There had been 324 incidents during the previous year, 94% of which had been spontaneous and in

response to violence or threatening behaviour towards staff or other prisoners.

- 3.16 Oversight of force was robust and assisted by good use of body-worn cameras. Camera footage was now available for about 80% of incidents. Staff collected cameras with a radio at the start of their shift and managers quickly challenged anybody who did not take a camera. Staff who frequently did not turn their camera on during incidents were also monitored.
- 3.17 Weekly scrutiny meetings were chaired by the deputy governor and incidents involving the use of batons or PAVA (incapacitant spray) were appropriately prioritised. There was also a helpful focus on force used against minority ethnic prisoners in response to their over-representation in national figures. A good range of data were reviewed at monthly committee meetings and lessons learned from the weekly scrutiny meetings were discussed to help develop staff practice.
- 3.18 PAVA and batons were not often drawn or used. During the previous year, batons had been drawn 10 times and used once and PAVA had been drawn on nine occasions and used in five. In the footage that we reviewed, the use of PAVA had been effective in preventing further harm on some occasions. However, in some cases not enough de-escalation was evident and its use in one case to prevent self-harming behaviour did not appear to be necessary or proportionate. Investigations into incidents which involved batons or PAVA were generally good but needed more consideration of whether force was necessary in the first instance.
- 3.19 Other footage usually showed adequate attempts at de-escalation, which were accurately reflected in the records. Paperwork was up to date and quality assured effectively by the safer custody manager.

Segregation

- 3.20 The use of segregation was similar to other category C prisons. During the previous year, there had been 416 instances of segregation, with an average of 12 prisoners on the unit at any one time. Stays were relatively short at about 11 days and 77% of prisoners returned to the wings. Staff engaged well with prisoners on the unit and prisoners spoke positively of the support they received.
- 3.21 Prisoners with mental health conditions spent far too long in unsuitable conditions waiting for transfers to hospital (see paragraph 4.76). One man had been in the unit for more than four months. Staff were in regular contact with the prisoner's family to update them on his well-being and made good efforts to engage him in a daily regime.
- 3.22 Outside exercise yards contained exercise equipment and attractive murals helped to provide a calmer environment. Communal areas were reasonably clean, but cells had stained toilets and were austere. The regime was limited but reliable and prisoners had about one hour out of

cell each day. This included time on the yard, use of the showers and collection of lunch and dinner from the servery.



Segregation exercise yard

- 3.23 Oversight of the unit was reasonable and quality assurance of segregation paperwork was beginning to address some weaknesses in recording. Strip-searching was now only carried out in response to specific intelligence, which was positive.
- 3.24 Staff working on the unit received regular monthly group supervision sessions from the psychology team. Most described this as helpful in recognising the impact of some prisoners' previous experiences on their current behaviour.

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.

- 3.25 Illicit drugs were far too easily available in the prison. About a third of random MDTs were returning positive findings and the rate had remained above 30% during the whole of the previous year. Cannabis and psychoactive substances were the drugs most commonly detected.
- 3.26 In our survey, 52% of prisoners said that it was easy to get illicit drugs, a significantly lower figure than at the last inspection but well above the comparator for category C prisons (30%). It was concerning that 21%

compared to 8% in other prisons said that they had developed a problem with illicit drugs while in the prison, rising to 29% of respondents on the cellular wings, G to L. Similarly, figures for ease of access to alcohol and tobacco were significantly higher than comparators.

- 3.27 The site consisted of buildings spread over a large area with a very long fence line which was vulnerable to airborne delivery of illegal items. Much attention was given to countering the threat of drones which had been successful in terms of finds, but the increasing sophistication of drone technology was outstripping the vigorous attempts to stop them.
- 3.28 There was still no prison-wide, coordinated strategic and tactical approach to countering the drug problem. Statistics from various departments were reviewed at a monthly drug strategy meeting but the evidence was not pulled together to make and carry through a plan nor did the senior management team discuss the strategy regularly. Much effort was made to run the drug recovery unit well (see paragraph 4.81) and manage the drone problem, but there were gaps in the overall approach and action planning was inadequate. The posting of parcels for prisoners into the prison had recently been stopped: alternative arrangements were in place and this was an understandable short-term measure.
- 3.29 Prison surveys showed that far more prisoners said that drugs were brought in by staff than by any other route and some high-profile court cases illustrated the existence of staff corruption. In this context, we were surprised that the approach taken at many similar prisons of enhancing gate security by increasing searches of staff and visitors remained absent at Lindholme despite the bids for funding submitted by prison leaders over recent years. Spontaneous staff searching operations were carried out occasionally, usually up to three times a month, but this was clearly inadequate.
- 3.30 Security work was affected by the redeployment of staff to maintain the regime for the population. This was particularly acute with drug testing where intelligence frequently pointed to a need for suspicion-based testing, but it was rarely carried out because testing staff took most of the month to reach the MDT quota. In June 2023, for example, no suspicion-based tests had taken place and only one had been completed in May.
- 3.31 Intelligence-led cell searching took place more frequently. In June 2023, 121 target searches had yielded 75 finds. Redeployment of dedicated search team officers depended on national and area resources and searching was still not sufficiently consistent given the scale of the problem.
- 3.32 There was a good flow of information into and out of the security department and the regional intelligence hub, and it was handled efficiently. Security work was aided by the fact that staff wore and turned on their body-worn video cameras efficiently (see paragraph

3.16). Organised crime groups were strongly represented in the prison population. There was good collaboration with South Yorkshire Police.

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

- 3.33 Since the last inspection in 2017, there had been five self-inflicted and five natural deaths. A further eight non-natural deaths in the prison were almost all linked to drugs. During the previous three years, the frequency of deaths had reduced: there had been one self-inflicted, one natural and two non-natural deaths in that time (see paragraph 4.46).
- 3.34 A consolidated action plan addressed recommendations made in official investigations of deaths and key messages on emergency response were reinforced to all staff twice a year. Night staff were confident about emergency codes and entry to cells, but some were not aware of the location of vulnerable people on the wing, where to find emergency equipment such as automated external defibrillators, or of the need to wear ligature knives at all times. They did not make sure that prisoners kept cell observation panels unblocked at night and were not adequately supported to do so by managers.
- 3.35 Prisoners at serious risk of self-harm were given thorough consideration at the weekly safety intervention meeting (SIM).
- 3.36 Prisoners we spoke to who were identified as being at risk of self-harm said that they received reasonably good care. Although attendance by health care and other specialist departments at ACCT reviews (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) was rare, they often made a contribution to the assessment. The records made by the case manager were thorough and clearly expressed in all cases that we reviewed. Daily log entries were generally very brief and few meaningful conversations were recorded. The safety team were active in supporting prisoners who were most at risk and in quality assurance of the ACCT process, but their work was hindered by frequent cross-deployment to other duties.
- 3.37 There were 13 Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners), with more to be trained shortly. They spoke highly of the support given by the Samaritans. They were well used on a 24-hour call-out basis but did not have enough staff support in making themselves known and visible around the wings.

Protection of adults at risk (see Glossary)

- 3.38 A link with the Doncaster Safeguarding Adults Board was maintained by a senior manager from HMP Moorland, on behalf of three prisons, including Lindholme. If any specific actions or cases were discussed that concerned Lindholme, a leader from the prison was able to attend. There was no record of recent safeguarding referrals and local staff, including some senior managers, were not sufficiently aware of safeguarding principles and processes for referral.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 In our survey, 72% of prisoners said that most staff treated them with respect, which was similar to comparator prisons and much better than at the last inspection (57%). Many prisoners told us that staff were fair but often unable to resolve problems for them.
- 4.2 We observed positive interactions between staff and prisoners in general, but there were too many cases of staff failing to challenge low-level rule breaking (see paragraph 3.6). In a few cases, staff endorsed prisoners' negative views of other departments, especially the offender management unit (OMU), rather than relaying their concerns, trying to resolve them or challenging them where appropriate.
- 4.3 Key working (see Glossary) was not well established. Despite most prisoners having a named key worker, only about a third of scheduled appointments took place. Records of meetings showed little evidence of staff supporting prisoners' progression goals.
- 4.4 Managers encouraged activities that contributed to positive relationships between prisoners and staff, such as charity fundraising events. The digital hub on prisoners' laptops was well used to celebrate these events and encourage a sense of community. It was also an excellent resource for providing information to prisoners and obtaining feedback from them. Prisoners could put questions directly to the governor and receive an answer, using their laptops.
- 4.5 A range of mentor and representative posts enabled some prisoners to contribute to prison life and support their peers. For example, a prisoner mentor provided new arrivals with an introduction to the prisoner laptops and offered continuing support to those unfamiliar with using computers. Other roles included wing representatives and prisoner information desk orderlies.

Daily life

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

Living conditions

- 4.6 Communal and outside areas were clean and tidy and garden areas were well maintained. The large exercise yards were equipped with exercise and games equipment.



Exercise area

- 4.7 The quality of cell accommodation varied. The older wings were used for standard and enhanced status prisoners. They were divided into spurs, each holding eight prisoners, who were not locked in their cells and could use kitchen and toilet facilities at all times. Kitchens were well equipped, allowing prisoners to prepare their own meals. Cells were in reasonable condition, although many needed repainting. Most communal showers on these wings had been refurbished and were in good condition, although poor ventilation was already leading to some black mould and peeling paint. There was evidence of rat infestations in some buildings.



Refurbished shower



Old shower on D wing

- 4.8 Most prisoners were held in three large cellular wings, mainly in single cells, but 86 had been converted to hold two prisoners. These were cramped and the toilets were inadequately screened. Most cells were reasonably clean, but ventilation was poor because screens were either blocked or painted shut. As a result, temperatures became unacceptably high on hot days, particularly on the upper levels. Access to showers was good. Shower rooms were in reasonably good condition but lacked privacy: glass door panels meant that people in the showers could be seen from the landing. Kitchens on these wings were poorly equipped and underused.



Double cell

- 4.9 The best accommodation was on the smaller L wing, which was used as a drug recovery unit. Here cells were larger and had a toilet and shower. The wing was very clean and in good decorative order.
- 4.10 There were adequate stocks of bedding, clothing and cleaning materials, but too many cells and communal facilities were affected by faults such as leaking pipes and broken washing machines. These persisted for long periods because the response from Amey to requests for repairs was too slow. Cell furniture had improved but much furniture was still in a poor condition.
- 4.11 Many prisoners complained that their families were no longer allowed to send in parcels of clothes (see paragraph 3.28). In response, managers had improved arrangements for catalogue orders and access to stored property (see paragraph 3.2).

Residential services

- 4.12 Only 18% of prisoners who responded to our survey said the food was good and only 22% said they had enough to eat compared with 41% and 37% respectively at other prisons.
- 4.13 The kitchen was clean, but many items of equipment were out of order, including some of the ovens, friers, heated trolleys and freezers. Repairs had been long delayed, affecting both menu choices and the quality of food.
- 4.14 Wing serveries were clean, but some food portions were small and the breakfast packs distributed the day before consumption were meagre. Some food was unappetising because it was prepared a long time

before serving. The kitchen supplied meals for special diets and to meet prisoners' religious and ethical requirements.

- 4.15 Up to 28 prisoners worked in the kitchen and some were able to enrol on catering qualifications. Managers had carried out a survey to seek prisoners' views on changes to the menu, but there was no consultation group for catering. No analysis of the menus had been carried out to make sure that their nutritional content was adequate.
- 4.16 In our survey, 54% of prisoners said the canteen stocked the things they needed compared with 39% at the previous inspection. Some fresh produce was available, although prisoners told us that it was often delivered in poor condition. Canteen prices had increased sharply and were in many cases considerably more expensive than in the community, while prison wages had not increased. This had significantly reduced the amount that prisoners were able to buy.

Prisoner consultation, applications and redress

- 4.17 There was a good range of consultation meetings, including wing forums and focus groups for prisoners with protected characteristics (see Glossary), and a recently established 'culture committee'. Outcomes so far were modest; minutes of some meetings were not produced and action plans were not developed at most meetings. Prisoners were represented on the digital hub editorial board, which developed content for prisoners' laptops.
- 4.18 The number of applications was very high, generally over 7,000 a month. Two-thirds of prisoners responding to our survey said it was easy to make an application, but only 37% said these were dealt with fairly compared with 50% at similar prisons. Managers had introduced good IT systems to monitor response times and their data indicated that these had recently improved. However, not all function heads were checking the quality of the responses sent to prisoners.
- 4.19 The number of complaints was also consistently high at almost 300 a month. Records showed that most were responded to within seven days but delays sometimes occurred because replies were not delivered to the wings quickly. The complaints system was still paper based. The sample of responses that we looked at were polite and generally gave reasons for the decision, but a minority did not fully address the complaint. This was noted by managers who quality checked a high proportion of responses to complaints and provided feedback to the relevant manager.
- 4.20 In our survey, only a quarter of prisoners said their cell bells were answered promptly compared with 35% at comparator prisons. However, managers had recently increased their oversight of response times which had driven improvement. Prison data indicated that response times had improved considerably during the previous month, with nearly 90% of calls responded to within five minutes.

- 4.21 Prisoners could contact legal representatives via their in-cell phones. They could book face-to-face legal visits and consultations by phone and video were also available. The prison library held a reference collection of up-to-date legal texts for prisoners' use.

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

- 4.22 Work on equality had been relaunched at the start of 2023 and a dedicated equality adviser had been appointed. He had overseen the development of a comprehensive three-year equality, diversity and inclusion strategy and action plan.
- 4.23 Quarterly prison equality action team (PEAT) meetings were reasonably well attended and chaired by the governor or deputy governor. Reports considered at the meeting were too basic to allow identification of potential disproportionality. However, good consultation with prisoners about possible unfairness had led to useful targeted data analysis and subsequent spot checks. For example, staff had investigated the allocation of family days and the operation of the incentives scheme, neither of which had shown evidence of unfair treatment. The results of these enquiries had been shared with prisoners on the digital hub, together with a range of relevant equality material, which was positive (see paragraph 4.4).
- 4.24 At the time of the inspection, there were 10 prisoner equality representatives, most of whom had been in the role for several years. They were able to move between different areas of the prison to give prisoners information on equality issues and attend forums. They also attended the PEAT meetings.
- 4.25 During the previous six months, prisoners had submitted 101 discrimination incident report forms (DIRFs). Nearly half had been deemed ineligible for consideration in a screening process, while our own review concluded that many of these were legitimate. DIRFs that were given full consideration were well investigated and subject to reasonably good internal quality assurance. Quality assurance by an external organisation was under negotiation.

Protected characteristics

- 4.26 Senior managers had responsibility for leading work on specific protected characteristics, which included convening consultation forums and helping to organise events. Forums were well facilitated but actions to address concerns were often slow.
- 4.27 Just over a quarter of prisoners were from minority ethnic backgrounds. In our survey, 68% of black and minority ethnic prisoners said that most staff treated them respectfully. The comparable figure at the last inspection was 44%.
- 4.28 Five per cent of prisoners were foreign nationals. Very little was being done to understand their needs and provide or facilitate support. Some foreign prisoners clearly did not understand English well but there was little use of interpretation.
- 4.29 In our survey, 35% of prisoners said that they had a disability. Most were suitably accommodated and receiving appropriate support but much of the provision was informal. Of particular concern was that 'buddies' – prisoners providing support to prisoners with disabilities – had received little guidance on their role and staff supervision of them was limited (see paragraph 4.68).
- 4.30 The quality of personal emergency evacuation plans (PEEPs) for prisoners with disabilities was variable and some did not clearly indicate the specific needs of the prisoner. Not all night staff were aware of which prisoners were subject to PEEPs.
- 4.31 In our survey, 4% of prisoners (about 35 individuals) identified as being gay, bisexual or having another sexual orientation, although prison records only indicated 12. None of these prisoners chose to attend the specific forums provided and no individual support was offered. Leaders had focused on awareness-raising events, such as celebrating Pride, and had provided information on the digital content hub. At the time of the inspection, two trans prisoners were receiving good, individualised support.
- 4.32 At the time of the inspection, 99 prisoners were over the age of 50 and 24 were over 60. Five prisoners had retired and were unlocked all day. An over-50s gym session was available but the dedicated reading and games room for older prisoners that we saw at our last inspection was no longer provided. No prisoners were under 21. Our survey suggested that about 12% were under 25 compared with 20% at our previous inspection. A young adult strategy was being developed but, in the meantime, there was limited provision for younger prisoners.
- 4.33 The managing chaplain convened a monthly meeting of military veterans and there were good links with Care After Combat which provided them with useful information packs.

Faith and religion

- 4.34 At the time of the inspection, about 45% of prisoners described themselves as Christian and 20% Muslim. Provision for most faith groups was adequate, with access to weekly corporate worship. Faith facilities were in a reasonable condition and religious education groups were organised for many faiths. There were some gaps in provision for some of the less common faith groups.
- 4.35 The chaplaincy carried out their statutory duties well, including meeting all new arrivals and visiting those on the segregation units. Chaplains now had access to cell keys.
- 4.36 The chaplaincy attended relevant meetings and contributed to care planning for prisoners being supported through the ACCT process.

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.

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

Strategy, clinical governance and partnerships

- 4.38 Practice Plus Group Health & Rehabilitation Services Limited (PPG) had delivered health care services since September 2017. NHS England (NHSE) also commissioned Time for Teeth to deliver dental services.
- 4.39 NHSE monitored the contract through quarterly performance and contract review meetings and assurance visits. The working relationship with the prison was good and the monthly prison health operational group was a useful forum to discuss performance and to identify and address concerns.
- 4.40 The most recent health needs analysis had been completed in 2019 and an up-to-date analysis was being developed to inform future provision.
- 4.41 The service was well led and supported by a conscientious and skilled staff group who were striving to deliver a good standard of care. A positive culture and good team working among the staff was a particular strength. However, health resources were strained by numerous staff vacancies and the large number of illicit drug use incidents which required a health care response. A high number of

prisoners complained to us about health services, especially waiting times, which were much too long for some services.

- 4.42 Application forms were not readily available on the wings, although this was rectified during the inspection and prisoners could also obtain forms from staff administering medicines.
- 4.43 The organisation of escorts to the health care centre by officers was poor and contributed to high non-attendance rates for some services, wasted clinical time and extended waiting times for patients who needed to be rebooked. Prison managers were committed to addressing this concern, but progress was slow and access still depended too much on the approach taken by individual officers.
- 4.44 Clinical leaders were working hard to improve service delivery and staff felt supported by managerial and clinical supervision. Staff deficits were covered where possible by regular bank staff. Recruitment to vacant posts had been prioritised with some success. Mandatory training was well managed and professional development opportunities were encouraged, with good uptake.
- 4.45 Patient consultation had improved since the last inspection including through a monthly patients' forum and feedback surveys, which influenced service delivery. A clinical audit schedule had been implemented and improvements made as a result.
- 4.46 Incident trends were discussed at governance meetings and lessons learned were shared with staff. The service had identified under-reporting of incidents, which was being addressed. Since the previous inspection, there had been 19 deaths including nine (one of which was after release) from illicit drug use. Reasonable progress had been made with recommendations from the Prisons and Probation Ombudsman death in custody reports, aided by good oversight, but the continuing easy access to illicit drugs remained a concern (see paragraph 3.33).
- 4.47 Clinic rooms were clean and contained regularly serviced and calibrated equipment. Regular infection control audits showed generally good compliance, although some fixtures and fittings were non-compliant. This had been escalated to prison managers for resolution.
- 4.48 Patients with complex needs were reviewed regularly through a strong multidisciplinary approach. Daily handovers were well attended by representatives of all services and provided an effective mechanism for sharing patient information and service updates.
- 4.49 Emergency equipment was well maintained and regularly checked and contained all appropriate items for medical emergencies. Health first responders were trained to immediate life support level.
- 4.50 SystmOne, the electronic clinical record, was used by all health staff. Patient records varied from adequate to comprehensive and were reviewed through audits and staff supervision.

- 4.51 Not all prisoners had access to health care complaint forms. Instead, they sent complaints on a prison form, which lacked confidentiality and occasioned at least a week's delay for a response. Responses that were sent were clear and offered an explanation.

Promoting health and well-being

- 4.52 PPG had a structured programme of health promotion activity linked to national campaigns. The prison had also organised charity runs to promote prisoners' health and well-being.
- 4.53 An enthusiastic health care staff member supported five peer workers. They attended the monthly patient forum, displayed health promotion information on each wing and liaised with their peers about health services.
- 4.54 Telephone interpreting services were available for health appointments, but staff sometimes used other prisoners to interpret, which was inappropriate. Health promotion information could be translated but this was not promoted.
- 4.55 A monthly patient newsletter contained useful information about the service, including waiting times and health promotion initiatives. The newsletter was uploaded on to the prisoners' laptops and paper copies were also distributed.
- 4.56 A range of age-appropriate national screening programmes, such as for bowel cancer, were available. Blood-borne virus screening was offered and a specialist nurse attended regularly to provide support and treatment for patients with hepatitis C. A sexual health specialist nurse also attended the prison and condoms were available.
- 4.57 The team also provided immunisations and vaccinations, NHS health checks and weight management support. Smoking and vaping cessation support was not offered, which was an omission.

Primary care and inpatient services

- 4.58 All new arrivals received an initial health screen by a registered nurse in reception and appropriate referrals to other clinical teams were made. The room in reception was small and did not meet infection prevention and control standards. A proposal to complete this screening in the health care centre instead was being considered. A secondary health screen was completed within the seven-day guidance timeframe of the National Institute for Health and Care Excellence.
- 4.59 A good range of primary health care services were available, including wound care and minor injuries. However, waiting times were too long for several services, including 26 weeks to see a podiatrist and an optician. Data for the most recent month showed non-attendance rates of 28% for the podiatrist, 35% for the optician and 54% for the blood clinic, which were too high. These contributed to the lengthy waits and wasted clinical time.

- 4.60 A GP delivered four sessions a week and a trainee advanced clinical practitioner (TACP) provided some sessions. The waiting time for a routine GP appointment was five weeks which was too long, but urgent need was prioritised. It was not a 24-hour service and officers used the NHS 111 telephone line and 999 for emergencies out of hours. Any interventions out of hours were notified to the health team the following day.
- 4.61 A long-term conditions nurse and the TACP used the NHS England quality and outcomes framework (QOF) effectively to support the identification and monitoring of patients with long-term conditions. They liaised with the GP and community services when needed. The records that we reviewed included evidence-based care plans which had been shared with the patient and were reviewed at appropriate times.
- 4.62 Administrative and clinical oversight of external hospital appointments was effective, with four slots available each day for officer escorts. The hospital cancelled some appointments and patients also declined to attend. However, an increase in emergency appointments took precedence which caused too many routine appointments to be rescheduled, extending the already lengthy waits for some community services.
- 4.63 Prisoners were seen before release, medication was supplied as required and a summary of care was sent to the GP.

Social care

- 4.64 The prison and health provider had established clear processes with Doncaster Council for prisoners who need social care. These were described in an up-to-date memorandum of understanding, but the draft data-sharing agreement had yet to be finalised.
- 4.65 There had been 13 referrals during the previous year including six that had been assessed as having needs that met the threshold for a care and support plan. The service was advertised and prisoners could self-refer.
- 4.66 The council's social worker screened all referrals and completed assessments in a timely manner. An occupational therapist assessed and arranged any additional equipment, which was provided through community services or PPG.
- 4.67 No prisoner was in receipt of a social care package (see Glossary) at the time of our inspection. Under their contract PPG provided domiciliary care when required.
- 4.68 There was a buddy system in place for some prisoners, but it was not managed adequately (see paragraph 4.29). The buddies did not carry out any intimate care.

Mental health care

- 4.69 The integrated mental health team provided a stepped care model, which offered a good variety of interventions based on the clinical needs of the patients.
- 4.70 In our survey, 59% of prisoners said they had a mental health problem but only 23% said they had been helped. The team had a longstanding vacancy for a mental health nurse and was under-resourced and unable to offer as much cover for patients with lower-level needs.
- 4.71 The staff skill mix was good with an experienced clinical lead, a complex case nurse, psychologists, assistant psychologists and three dedicated mental health support workers. Two psychiatrists covered the psychiatry vacancy and provided consistent care and management for patients with acute and enduring mental health conditions.
- 4.72 The referral processes for identifying mental health needs on reception were robust. Urgent referrals were seen within 48 hours and non-urgent within five days. Referrals were triaged daily and prioritised according to clinical need.
- 4.73 An average of 40 referrals were made each month and the team were supporting 179 patients with a good standard of care for those on the case load. A mental health duty worker attended all new ACCT reviews for patients on their case load.
- 4.74 PPG delivered a range of psychological interventions, primarily based on group work. This was supervised by the psychologist, delivered by assistant psychologists and co-facilitated by other team members. During the previous 12 months, six sessions of 'making sense of worries' and four sessions of 'making sense of me' had been delivered and completed by 78 participants.
- 4.75 The team offered individual sessions to support a variety of themes such as crisis management, sleep hygiene, low moods and anxiety. There were plans for more joint working with the substance misuse team.
- 4.76 A small number of complex and often very unwell patients were held at the prison. The mental health team facilitated assessments and transfers to mental health facilities. Only one patient had been transferred in the previous 12 months. At the time of inspection, three had been waiting for transfer under the Mental Health Act for more than 28 days. Concerns were escalated to NHS commissioners about a prisoner held in the segregation unit for over four months (see paragraph 3.21).
- 4.77 The mental health team delivered a range of awareness training and information for new custody staff.

Substance misuse treatment

- 4.78 There was a high need for substance misuse support. The integrated substance misuse team delivered clinical and psychosocial services and worked collaboratively with the prison drug strategy, safety and resettlement teams to encourage recovery and rehabilitation. The team participated in the monthly drug strategy meetings (see paragraph 3.28).
- 4.79 There were three vacancies in the team who had additional drug administration duties and large caseloads. They also received high numbers of referrals of prisoners under the influence of illicit drugs, who were seen promptly to receive advice on harm minimisation. The team was motivated but only able to offer a limited range of interventions.
- 4.80 Patients could self-refer using their laptops and new referrals were seen within five days. At the time of the inspection, the team had a case load of 262 prisoners (29% of the population). In addition, 56 prisoners had been triaged for psychosocial support but had not been allocated to a worker. The head of health care developed an action plan to mitigate potential risk to these prisoners during the inspection.
- 4.81 All new transfers with drug and alcohol problems were referred to the team following reception screening. There was a good range of opiate substitution therapy (OST) which was continued following suitable checks. A non-medical prescriber took one session a week to review and complete prescriptions. Of the 125 patients who were on OST (14% of the population), 94 were on a maintenance dose and 31 were on a reducing regime. Thirteen-week reviews were carried out with the patient's key worker who updated SystemOne to enable the prescriber to review and make prescribing decisions. The prescriber did not see the patient, which was not in line with expected practice, but this was an interim arrangement pending recruitment to the recently vacated non-medical prescriber post.
- 4.82 The incentivised substance-free living wing provided a positive and calm environment for 60 prisoners. Two psychosocial workers were based there and teamwork with officers was good. However, there were no selection criteria or specialised training and supervision for officers.
- 4.83 This was the only area in the prison that offered any substance misuse group work, but there were no high intensity groups. The peer mentors on the wing co-facilitated some group sessions and were positive about their roles. The psychosocial workers supervised the peer mentors. There were no mutual aid meetings such as Narcotics or Alcoholics Anonymous.
- 4.84 Discharge planning included advice on harm reduction and relapse prevention. Appointments were made to continue treatment with community teams. Patients were offered training in naloxone (a drug to reverse the effects of opiate overdose).

Medicines optimisation and pharmacy services

- 4.85 Medicines were dispensed remotely by Well pharmacy as patient-named items. Medicines were stored and transported safely. Temperature sensitive medicines were kept in fridges which were monitored. The overall management of controlled drugs had improved and records were audited regularly.
- 4.86 Prescribing and administration was carried out on SystmOne. Medicines were usually administered twice a day by pharmacy technicians. However, as the pharmacy team was considerably depleted, other services were supporting medicine administration.
- 4.87 The supervision of medicines administration queues by prison officers was inconsistent, which compromised patient confidentiality and created opportunities for diversion of medicines. ID cards were checked and we observed competent medicine administration and a good rapport between staff and patients.
- 4.88 In-possession medication risk assessments were reviewed in a timely manner. Approximately 53% of patients received their medicines in possession and night-time medication was generally issued as daily in possession if needed. There was secure storage for patients in their cells. Spot checks of compliance with in-possession medication were mainly intelligence led and undertaken when staffing levels permitted.
- 4.89 The prescribing of tradeable medicines was well controlled, except for mirtazapine and other medication which required monitoring and oversight. The safer prescribing meeting was useful but sometimes cancelled due to staffing pressures.
- 4.90 At the time of the inspection, there were no pharmacy-led clinics because of staff shortages. Patients who did not attend for medication were appropriately followed up.
- 4.91 A range of emergency medicines was available for patients to access out of hours. Stock reconciliation procedures were good, but discrepancies were not always reported or investigated in a timely manner. Staff had been reminded of the importance of this and reviews and learning had been identified to mitigate similar events in future. Drug and therapeutic meetings were held at a local and regional level.

Dental services and oral health

- 4.92 Time for Teeth delivered six dental sessions and two dental nurse sessions a week. The team provided a full range of NHS treatments including oral hygiene and dental therapy.
- 4.93 Patients who needed urgent care were seen promptly. Waiting times for routine appointments were about seven weeks, although the follow up for treatment was around 38 weeks. The dentist carried out on-site or telephone triage initially to determine the urgency of need.

- 4.94 Patients were given oral health advice during appointments. The dentist prescribed pain relief and antibiotics as required.
- 4.95 The dental suite was clean and well maintained and staff followed appropriate infection control and decontamination processes. The lack of a separate decontamination room caused a delay between seeing each patient, which was not time effective. The provider was responsible for ensuring that clinical equipment was serviced and maintained and routine servicing was scheduled.

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 on the spurred units were locked on the units at night and for short periods during the day but otherwise had good freedom of movement. In the cellular accommodation, our checks showed only 8% of prisoners were locked up during the working day, but only about half of those unlocked were engaged in some form of purposeful activity. For a category C training prison, this was far too low.
- 5.2 Prisoners living in the cellular accommodation had 9.5 hours out of their cells during weekdays if they worked full time and six to seven hours if they worked part time. Unemployed prisoners could be out for three hours and those on the basic level of the incentives scheme had only 1.5 hours out of their cells. According to the regime, prisoners who were self-isolating should have been offered sessions out of their cells in the morning and the afternoon for a total of 1.5 hours. In practice, they were offered one 30-minute session in the early morning (see paragraph 3.9). Most prisoners had three hours out of their cells at weekends and curtailments to the regime happened more frequently.
- 5.3 Exercise yards were bigger than we usually see and had a range of fixed exercise equipment. On the large yard shared by the prisoners on the spurs there was also a basketball hoop and a table tennis table. Those on the spur accommodation could come and go to the yard as they wished, but those in cellular accommodation were usually offered about 45 minutes outside and a further 45-minute session when they could undertake domestic tasks. There was a reasonable range of association equipment for those who stayed inside, such as pool tables and board games.
- 5.4 The library was open during the week but no longer on Sundays as had been the case at our last inspection. Each wing had a specific time slot for attendance, with full-time workers having the option to visit on Friday afternoons when they were not working. The library stock was appropriate for the population, with a good mix of fiction, reference, easy reading and foreign language material. Prisoners were able to order library items via the content hub on their laptops. This was proving popular but reduced the number of prisoners visiting the library to browse.

- 5.5 The librarians had participated in the development of the reading strategy and were attending reviews of its implementation. Literacy was promoted through the work of the Shannon Trust (provides peer-mentored reading plan resources and training to prisoners) mentors based in the library and the Reading Ahead project. Prisoners could improve their literacy while maintaining contact with their families through the popular Storybook Dads scheme (in which prisoners record stories for their children).
- 5.6 PE facilities were excellent, with an indoor sports hall, weights room, a cardiovascular (CV) exercise room and combined CV and weights room. The outdoor sports pitch, which had been damaged when used to locate temporary accommodation units, was not due to be back in use until the end of 2023.
- 5.7 Prisoners' access to PE was limited to two sessions a week because there was a shortage of PE instructors. However, the number of sessions could have been increased by allowing prisoners from different houseblocks to use the facilities at the same time, with appropriate risk assessment. Leaders told us they were planning to increase access imminently to a minimum of three PE sessions a week.

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.

- 5.8 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

- 5.9 Leaders had not realised their ambitious strategic vision for the curriculum. They aimed to remove barriers to learning so that prisoners progressed successfully to other prisons or release and senior managers had increased the use of part-time places to allow more prisoners to participate in one or more activities. However, the prison had only enough spaces to occupy 80% of prisoners full time which was inadequate for a training prison.
- 5.10 Leaders rightly acknowledged that the curriculum was not meeting the needs of the population. The range and availability of the curriculum were not adequate to allow managers to achieve the strategic aim for the prison. Leaders had made good use of local and national prisoner skills data to identify relevant curriculum changes. However, they had been too slow to introduce improvements. Only half the recommendations from the previous inspection, six years ago, had been met. Leaders had yet to establish a good range of employer partnerships to inform curriculum planning and delivery.
- 5.11 Significant gaps in the curriculum were evident. For example, the planned introduction of qualifications in the gardens and the bike shop had been delayed. An appropriate information and communication technology curriculum was not available to allow prisoners to enhance their digital skills. Vocational training in construction did not offer the appropriate curriculum content and levels. Most prisoners were engaged in workshop and work activities, but very few could pursue the range of accredited training wanted by employers. The curriculum was not structured to allow for prisoners to progress through defined and more challenging qualification pathways. Much of the provision was at level 1 or below. The curriculum offer for prisoners with high-level starting points was unsatisfactory.
- 5.12 Leaders had not prioritised specialist support for the many prisoners with identified special educational needs and/or disabilities (SEND). For the relatively small number of prisoners participating in education classes, specialist support was offered. Few prisoners attending workshops and work received the help they required to address their development needs.
- 5.13 Leaders recognised that they needed to engage a higher proportion of prisoners in reading for learning and pleasure. A prison-wide reading strategy had been established that included a recently introduced assessment of prisoners' reading levels. Senior managers had carried out a range of promotional activities to encourage prisoners to practise and enhance their reading skills. For example, managers were developing zones in workshops where prisoners could access suitable reading materials. The benefits of reading were promoted using in-cell laptops and display boards. Education staff had received appropriate specialist training which they used to help prisoners who attended lessons. Trainers and instructors had not engaged in relevant training

but did provide some useful help to a few prisoners so that they became more proficient readers. In addition, the Shannon Trust had 30 trained mentors and helped 19 prisoners to improve their English and six their mathematics skills.

- 5.14 Prisoners received a suitable range of information at induction on the available education, skills and work (ESW) opportunities. Managers ensured that a high proportion of prisoners were allocated to an activity. Sentence plans were rarely used to inform this process. Too often prisoners were placed on activities that did not reflect their career aspirations. Waiting lists existed but were managed appropriately.
- 5.15 Prisoners received detailed and unbiased careers information, advice and guidance (CIAG). Career goals were subject to relevant review and helped prisoners make realistic and informed choices. The few prisoners due for release also received helpful individualised CIAG. Employment hub staff supported these prisoners to understand disclosure rights and responsibilities, complete CVs, undertake job search and participate in interview preparation. The virtual campus (prisoner access to community education, training and employment opportunities online) was not used enough to help prisoners learn or prepare for the future. No prisoners benefited from employment opportunities outside the prison as part of their entitlement to release on temporary licence (ROTL, see Glossary).
- 5.16 Local pay rates did not incentivise participation in all education provision. Pay rates for attending English and mathematics lessons were higher than most others. Rates for other vocational training and educational courses were lower.
- 5.17 Novus delivered education and vocational training in the prison. Managers had planned and synchronised coherent curriculum content to promote prisoners' skills and knowledge development. Most teachers and trainers ensured that prisoners had a good grasp of a topic before introducing new and more challenging concepts. Teachers and trainers used verbal and written feedback effectively to reinforce learning and ensure prisoners knew what actions were needed to improve their work. Learning materials were usually clear and suitably challenging. In a few cases diagnostic assessments were not always undertaken at induction which delayed effective lesson planning. Insufficient cover for staff absence and regime disruptions delayed prisoners' progress and achievement of qualifications.
- 5.18 Prisoners in vocational training sessions experienced good teaching that helped them to produce a high standard of completed work. Trainers set appropriately individualised targets and closely checked their completion. This allowed prisoners to self-monitor their development and adjust accordingly so that they progressed more quickly in their studies. Prisoners were gaining industry relevant knowledge and skills. They improved their mastery of technical language. For example, in the bakery prisoners acquired experience of bulk manufacturing of bread and bakery products. In the training

kitchen and associated café, prisoners practised and demonstrated a good standard of customer care and catering skills.

- 5.19 Workshop instructors' use of prisoners' starting points to plan sessions was not effective. Instructors made little use of the available progress booklets to help prisoners improve their performance. Consequently, prisoners did not know the progress they were making towards improving vital employability skills needed on release.
- 5.20 Workshops were often focused on meeting production targets rather than training prisoners. In a few cases instructors were adept at helping prisoners understand how their skills could be applied to other work settings. For example, sandbag workshop instructors used photographs to demonstrate a production line to improve prisoners' awareness.
- 5.21 Too often prisoners in education classes experienced teaching that failed to inspire and motivate them. Lesson activities did not always challenge prisoners to make sufficient progress in developing their skills. In a few cases teachers allowed lessons to drift, lacked presence and failed to use meaningful or alternative activities to engage prisoners in learning. Consequently, prisoners' progress in achieving learning goals was impeded.
- 5.22 Leaders failed to provide enough places to help prisoners raise their English and mathematics skills levels. Waiting lists for attendance at relevant education lessons were long and too few prisoners had the opportunity to attend English and mathematics lessons. Insufficient structured support was available to address the needs of prisoners attending workshops and work. Most prisoners made no progress in improving their skills and did not achieve qualifications that would be of value in their future lives. For the small proportion who attended and completed courses in English and mathematics, pass rates were high.
- 5.23 In vocational training, prisoners were involved in many beneficial opportunities to develop their competence beyond certification requirements. For example, in barbering, prisoners could practise beard trimming and creating a range of hair cutting styles. Prisoners in painting sessions consolidated their skills by tackling more challenging work such as rag rolling and stencilling.
- 5.24 Prisoners working on the accommodation units were generally gainfully employed. Work tasks were routine and offered no progress to more demanding roles linked to their future employability. Prisoners' development was not planned or recorded. Accommodation unit staff allocated prisoners to work roles. This was not subject to appropriate checks.
- 5.25 The 13 prisoners studying Open University and distance learning courses received effective tutorial help, although this was not available during staff absence. Some prisoners struggled to acquire the internet-based learning resources needed to complete their studies.

- 5.26 Despite recent improvements, attendance at activities remained too low and attendance at education classes was particularly poor. Prisoners not attending activities often displayed preconceived and negative attitudes towards engaging in activities. Punctuality was usually good.
- 5.27 Teachers and instructors made clear to prisoners their expectations regarding behaviour and conduct. Prisoners were respectful and polite to staff and visitors. They adhered to rules such as the ban on vaping in ESW areas. In vocational areas and industries, prisoners took pride in completing tasks and kept their work areas clean and safe.
- 5.28 Teachers and instructors were skilled at building positive and constructive working relationships with prisoners. As a result, many prisoners were engaged and motivated to learn. This was particularly the case in workshops. Prisoners felt protected from bullying, harassment or discrimination when participating in ESW.
- 5.29 Prisoners, including new entrants to the prison, settled quickly into activity tasks and benefited from the calm environment in ESW areas. Where available, mentors provided prisoners with good support such as helping them to understand job roles or drawing them into discussions. Prisoners with long sentences valued the therapeutic benefits of engaging in learning activities, spanning basic arts and crafts to degree level study.
- 5.30 In workshops, prisoners demonstrated a good work ethic. Prisoners willingly accepted responsibility and were trusted to work independently. Some had prepared for lessons by reading course materials or doing homework in their own time.
- 5.31 Prisoners could engage in an adequate range of enrichment activities for enjoyment and learning. For example, prisoners participated in community projects, charity runs and repairing bicycles for the local community. Most prisoners enjoyed using the gym facilities. Other activities were less popular and the overall uptake was low. Prisoners appreciated the importance of healthy lifestyles but told inspectors that the available food did not offer enough healthy options.
- 5.32 Planning of teaching and learning did not consistently include sufficient strategies to help prisoners improve their understanding of topics such as British values and equality and diversity. In the few instances where this did happen, prisoners had good opportunities to improve their knowledge and awareness of British and other cultures.
- 5.33 Leaders had insufficient oversight of the quality of training in workshops and work. Quality assurance arrangements had been slow to deliver rapid improvements. The quality improvement group had recently identified key improvement areas, but it was too early to evaluate the impact of newly introduced initiatives to improve quality.

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 A good family strategy had been in place since the beginning of 2023. The Prison Advice and Care Trust (PACT) was the partner agency for the prison's work with families. Many prisoners were located some distance from their home areas and only 22% in our survey said that they had had a social visit in the previous month. Few prisoners (19%) indicated that staff encouraged them to keep in touch with family and friends.
- 6.2 Social visits had recently increased from five to six afternoons a week. Bookings could be made online or by phone, but the phone had automated information on when to call back which was out of date.
- 6.3 Visits were well organised and prisoners were generally positive about their experience. Visitors were received in a welcoming visitors' centre and taken to a large, bright and well-furnished visits hall. There was a small play area with toys for younger children but no play worker. Staff supervision was discreet.
- 6.4 Prisoners could buy food for themselves and their visitors and it was brought to their table once they arrived in the visits hall. Some hot food was available.
- 6.5 Family days took place each month, usually with specific themes such as superheroes and under the sea. Recent family days had been organised for prisoners with neurodivergent children and those without young children. The family days were extremely popular but only 30 prisoners were randomly selected to attend each one. Some prisoners had not been successful after several attempts and were frustrated that prisoners arriving after them had been selected to attend.
- 6.6 The PACT family engagement worker gave prisoners support to maintain or rebuild contact with their families. Many of their cases were complex and required considerable input. There was much demand for this service and a backlog of prisoners waiting to be assisted.

- 6.7 Video-calling was available in the evenings and there was good take-up of this. The calling suite consisted of seven adjacent terminals, which lacked privacy, and calls were limited to 30 minutes only. Prisoners appreciated being able to use their laptops to stay in contact with their families via email.

Reducing risk, rehabilitation and progression

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

- 6.8 Nearly all (94%) of prisoners were sentenced to more than four years and nearly half were serving more than 10 years or an indeterminate sentence. Almost 20% of the population had been recalled to prison following breach of their licence conditions.
- 6.9 There were substantial staff shortfalls and very high workloads in the offender management unit (OMU). The team was committed, capable and mutually supportive, but only half the probation-trained prison offender managers (POMs) were in post. This had resulted in unmanageable caseloads, which the POMs were appropriately prioritising by working with prisoners at critical points in their sentence, such as parole hearings. There were also vacancies for prison-employed POMs, but these would shortly be up to complement following recruitment. The head of OMU delivery, a senior probation officer, assumed some POM responsibilities, which diverted her from her leadership role. External support had been sought pending the filling of vacancies, but this was intermittent and short term.
- 6.10 Not all prisoners were seen within 14 days of arriving at the prison. Contact levels were inadequate and a very high number complained to us about how this affected their ability to progress through their sentence.
- 6.11 Key work was not delivered consistently (see paragraph 4.3). Some key workers were unfamiliar with prison procedures and sought answers from the OMU, adding to demands on the unit.
- 6.12 The backlog of OASys (offender assessment system) was being addressed by a national support team, but too many prisoners continued to be transferred to Lindholme without a completed initial assessment. In many cases, prisoners still did not have an up-to-date assessment and not all were reviewed after a significant change in circumstances. The quality of most of the OASys that we reviewed was satisfactory, with good examples of thorough, evidence-based and analytical assessments.
- 6.13 When the OASys had not been updated, the sentence plan was also out of date. Some of the prisoners we interviewed were frustrated that they had achieved their existing objectives but, without a new plan,

were unsure what they needed to do to demonstrate their continued progress. In the absence of appropriate interventions at Lindholme (see paragraph 6.26), several sentence plans contained more generic objectives, for example achieving enhanced status. We reviewed some sentence plans that did not make clear how to achieve these goals.

- 6.14 The reducing reoffending needs analysis and strategy were not sufficiently tailored to the population and the monthly reducing reoffending meeting did not include all resettlement pathways. Actions were not always completed in a timely manner.
- 6.15 Very few prisoners were eligible for home detention curfew because of the length of their sentence. Processes were managed efficiently in the cases that we reviewed.

Public protection

- 6.16 Most prisoners were assessed as high or very high risk of harm and all were adequately screened for public protection concerns on arrival at the prison. However, nobody in the prison, including the police intelligence officer (PIO), had access to ViSOR (the Dangerous Persons Database), raising concerns that information about the risk of individual prisoners was not being shared.
- 6.17 High-risk prisoners due for release were not discussed at the interdepartmental risk management team meeting (IDRMT), which meant that concerns could not be planned for or mitigated. Attendance at the IDRMT was poor and did not always include key staff, such as POMs or the PIO. It was not clear if actions highlighted during the meeting were completed. These issues had been raised at our last inspection but there had been no significant improvement. A public protection steering group had been developed in the last year, but this was also poorly attended, with limited contribution from key partners.
- 6.18 We found several cases of prisoners due for release where there was no evidence that the multi-agency public protection arrangements (MAPPA) level had been set. Contributions to MAPPA meetings were of variable quality.
- 6.19 Most risk management plans were comprehensive, but some were not updated to make sure that they were relevant to the current prison or point in the sentence.
- 6.20 The monitoring of mail and phone calls was well managed and we saw sound rationale for intelligence-led monitoring, with no lengthy delays. For the most part, the same staff completed the mail and phone monitoring, which provided consistency and good understanding of the processes. Communication on monitoring between the OMU and security department was good and prisoners were discussed at the relevant meetings.

Categorisation and transfers

- 6.21 Most of the re-categorisation assessments that we reviewed were timely and well founded. Security intelligence was the most common reason for a decision not to progress a prisoner to category D. In some cases, information held by the regional intelligence hub was withheld from the prison, rendering unclear the reason for the re-categorisation decision. This lack of transparency made prisoners confused and frustrated that they were unable to progress on the basis of unproven intelligence.
- 6.22 Prisoners were able to make written contributions to support their re-categorisation case, but they were not provided with enough information, support and advice when they were unsuccessful in achieving category D status. A letter was sent to them with the outcome of their re-categorisation board, but they were not always seen by their POM following a decision, which was unhelpful.
- 6.23 During the previous 12 months, 116 prisoners had been re-categorised to category D and most had been transferred in a timely way. One prisoner was granted release on temporary licence (ROTL) because he was unable to transfer to a suitable category D prison.
- 6.24 National population pressures allowed only a small number of category C prisoners to be transferred to other prisons for progressive or resettlement purposes. As a result, many were prevented from completing accredited programmes (see paragraph 6.26) or moving closer to home to maintain family ties or prepare for release in the last 12 weeks of their sentence (see paragraph 6.32).
- 6.25 At the time of the inspection, 130 prisoners were serving indeterminate sentences, 39 of whom were serving an indeterminate sentence for public protection (IPP). Many were frustrated at the lack of progression in their sentences. More than a third of those serving life sentences had been recalled to prison and half were beyond their tariff. The OMU had developed an IPP strategy to make specific provision for this cohort of prisoners, including peer mentors and forums, but it had not yet been implemented.

Interventions

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

- 6.26 The interventions offered did not meet the needs of the population. The Thinking Skills Programme (TSP), designed to help prisoners develop cognitive skills to manage their risks, was now the only accredited programme being delivered. Only 35 prisoners had completed this course between April 2022 and March 2023, which was very low.
- 6.27 The TSP was at times delivered one to one because there were vacancies in the programmes team. Some prisoners spent long periods

on a waiting list: one prisoner had been waiting almost four years to complete the course. There were missed opportunities to make the most of prisoners' early motivation to address their offending behaviour.

- 6.28 Prisoners were requesting transfers to other establishments to complete high-intensity programmes, but this rarely happened because of population pressures (see paragraph 6.24). Many prisoners would have benefited from the delivery of additional courses at Lindholme.
- 6.29 The Choices and Changes programme for young adults who had been identified as having low psychosocial maturity was no longer available because there were no suitable staff to deliver it. Timewise, a non-accredited programme to help prisoners develop conflict resolution skills, had also ceased since the last inspection. Some prisoners had completed in-cell workbooks, for example on victim awareness, but most felt that these were a poor substitute for group or one-to-one work.
- 6.30 The regional psychology team were completing risk assessments and parole hearing reports and offered support to staff, including in the OMU and segregation unit (see paragraph 3.24). They worked with individual prisoners who were part of the national progression cohort of prisoners serving IPP sentences, but otherwise there was no specific provision for this group of prisoners (see paragraph 6.25).
- 6.31 Provision for prisoners requiring support with finance, benefit or debt had improved since the last inspection and was good. The safer custody team provided in-cell workbooks to support prisoners experiencing these problems. The Growth Company, which offered one-to-one work on a range of finance, benefit and debt needs, was a welcome addition.

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.

- 6.32 Despite Lindholme not being a resettlement prison, there had been 86 releases during the previous 12 months. More than a third of these had been from a different resettlement area (see paragraph 6.24).
- 6.33 Most prisoners were released to accommodation, including supported housing and approved premises. Referrals were made at an appropriate time and communication between the various agencies was good. A new strategic housing specialist had been appointed, providing good support and advice to POMs and community offender managers (COMs) on accommodation.

- 6.34 Handovers between POMs and COMs took place as required. Working relationships between the prison and community were good and individuals being released appeared to be supported.
- 6.35 An employment hub had been developed during the last 12 months and prisoners were benefiting from this. Prisoners due for release told us that staff in the employment hub had helped them with job hunting, getting identification and setting up a bank account.

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

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2017, reception, first night and induction processes were good. Too many prisoners felt unsafe and the number of incidents of violence was relatively high, and often related to drugs and debt. The prison was committed to reducing violence and drug supply but actions had yet to make the prison safer. The support for prisoners who self-isolated was good practice. A failing adjudication system undermined efforts to deal with drug use and violence. Levels of use of force were high, and mostly well governed. Segregation processes had improved and were good. Security arrangements were effective. Drugs, particularly new psychoactive substances, were easily available. Levels of self-harm were high, and often linked to drug use, and care was too variable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

There should be a whole-prison approach to drug supply and demand reduction. A dedicated action plan should be in place and the effectiveness of measures should be monitored constantly.

Not achieved

Recommendations

The timetable for the full induction programme should be clearly displayed.

Achieved

A comprehensive action plan, based on evidence from the monitoring and analysis of violent incidents, should be established, to address the underlying causes and further reduce the high levels of violence.

Not achieved

The incentives and earned privileges scheme should be applied consistently, with timely reviews and a clear focus on incentivising good behaviour, through effective and consultative target setting.

Not achieved

All adjudications should be heard and adjudicators should demonstrate sufficient enquiry before a finding of guilt.

Not achieved

The increase in the number of use of force incidents should be explored, and action taken to reduce it.

Partially achieved

Data relating to segregated prisoners should be monitored and analysed locally, to identify trends and provide better quality assurance.

Achieved

Closed visits should be imposed only for visits-related activity.

Achieved

Mandatory and suspicion drug testing should be adequately resourced to undertake the full range of testing.

Not achieved

Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and care maps should identify objectives to address all issues related to the risk of self-harm.

Partially achieved

The Listener suite should be available 24 hours a day.

Not achieved

Staff should be trained in adult safeguarding, to improve their understanding of their responsibilities and increase their confidence in identifying safeguarding concerns.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2017, prisoners' perceptions of their treatment by staff had deteriorated and were worse than at similar prisons. The prison was clean and well ordered. Living conditions, access to services and the quality of the food provided were reasonably good. Complaints were well managed but applications required improvement. Equality and diversity arrangements had improved, consultation was embedded and the needs of most prisoners with protected characteristics were met. Faith provision was adequate. Support for prisoners with substance misuse issues had improved and was reasonably good. Health services were the subject of considerable prisoner complaint and required improvement in many areas. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

There should be sufficient regular and consistent GP provision to ensure that a full and safe service is provided, and all prisoners should be able to access routine appointments within two weeks.

Partially achieved

Recommendations

The reasons for prisoners' much more negative perceptions of respectful treatment by staff should be explored and action taken to improve this.

Achieved

Electronic case note entries by staff, including personal officers, should be regular and meaningful.

Partially achieved

Cells should have lockable storage and all toilets should have a lid and adequate screening.

Partially achieved

Cell call bells should be answered within five minutes.

Not achieved

Prisoners should be able to access their stored property within 14 days of their application.

Achieved

Breakfast packs should be enhanced and should be distributed on the morning they are to be eaten.

Not achieved

Prisoners should be able to receive their first full shop order within a few days of arrival.

Achieved

Prisoners should be provided with a timely and helpful response to all applications.

Not achieved

Equality monitoring should generate regular reports and cover all protected characteristics, to enable a thorough investigation of issues and address disproportionate access to the regime.

Not achieved

All prisoners with disabilities should have their needs fully addressed, including the provision of care and evacuation plans for those who need them.

Partially achieved

Foreign national prisoners should have access to independent legal advice.

Not achieved

Prisoner buddies and peer representatives should receive adequate supervision, training and support in their role.

Not achieved

Chaplains should be issued with cell keys.

Achieved

Effective and robust governance structures should be implemented, to ensure that all aspects of health delivery meet the needs of prisoners and are safe, and that lessons learned, including from service user feedback, drive improvement.

Achieved

All clinical areas, waiting rooms and facilities should comply with current infection prevention and control standards, and provide a decent environment.

Achieved

Prisoners should be able to raise complaints and concerns through a clear and well understood system, and receive prompt replies that address all issues raised.

Partially achieved

Patients should have timely access to all primary care and secondary health services.

Not achieved

Prisoners with mental health problems should have prompt access to a comprehensive range of one-to-one and group interventions that meet their individual needs and risks.

Achieved

Patients with significant mental health needs should only be cared for on the segregation unit in exceptional circumstances and for the shortest time possible, with regular recorded consideration of alternatives.

Not achieved

Patients requiring transfer to hospital under the Mental Health Act should be assessed promptly and transferred within the current transfer guideline.

Not achieved

Prisoners should have easy access to a range of high-intensity group interventions that meets their needs.

Not achieved

All medicines should be supplied in a timely manner and be administered at clinically appropriate times, in line with current professional standards and guidance.

Partially achieved

Systems to prevent the diversion of prescribed medicines should be robust, including appropriate prescribing, effective officer supervision of medicines administration queues, and regular compliance checks.

Partially achieved

Surfaces in the dental suite should be clear of clutter and there should be an uninterrupted flow from dirty to clean.

Achieved

Purposeful activity

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

At the last inspection in 2017, the amount of time out of cell was reasonable for most prisoners, but too many were locked up during the working day. The regime was predictable and prisoners had good access to impressive library and excellent PE facilities. Ofsted judged that the leadership of education, skills and work was inadequate as health and safety arrangements were weak. A good and expanded range of provision was available but too many prisoners did not attend. The quality of teaching and learning was mostly good. Prisoners were mostly well behaved, made good progress and achieved well. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Managers should be proactive in implementing effective systems for checking and monitoring health and safety in the workshops.

Achieved

Recommendations

All prisoners should arrive promptly and be ready to start work or training activities at the start of sessions.

Achieved

Managers should ensure that consumable materials required for training are supplied in a timely manner, so that learners' progress is not impeded.

Achieved

Prisoners should achieve accreditation for the employability and work skills developed.

Not achieved

Prisoners taking distance learning or Open University courses should have the opportunity to improve their academic writing and thinking skills.

Partially achieved

Teachers of classroom-based courses should develop a greater range of learning resources and methods.

Not achieved

Prison instructors should effectively challenge prisoners' poor attitudes to work.

Achieved

Outcomes for learners on English and mathematics courses at level 1 and vocational courses at level 2 should be improved.

Not achieved

Rehabilitation and release planning

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

At the last inspection in 2017, work with children and families was adequate and further development was imminent. The strategic management of reducing reoffending was weak. The offender assessment system (OASys) assessment backlog had reduced considerably. Offender supervisor contact was poor and there was too little evidence of prisoners being supported to progress, even in high-risk cases. Risk management planning for prisoners due for release required improvement. The demand for offending behaviour programmes outstripped provision. Release planning had improved with the introduction of resettlement support, which was available to all prisoners. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

All prisoners should have regular and meaningful contact with their offender supervisor, to enable effective management of risk (particularly pre-release), promote progression and challenge offending behaviour.

Not achieved

Recommendations

All prisoners arriving at the establishment should have an up-to-date offender assessment system (OASys) assessment and sentence plan.

Not achieved

Prisoners from outside the local area should be able to move to the resettlement prison in their own release area, to access support in preparation for their release.

Not achieved

Additional weekend visits should be provided.

Achieved

The interdepartmental risk management team should provide oversight of high-risk cases due for release, to promote high-quality multi-agency risk management planning.

Not achieved

The quality of recategorisation reviews should be improved, including more comprehensive risk assessments.

Not achieved

The number of accredited offending behaviour programme places provided should be increased, to address the substantial shortfall in need.

Not achieved

Prisoners should be able to set up benefit claims before release, and prisoners should be able to open a conventional bank account.

Achieved

Resettlement staff should follow up on action taken, to ensure that positive outcomes are achieved; promote good risk management planning; and ensure that, alongside the offender supervisor, the offender manager has a clear risk management plan well ahead of the prisoner's release.

Achieved

Recommendations from the scrutiny visit

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

Key worker sessions should resume for all prisoners. Staff should engage positively with each prisoner by checking on their well-being and any concerns or needs, at least weekly, noting the outcome in the prisoner's electronic case record.

Not achieved

There should be investment to bring living conditions on the wings up to an acceptable standard, and make sure that all residential services and facilities are in good working order.

Partially achieved

The prison should address the poor perceptions of black and minority ethnic prisoners and ensure fair and positive treatment. Outcomes and perceptions should be measured and the needs of black and minority ethnic prisoners understood and, where possible, met.

Partially achieved

The prison should work with the health care partnership board to ensure coordinated action to reduce the health care waiting lists, and enable prisoners to attend appointments without delay.

Partially achieved

Time out of cell for prisoners should be increased to enable more purposeful activity and more time in the open air.

Not achieved

All prisoners should have an up-to-date sentence plan in which they are involved. Prison offender managers should engage with prisoners more frequently and discuss the impact of the regime restrictions on their progression. If accredited interventions are not available, alternative support for progression should be detailed and realistic objectives set to meet key dates in a prisoner's sentence.

Not achieved

There should be regular and consistent multidisciplinary attendance at the interdepartmental risk management team meeting, and all high-risk prisoners should be discussed well enough in advance of their release to make sure that all key elements, including multi-agency public protection management levels, are confirmed. Telephone call monitoring should take place promptly.

Partially achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

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

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

<https://www.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:

Charlie Taylor	Chief inspector
Hindpal Singh Bhui	Team leader
Martin Kettle	Inspector
Sally Lester	Inspector
Steve Oliver-Watts	Inspector
Chelsey Pattison	Inspector
Christopher Rush	Inspector
Rebecca Stanbury	Inspector
Helen Downham	Researcher
Grace Edwards	Researcher
Emma King	Researcher
Helen Ranns	Researcher
Maureen Jamieson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Noor Mohammed	Pharmacist
Lynda Day	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Kim Bleasdale	Ofsted inspector
Tony Gallagher	Ofsted inspector
Darryl Jones	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Social care package

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

Special purpose licence ROTL

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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