



Report on an unannounced inspection of

HMP & YOI Sudbury

by HM Chief Inspector of Prisons

24 July – 3 August 2023



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Introduction

HMP Sudbury, located near Ashbourne in Derbyshire, is an open prison holding just over 600 adult men. This was our first full inspection of the prison since 2017, when we reported on a successful institution that was achieving reasonably good outcomes against all four of our healthy prison tests. At this inspection it was pleasing to report that success had been sustained and that there had been further improvements in rehabilitation and release planning outcomes, which we now judged to be good, our highest assessment.

The prison remained overwhelmingly safe. New prisoners received good care and support, and violent incidents were rare. In our survey very few prisoners suggested that they had ever felt unsafe, but a few told us they had been victimised. Although used infrequently, there had been improvements in the way in which force and segregation were managed. Security was generally applied proportionately, but there was evidence to suggest that drug usage was too high. Mandatory testing, for example, indicated a positive rate of about 20%, which was more than at comparable prisons. We were also told of one death of an inmate in recent times, attributed to a drug overdose.

Staff-prisoner relationships were respectful, supported by the use of peer workers and improvements to prisoner consultation arrangements. There had been genuine enthusiasm in the prison's work to promote equality. Data was used to understand disparities and there were few disproportionate outcomes.

Many areas of the prison's buildings and accommodation were old and grubby, despite imaginative initiatives to fund renovations from income gained from contracts with external industries operating in the workshops, and the deployment of skilled prisoner work groups. The grounds, in contrast, were attractive and well maintained.

The prison was a generally active place, which mitigated some of the limits imposed by the accommodation. Nearly all prisoners had an education or work allocation, with many engaged in paid employment in the community, linked to the extensive use of release on temporary licence (ROTL) to support employment and resettlement goals. Support for prisoners to maintain family ties was very good, both in the prison and through ROTL. Partnership working to coordinate offender management and release planning outcomes was excellent.

The success of the prison was consistent with the clarity and visibility of leadership seen at all levels, from the governor down. Work with partners and stakeholders was strong, as was the application of data to support decision making. Leaders were honest in their assessment of the prison's strengths and weaknesses and had a firm grip, leading to a real sense of purpose about the prison and what it could achieve.

Charlie Taylor

HM Chief Inspector of Prisons

September 2023

What needs to improve at HMP & YOI Sudbury

During this inspection, we identified six 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. **A significant quantity of illicit drugs was entering the prison and not enough had been done to reduce supply or demand.**
2. **The fabric of the old residential accommodation was in poor condition and in need of substantial investment.**
3. **Prisoners had poor access to basic amenities on the residential units, including cleaning materials and laundry for clothes and bedding.**
4. **There were too few enrichment activities available to enable prisoners to develop their interests and talents.**
5. **The initial and ongoing careers advice and guidance provided was not sufficiently detailed to enable all prisoners to have the range of information that they needed to make informed choices.**

Key concerns

6. **Public protection screening was not always completed promptly, and the measures to mitigate risks were not always managed well.**

About HMP & YOI Sudbury

Task of the prison/establishment

HMP & YOI Sudbury is a male category D open establishment for young adults and adult male prisoners.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 603

Baseline certified normal capacity: 621

In-use certified normal capacity: 621

Operational capacity: 621

Population of the prison

- 725 new prisoners received from July 2022 to June 2023.
- Eight foreign national prisoners.
- 48% of prisoners from black and minority ethnic backgrounds.
- 36 prisoners released into the community each month.
- 66 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: PeoplePlus

Escort contractor: GeoAmey

Prison group/Department

North Midlands

Prison Group Director

Mark Livingston

Brief history

HMP & YOI Sudbury covers a site stretching over 40 acres. Originally built during the late 1930s as an American Air Force hospital, the site was converted to a prison in 1948 and has been used consistently since then as a resettlement establishment for men aged over 21. In 2015, Sudbury began taking young offenders aged between 18 and 20.

Short description of residential units

The prisoner accommodation currently consists of 18 'dorms', each holding between 10 and 32 prisoners, and 80 'pods' (temporary modular units) with ensuite accommodation, installed in September 2020. There are plans to open two new accommodation blocks, holding 60 prisoners, at the end of 2023.

Name of governor and date in post

Craig Smith, January 2021

Changes of governor since the last inspection

Adrian Turner, April 2014 – January 2021

Independent Monitoring Board chair

Merelyn Lobb

Date of last inspection

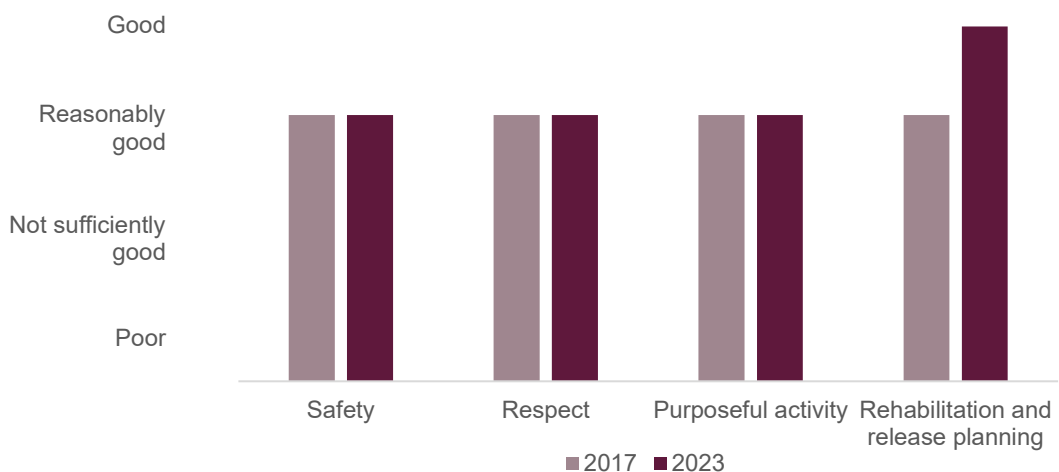
10–28 April 2017

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

Figure 1: HMP & YOI Sudbury prisoner outcomes by healthy prison area, 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4
- At our last inspection, in 2017, we made 46 recommendations, two of which were about areas of key concern. The prison fully accepted 34 of the recommendations and partially (or subject to resources) accepted eight. It rejected four of the recommendations.
- 1.5
- At this inspection, we found that one of our recommendations about areas of key concern had been achieved, and one had not been achieved. The recommendation made in the area of respect had been achieved. However, the recommendation made in the area of rehabilitation and release planning had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In April 2021, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV, we made six recommendations about areas of key concern. At this inspection we found that four of the recommendations had been achieved, one had been partially achieved and one had not been achieved.

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found three examples of notable positive practice during this inspection.
- 1.10 The prison regularly invited former prisoners to give inspirational 'prisoner journey' talks to current prisoners about their positive experience of paid work on release on temporary licence and employment on release. (See paragraph 6.29)
- 1.11 Young adult 'peer ambassadors' had visited two closed prisons to engage with other young adults on how to progress to open conditions, which was encouraging. (See paragraph 4.37)
- 1.12 The 'through-the-gate' hub housed a wide range of internal staff and external partners, providing a drop-in resettlement service for prisoners. (See paragraphs 6.10, 6.30, 6.31 and 6.33)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had given clear direction and visible leadership to the prison, and prioritised developing better relationships between staff and prisoners, leading a shift towards a more positive culture.
- 2.3 Leaders gave an honest and comprehensive assessment of the prison's strengths and weaknesses, and had identified relevant priorities. A number of small-scale studies and a culture assessment had been used well to inform action plans.
- 2.4 Leaders had been innovative in efforts to improve living conditions by using income derived from contracts with external industries operating in prison workshops to fund, for example, the refurbishment of showers and replacement of windows by skilled prisoners. However, much of the residential accommodation remained in need of more substantial investment by HM Prison and Probation Service.
- 2.5 The drug strategy and associated action plan contained sensible targets, but the supply and demand for illicit items remained high. Despite some regional support, there was insufficient resource to achieve many suspicion-led searches or drug tests, and opportunities for more joint working with the police needed to be explored. A recently established incentivised substance-free living unit was also not yet fulfilling its purpose.
- 2.6 Leaders managed a large number of release on temporary licence (ROTL) events effectively, but a comparatively high number of prisoners had been returned to closed conditions. Data were not monitored routinely to understand the reasons for failure in open conditions or understand what individualised support might be offered so that prisoners could remain at the prison. However, management of prisoners in the secure accommodation unit before their return to closed conditions was more proportionate than at the time of our scrutiny visit, and use of ratchet handcuffs, for example, had reduced considerably.
- 2.7 Partnership working through regular stakeholder meetings was strong, and good engagement with external employers resulted in almost a third of prisoners having jobs in the community. Leaders had also effectively coordinated the contribution of resettlement partners co-

located in the 'through-the-gate'/employment hub through a weekly pre-release meeting.

- 2.8 The governor had held the education provider to account and successfully driven improvements in education, skills and work provision, which Ofsted graded as 'Good'. However, leaders had had insufficient focus on the development of enrichment activities, and the sports field was 'out of bounds' to prisoners unless supervised by a PE instructor.
- 2.9 Leaders were focused on facilitating better access to information technology for education and resettlement purposes, and a pilot giving limited internet access to distance learners in the prison through 'Open Borders' was under way.
- 2.10 Leaders used data well in efforts to drive continuous improvement – for example, in the promotion of equality and through the monitoring of complaints. Other areas where scrutiny of data needed to be developed, such as the timeliness of ROTL applications, had been identified.

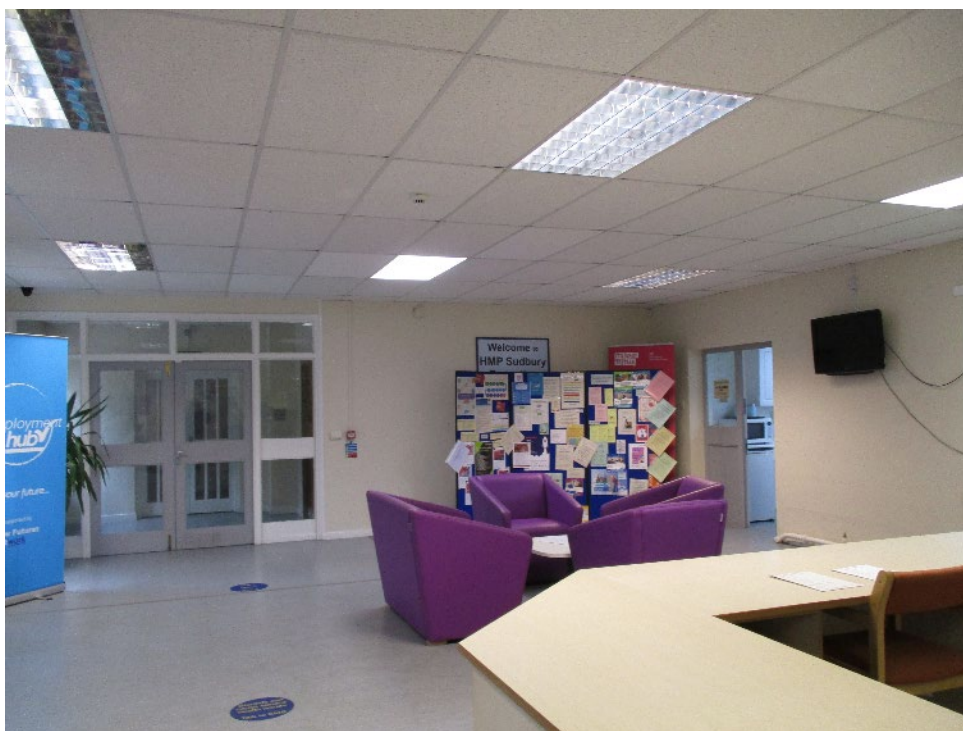
Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The reception area was clean and welcoming, and prisoners were greeted by friendly reception staff and an induction orderly. Useful information was gathered in advance for individuals, to identify known risks and offer support where needed, although first night safety interviews were not always confidential. Property was, however, processed immediately on arrival. In our survey, 80% of respondents to said that they had spent less than two hours in reception on arrival, and 90% that they had been treated well in reception.



Reception

- 3.2 New arrivals were taken to the induction 'dorm' by the induction orderly and given a useful guide about the prison. In our survey, only 46% of respondents said that their room had been clean on their first night. We found poorly prepared rooms with some missing mattresses and rubbish left by the previous occupant.



Poorly prepared first night room

- 3.3 The induction orderly provided good peer support to prisoners during their early days, but officer presence on the unit was rare and most prisoners told us that they had not seen an officer on their first night.
- 3.4 Induction started on the next working day after arrival and was timetabled to be completed in five days. In our survey, 99% of respondents said that they had had an induction, and 67% of these said that it had covered all they needed to know. Prisoners and staff told us that scheduled sessions were not always attended by representatives from the necessary departments, which caused some frustration. However, the prison had made efforts to improve the timetable, based on prisoner feedback questionnaires and in consultation with prison departments.

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 Incidents of violence were rare; levels of reported violence had reduced since the previous inspection and were now similar to the comparator. This was reflected in our survey, where only 4% of respondents said that they currently felt unsafe and fewer than elsewhere said that they had experienced victimisation from their peer group. However, it was

concerning that more respondents than at similar prisons said that they had experienced threats or intimidation by staff.

- 3.6 A wide range of issues was considered at the weekly safety intervention meeting (SIM), which was a useful forum for maintaining oversight of the higher-risk and complex cases. However, leaders did not always identify where additional support such as the challenge, support and intervention plan (CSIP; see Glossary) could be considered for prisoners with vulnerabilities such as drug use or associated debt; both issues had a major impact on the daily lives of many prisoners, who needed additional support to make sure that they remained suitable for open conditions (see also paragraph 3.18).
- 3.7 The freedom provided in open conditions and opportunities for release on temporary licence (ROTL) encouraged most prisoners to behave. There were also other aspects of the local incentives scheme to motivate prisoners, including 'on the spot' rewards for outstanding work. Rewards included access to the coffee shop, additional telephone credit and gym sessions. However, leaders were unable to provide evidence that such awards had been given during the previous year. This was a missed opportunity to encourage positive behaviour.

Adjudications

- 3.8 In the previous 12 months, there had been 805 adjudication hearings, which marked a reduction since the previous inspection. Few charges were currently outstanding and most related to possession of unauthorised articles or failing to comply with licence conditions.
- 3.9 Records of completed adjudications did not always show a sufficient level of enquiry, but leaders and some staff had benefited from procedural justice training to promote fairness. Hearings that we observed were held in a relaxed environment, with appropriate regard for process. Prisoners were given sufficient time to present their case and sanctions were proportionate to the offence committed.
- 3.10 Oversight of adjudications was showing recent signs of improvement. A quarterly standardisation meeting had been incorporated into the segregation monitoring and review group (SMARG), where a range of relevant data was presented (see also paragraph 3.16). However, although appropriate actions were identified, some took too long to implement. Quality assurance of hearings also took place, but it was not clear how findings were used to drive wider improvement.

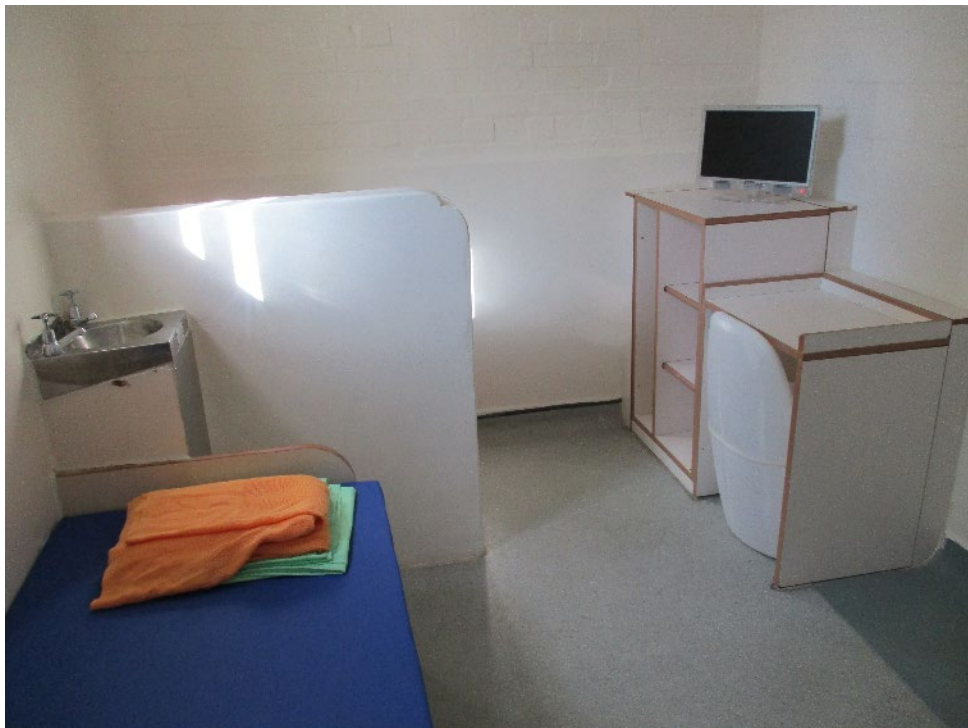
Use of force

- 3.11 Since the previous inspection, leaders had reviewed the use of ratchet handcuffs, and these were now applied only following a risk assessment. This had resulted in a substantial reduction in the number of incidents of force. In almost all cases where handcuffs were applied, this was when returning prisoners to closed conditions and to prevent potential absconds (see also paragraph 3.14).

- 3.12 There was a quarterly oversight meeting, to analyse trends and identify areas for improvement to reduce the use of force further. There was no backlog in the documentation completed by staff following an incident of force, but, too often, statements did not contain sufficient detail to describe individual involvement in the incident or explain why force had been considered necessary.
- 3.13 Over the last few months, the prison had started using an updated body-worn video camera (BWVC) model and leaders now monitored the use of these. There were good examples of staff using BWVCs as a tool to prevent further escalation of incidents. For example, we reviewed several incidents of staff removing unauthorised articles from prisoners where the use of BWVCs had clearly supported the calm management of challenging situations.

Segregation

- 3.14 The segregation unit was referred to as the secure accommodation unit (SAU) and was mainly used to hold prisoners for short periods before returning them to closed conditions. It was positive that compliant prisoners were no longer routinely handcuffed when being moved to segregation (see also paragraph 3.11).
- 3.15 Improvements had been made to the living conditions in the SAU since the last inspection and it was now less austere. The two cells were adequately equipped, and prisoners could access distraction packs, take a shower, and make telephone calls. There was still no designated exercise yard in use for the unit, although this had not been an issue during the previous year because of the relatively short stays there.



Secure accommodation unit

- 3.16 The manager responsible for segregation had made notable improvements to the SMARG (see also paragraph 3.10), by using data to scrutinise how the unit was used. Documentation to authorise segregation demonstrated appropriate authority and staff recorded a good level of interaction with prisoners located there.

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.

- 3.17 Security arrangements were proportionate for an open prison, but there had been 11 absconds in the previous 12 months, which was higher than in most other open prisons. Investigations into each abscond had been completed and leaders were reviewing the local abscond strategy, to address known areas of risk.
- 3.18 Around 240 prisoners had been returned to closed conditions in the previous 12 months, which was higher than in similar prisons. Suitability reviews were held in every case before a prisoner's return, although some reviews were too poorly attended to support a collective finding. In the samples we looked at, decisions were, however, proportionate and were often attributed to continued drug use or access to other illicit items, including mobile phones. However, data to assess those returned to closed conditions were not monitored routinely, to reduce the number failing in open conditions and get a better understanding of what individualised support might be offered so that prisoners could remain at the prison (see also paragraph 3.7).
- 3.19 Over 40% of the population had offences related to drug supply and around a third were connected to organised crime or county lines drug gangs. Despite this, the prison had gone several months without a full-time police intelligence officer on-site and had not fully developed higher-level relationships with partner agencies, to understand what support could be offered to target criminality in the prison.
- 3.20 Security information was analysed promptly and used to produce a monthly tactical assessment. This enabled leaders to understand current risks and threats, which were focused on the trafficking of illicit items and primary supply routes of prisoners returning from ROTL. Despite the good analysis of intelligence and some support from HM Prison and Probation Service regional teams, less than a third of identified cell searches were completed. Leaders attempted to mitigate this risk with a daily triage meeting to identify immediate concerns and direct resource if needed. Where searches were completed, many led to illicit items being found, which suggested that intelligence was good.

- 3.21 The random mandatory drug testing positive rate was 20%, which was higher than at other open prisons, and on two occasions in the previous year this rate had been as high as 30%. The high level of drug use was reflected in our survey, where more prisoners than in similar prisons said that it was easy to get illicit drugs (42% versus 22%). Similarly, more prisoners than elsewhere said that it was easy to access alcohol (29% versus 14%).
- 3.22 Leaders were aware of these concerns and had identified supply reduction as a priority for the prison. The drug strategy meeting took place regularly, with reasonable attendance. The associated action plan contained some sensible targets, although these were not always time bound or allocated to a specific individual to monitor progress and effectiveness.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.23 There had been one non-natural death since our scrutiny visit. The coroner's report had concluded that this had been due to a drug overdose. The number of reported incidents of self-harm was very low, with only four in the last 12 months. None had involved serious injury.
- 3.24 During the previous 12 months, 21 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened, including two that were open during the inspection. The quality of ACCTs was reasonable overall.
- 3.25 There was a good focus at the SIM (see paragraph 3.6) on support for prisoners with low-level vulnerabilities, including those who were scheduled to transfer into the prison. A 'trigger database' had been introduced, which staff could update when they identified significant dates with the potential to affect a prisoner's mood and/or behaviour. These dates were also discussed at the meeting.
- 3.26 Although anti-ligature knives were available in staff offices, frontline staff still did not carry them, which had been a concern raised at the previous inspection.
- 3.27 There were only two Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) available, which was not enough to support the population. The Listener scheme was underdeveloped and only 33% of respondents to our survey said that it was easy to speak to a Listener if they needed to.

Protection of adults at risk (see Glossary)

- 3.28 The prison had a local adult safeguarding policy in place and had maintained links with the Derbyshire Safeguarding Board by attending the quarterly meetings.
- 3.29 The safeguarding lead within the establishment was well known across the prison, and safeguarding training was offered to staff to improve their understanding of how to identify and support prisoners at risk.

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, 85% of respondents said that most staff treated them with respect, which was higher than at the time of both the previous inspection and the scrutiny visit. Furthermore, 77% said that they had a member of staff they could turn to for support.
- 4.2 Throughout the inspection, we observed some good interactions between staff and prisoners, but we mostly saw them sitting in offices, away from prisoners.
- 4.3 A personal officer scheme was in place and prisoners we spoke to were positive about the staff member assigned to them, but the standard of entries in individual electronic case records was inconsistent. Sessions with personal officers were scheduled to take place every month, but this was not always achieved.
- 4.4 There was good use of peer workers to provide additional support and guidance to prisoners in several areas across the prison, including the 'through-the-gate' hub (see also paragraph 6.10) and the 'ComCil' (community council; see also paragraph 4.19).

Daily life

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

Living conditions

- 4.5 The prisoner accommodation comprised 23 units (18 'dorms' plus five rows of temporary modular units), each holding between 10 and 32 prisoners. Construction of two new larger accommodation blocks, each holding 60 prisoners, was under way.
- 4.6 There had been some welcome investment to replace showers, toilets and windows in the dorms, but they still remained in urgent need of replacement or renovation. They were bleak and grubby, with extensive

mould and holes in the ceilings. In our survey, only 46% of respondents said that communal areas were usually very or quite clean, compared with 64% at similar prisons.



Hole in the ceiling of a dorm (above) and mould in a prisoners' room

- 4.7 Most rooms had curtains and lockable storage, and prisoners had a room key. While most were clean, tidy and well equipped, some rooms were also damp and mouldy.

- 4.8 The temporary single living modular units (known as 'pods') provided a much better standard of accommodation, with integrated toilets and showers, and were appreciated by prisoners.



Single occupancy pods

- 4.9 Laundry provision was inadequate. The prisoners in the pods and on the incentivised substance-free living (ISFL) wing had access to their own laundry facilities, which was positive. However, those living on the other dorms could take only one bag of laundry a week to the central laundry. Prisoners told us that this was insufficient for washing bedding and clothing, especially for those employed in paid outside work.
- 4.10 In our survey, fewer respondents than at similar prisoners said that they had enough clean clothes, bed sheets and access to cleaning materials each week. During the inspection, we visited the stores and found shortages of basic items, including clothing, bedding, cleaning equipment, soap and toilet rolls.



Empty shelves in the stores building

- 4.11 The external grounds were well maintained and offered a pleasant environment.



External grounds

Residential services

- 4.12 In our survey, 51% of respondents said that the quality of the food was good or very good, which was similar to the figure in other open prisons. Prisoners could pre-select their meals from a four-week menu cycle and choices were varied and informed by regular consultation. Nutritional content and allergens were clearly labelled, and the kitchen catered well for religious, medical and dietary requirements (see also paragraph 4.44).
- 4.13 Hot and cold options were available for both lunch and evening meals. Some prisoners complained to us about long queues to collect their food from the central servery, which the catering manager was aware of and attempting to rectify. They could eat together in the spacious dining hall, although many chose not to do so, taking their meals back to their rooms.



Communal dining hall

- 4.14 Those who worked outside the prison during the day had the option of taking a sandwich pack out with them, which we do not always see, with an evening meal saved for their return.
- 4.15 The kitchen and servery areas were clean, and food and utensils were stored appropriately. Prisoners working in the main kitchen, visits hall café and the 'Secret Diner' restaurant (situated outside the prison gate, and open to the community) had access to a wide range of training and relevant nationally recognised vocational qualifications.



The 'Secret Diner' restaurant

- 4.16 Self-catering facilities were too limited for an open prison. Several prisoners described better self-catering provision at the closed prisons they had come from.



Self-catering facilities

- 4.17 Despite a wide range of items to choose from, only 47% of respondents to our survey said that the prison shop sold the things they needed, which was far worse than at the time of the previous inspection.
- 4.18 New prisoners could buy items from the 'tuck-shop' on arrival, which was a good initiative to reduce their risk of incurring debt. In our survey, 67% of respondents said that they had had access to the prison shop in their first few days at the prison, compared with 29% at the time of the previous inspection. However, they could wait up to 10 days before receiving their first full shop order.

Prisoner consultation, applications and redress

- 4.19 Meaningful work had taken place to review and improve consultation arrangements, with the introduction of the 'ComCil' (see also paragraph 4.4). Four ComCil peer representatives had been recruited and they organised a series of increasingly popular weekly forums to address specific topics important to prisoners, such as offender management, work, education and residential matters. Meetings were well attended by managers and staff, who responded openly and thoroughly to queries and concerns raised by prisoners. While it was too early to judge the overall effectiveness of these new arrangements, there were early signs of some improved prisoner outcomes.
- 4.20 There had been 571 complaints submitted between April 2022 and March 2023, which was fewer than at similar prisons. Most complaints were about property, some concerning other prisons, or offender management. Complaint responses we reviewed were respectful and clearly addressed the issues raised, but they were not always timely. The prison's data showed that nearly a third of replies were late, despite oversight by staff in the business hub to drive improvements.
- 4.21 Regular analysis to identify and act on patterns and trends was thorough and quality assurance arrangements were good.
- 4.22 Records of prisoners' confidential complaints (submitted directly to the governor) and responses were not retained routinely, and we were unable to confirm that replies were appropriate.
- 4.23 Prisoners were generally positive about the applications process, with 77% of respondents to our survey saying that it was easy to make an application, and 68% that they were usually dealt with fairly. However, applications were not tracked to completion and no quality assurance took place.
- 4.24 Prisoners had access to an array of legal texts and Prison Service Instructions in the library, and a helpful directory had been compiled to help them navigate the specific information they needed. Legal visits could be booked for Tuesday mornings. These took place in individual private rooms, which were also equipped with video-link facilities, and there were enough slots to meet need.



Private legal visits room

Equality, diversity and faith

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

Strategic management

- 4.25 Leaders and managers demonstrated a genuine commitment to understand and improve outcomes for prisoners across all the protected groups. The full-time diversity, inclusion and engagement manager led this area of work with enthusiasm and efforts were developing well.
- 4.26 There were difficulties with recruiting and retaining prisoner equality representatives because of the population turnover and the number of prisoners released on temporary licence, but members of the ComCil (see paragraph 4.19) worked well to support the work of the department.
- 4.27 A meaningful delivery plan set out the prison's vision, priorities and areas for development. The governor chaired quarterly, reasonably well-attended diversity and inclusion action team meetings. Discussions were wide ranging and included detailed scrutiny of data to

identify and act on potential disproportionate outcomes in prisoners' treatment and progression. Good work took place to monitor improvements where disparities had been identified, and to respond to and dispel common misconceptions held by prisoners.

- 4.28 A range of cultural and religious events were celebrated throughout the year. The focus on food at some of these events, to bring the whole prison community together, was valued by prisoners.
- 4.29 Consultative forums with prisoners from most protected groups took place, but they were often sporadic and not always well documented. There were plans to increase the regularity of these with the recent introduction of staff champions to support the named senior management team strand leads.
- 4.30 A total of 28 discrimination incident report forms had been submitted during the previous year. Investigations and responses were well considered and reflected a good understanding of the prisoner's perspective, but they were not timely. Internal quality assurance was adequate, and arrangements for external scrutiny had recently been introduced.

Protected characteristics

- 4.31 Our survey showed very few disproportionate outcomes for prisoners with protected characteristics. These findings reflected conversations we had with many of these prisoners during the inspection.
- 4.32 Nearly half the population identified as black and minority ethnic, including a very small number of foreign nationals and prisoners from a Gypsy, Roma or Traveller background. Some of these prisoners told us that consultation was not regular enough, but many were generally positive about life at the prison and reported mostly fair and equitable treatment. Work to understand and address recommendations from the recent HM Inspectorate of Prisons review on 'The experiences of adult black male prisoners and black prison staff' had recently begun, although it was too early to assess its impact.
- 4.33 Prisoners with disabilities or additional needs were identified quickly on arrival and generally located in West 7 unit. This unit contained some larger, accessible cells to accommodate wheelchairs and aids, and also a communal adapted shower room and toilet which had recently been refurbished.



Communal adapted washroom and toilet facility on West 7 unit

- 4.34 Support for prisoners with disabilities was good and those we spoke to reported positively about the care they received. There were arrangements to identify and address social care needs, and to provide additional aids and reasonable adjustments when needed.
- 4.35 Some prisoners helped those with mobility difficulties to undertake daily tasks. However, as at the previous two inspections, arrangements were informal, and these prisoners were untrained and largely unsupervised (see also paragraph 4.69). This lack of structure and oversight created a potential safeguarding risk. Not all staff knew where to find prisoners' personal emergency evacuation plans.
- 4.36 A new neurodiversity support manager was already having a positive impact by raising the profile of the needs of neurodivergent prisoners across all areas of the prison. She was actively supporting some of these prisoners, including advocating on their behalf with external employers.
- 4.37 Well-considered plans to address the needs of young adults and those who had experienced local authority care were being implemented. A range of tailored in-house workbooks and non-accredited interventions focusing on relevant topics such as 'creating better habits' and 'encouraging qualities in young people' had been developed. Young adult 'peer ambassadors' had visited two closed prisons to engage with other young adults on how to progress to open conditions. Staff from a charity held monthly breakfast meetings with prisoners who had previously been in local authority care, to offer them support and help them to understand their rights and entitlements, and how to access their care records.

- 4.38 There was little provision for older and retired prisoners, other than a designated weekly gym session for the over-50s.
- 4.39 Efforts had been made to promote LGBT History Month, but there were no forums and no links with community organisations to support these prisoners.

Faith and religion

- 4.40 Faith provision was well led by the managing chaplain, and prisoners spoke highly of the chaplaincy and the range of care and pastoral support they received.
- 4.41 There was good access to religious study classes and weekly communal worship, and 91% of respondents to our survey said that they could attend religious services if they wanted to. Most prisoners could access a chaplain of their own faith, with only a few exceptions, notably Rastafarians. However, Rastafarians could spend time in the chapel as an alternative, and good efforts were made to mark significant events in their cultural calendar.
- 4.42 The chapel, which was open from around 8am to 8.30pm, provided a welcoming and comfortable space for worship, private contemplation and gatherings. However, this area was not large enough to accommodate Friday prayers for Muslim prisoners, who accounted for nearly a third of the population. Instead, these took place in a large training room situated at the opposite end of the prison grounds. Building work was under way as part of the prison's expansion project to include a new chapel/multi-faith area which could accommodate larger corporate worship.



The chapel

- 4.43 There was a functional multi-faith room and adjoining ablution facilities, and good access to a range of religious artefacts and a Buddha 'peace garden'.



Multi-faith room



Buddha peace garden

- 4.44 The chaplaincy often consulted prisoners of different faiths, and had excellent links with the kitchen, to cater for religious dietary requirements and cultural events. A visiting volunteer attended the

prison each week to provide counselling for prisoners who had experienced trauma, loss or bereavement.

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.

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

Strategy, clinical governance and partnerships

- 4.46 Practice Plus Group (Health in Justice) Ltd ('PPG') was the lead provider of health care in the prison, supported by several sub-contracted services. A recently refreshed health needs analysis indicated that provision was proportionate to need, but the increasing number of prisoners was putting pressure on the availability of services. Despite these tensions, we found that overall health care services were delivering effective patient support.
- 4.47 The small primary care team and its health partners presented as a close-knit and cohesive group. Leaders demonstrated clear values, shaped by an experienced and committed head of health care, who provided the required direction to deliver responsive clinical services. Relationships with the prison and other stakeholders were positive, with clear mechanisms to deliver clinical accountability and manage risk. The local medicines management arrangements were particularly strong for such a relatively small operation. However, the prison-led local delivery board had met infrequently, although we noted that these arrangements had restarted in the last few months.
- 4.48 There were effective processes for reporting and reviewing incidents and we saw evidence of learning being disseminated and tested as a result. There had been no recent deaths in custody, but systems to respond to, and act on, any recommendations by the Prisons and Probation Ombudsman were embedded in the culture. An annual programme of audit, including of infection prevention standards, was being followed appropriately. Patient consultation was achieved through the ComCil (see paragraph 4.4).
- 4.49 There were few vacancies. The health care team, although sometimes stretched by the increased number of prisoners on-site, was delivering an appropriate range of support. Opportunities for staff training, supervision and professional development were all in place and complied with agreed standards. Although fewer respondents to our survey than elsewhere said that the overall quality of health care was

good or very good (61% versus 84%), we found that contact with patients was timely, professional and caring.

- 4.50 Virtually all primary care services were delivered from the health care centre. Clinical space was very limited, and rooms had to be used flexibly, to maximise capacity. Facilities were clean and mostly complied with infection prevention standards. Medical equipment was appropriate and subject to regular maintenance.
- 4.51 Health services were not available 24 hours a day, but the prison had arrangements to make sure that first-aid-trained officers with access to an automated external defibrillator were always on-site. All registered nurses were trained to immediate life support standards and had access to appropriate equipment that was checked regularly, although the bag housing this was exceptionally heavy and could have benefited from being transported on a wheeled trolley or similar device.
- 4.52 There were few health complaints, but we saw evidence of these being considered face-to-face in the first instance and escalated if appropriate, which was a positive approach to gain resolution.

Promoting health and well-being

- 4.53 In the absence of a formal strategy, the health provider and prison worked well together to promote prisoners' health and well-being. Health promotion information was displayed in the health care centre and linked to national campaigns, and there were good links with the gym. However, promotional material around the prison was limited.
- 4.54 Professional telephone interpreting services were available to facilitate health appointments when needed, and health information was available in languages other than English on request.
- 4.55 A prisoner 'health champion' offered daily wing-based drop-in clinics and healthy lifestyle sessions three times a week. This individual and the primary care team offered weight checks, blood pressure measurement and healthy living advice, in regard to diet and exercise, which was extremely popular with prisoners.
- 4.56 Blood-borne virus screening was offered routinely during reception, and vaccinations and NHS health checks were well managed, with weekly audits to make sure that all eligible prisoners had been offered their vaccinations.
- 4.57 An appropriate range of prevention screening programmes was offered, including bowel cancer and abdominal aortic aneurysm screening. Regular audits were carried out, to make sure that newly arrived prisoners were offered screenings within the recommended timeframes. Smoking cessation was offered to prisoners who had been smoking for 12 weeks or longer.
- 4.58 Condoms were available on request and offered on release, including release on temporary licence (ROTL), but this was not advertised to

prisoners. Sexual health services were good, with no waiting lists for testing or treatment at the time of the inspection.

Primary care and inpatient services

- 4.59 All new arrivals received an initial health screen by a registered nurse in reception, with appropriate referrals made to other clinical teams. Some prisoners arrived too late in the day to be seen, but health care staff stayed late to accommodate new arrivals where possible or saw them the following morning. Secondary health screening was completed within prisoners' first week at the prison.
- 4.60 A wide range of primary health care services were available and waiting times were reasonable. Patients were able to see a GP for a routine appointment within three weeks and urgent referrals were prioritised, with daily embargoed appointments. Out of hours, prison staff contacted the 111 telephone line for advice if needed. A health care manager was also available on-call.
- 4.61 Health care appointments were made via paper applications which prisoners posted in a box in the health care centre. Applications were triaged by the nursing team, to make sure that clinical need was prioritised appropriately. Nurse triage clinics took place daily.
- 4.62 Non-attendance rates were high because of prisoners declining appointments or being at work. These rates were monitored and discussions were ongoing to consider additional late-night clinics for some services, to accommodate prisoners working outside the prison.
- 4.63 Patients with long-term conditions were well managed by an experienced primary care lead. They were identified on arrival and added to registers. Long-term condition clinics were scheduled throughout the week and records demonstrated timely reviews, with detailed and personalised care plans, which also demonstrated patient involvement in planning their care.
- 4.64 The administration team managed the scheduling of external hospital appointments. Some prisoners were permitted to attend without an escort, and for others the prison facilitated two slots each morning and two each afternoon during the working week, which provided adequate capacity. Staff had good relationships with hospitals and oversight of waiting times, some of which were longer than expected because of hospital backlogs.
- 4.65 Pre-release arrangements were coordinated through daily discharge clinics. On release, prisoners were reviewed by a nurse, and received a summary of their care and 28 days' supply of any prescribed medication. They also received harm minimisation and sexual health advice.

Social care

- 4.66 There was a signed memorandum of understanding between the prison and Derbyshire County Council (DCC) which was due for review in 2023. There was good partnership working and information sharing between DCC, health care staff and the prison, and collaborative working to make sure that prisoners' needs were met. However, governance and oversight of the provision needed to be strengthened.
- 4.67 DCC was the provider of social care via an external domiciliary care agency and one prisoner was in receipt of a social care package (see Glossary). Health care staff made most of the referrals and told us that assessments were carried out in a timely manner, but there was no formal tracking of referrals, which needed to be addressed. There was also no information to advise prisoners how they could self-refer.
- 4.68 The one prisoner in receipt of care was happy with the support he was receiving but did not have sight of his care plan, which was poor. The visiting social worker was addressing this.
- 4.69 Peer support orderlies were available to support prisoners with lower-level needs. There was some oversight of their role by DCC, but no formal training or supervision by the prison, which posed a potential safeguarding risk.
- 4.70 Required equipment was in place, although, as a result of technical constraints within the prison, no personal alarms were available to prisoners if they needed to summon assistance in an emergency. However, officers provided a personal radio to enable the prisoner in receipt of a care package to call for assistance.
- 4.71 There was evidence of good partnership working to support patients leaving the prison who needed ongoing care.

Mental health care

- 4.72 PPG provided mental health services and staff were available between 8.30am and 5pm, from Monday to Saturday. The team of 2.5 full-time-equivalent mental health nurses delivered a skilled and flexible service. Managers provided out-of-hours advice and support, and there were good working relationships with the prison. Mental health awareness training for officers had restarted.
- 4.73 The recent increase in the population had placed pressure on the team, with more complex referrals received. However, staff delivered a responsive service and many patients we spoke to were complimentary about the support they had been given. There was an open referral system and new referrals were screened daily by a mental health nurse. Urgent requests were assessed within 48 hours, and routine cases within five working days. A weekly meeting discussed new referrals and allocated them according to need. A referral tracker was kept, which made sure that prisoners were seen in a timely manner.

- 4.74 A total of 82 referrals had been received in the previous three months, leading to a current caseload of 16 patients, including five supported under the care programme approach, a framework designed to assess and support individuals with a mental illness.
- 4.75 The consultant psychiatrist visited every two weeks and the team prioritised those who needed to be seen, based on clinical need. Wait times were not monitored routinely, but this was being addressed.
- 4.76 The primary health care team carried out physical health checks on patients on antipsychotic medication. Clinical records were good, with comprehensive notes and care plans demonstrating patient involvement.
- 4.77 At the time of the inspection, there was limited psychology provision to offer low-intensity support to prisoners; this was a significant gap in the service, although PPG was actively trying to recruit appropriately skilled staff. The mental health team, jointly with the substance misuse service team, provided a weekly coffee morning 'drop-in' for prisoners, and a counselling service was available via the chaplaincy. A newly appointed neurodiversity support manager in the prison supported prisoners with attention-deficit hyperactivity disorder and autism.
- 4.78 No patients had needed transfer to hospital under the Mental Health Act in the previous 12 months.

Substance misuse treatment

- 4.79 Overall, good support was provided for prisoners needing support with substance misuse problems. Inclusion (part of the Midlands Partnership NHS Foundation Trust) provided psychosocial support for around 68 prisoners, in collaboration with PPG, which delivered clinical treatment for 11 prisoners. Effective partnerships with health providers and prison staff included engagement in delivering the prison drug strategy and support for the ISFL.
- 4.80 All prisoners were seen during their induction, to explain how to access services and provide harm minimisation advice. The cohesive Inclusion team was fully staffed and offered an appropriate range of group and individual support, which included acupuncture and a newly developed module, reflecting a flexible approach geared towards maintaining recovery. This included the ability to drop in to the team's base, to obtain informal advice and peer support. Care plans were personalised and demonstrated regular and constructive contacts with Inclusion practitioners.
- 4.81 A trained peer mentor worked closely with the team and supported many of their functions, including the organised groups. There had been some difficulty in establishing mutual aid sessions such as Alcoholics Anonymous and Narcotics Anonymous as most prisoners were out during the day on ROTL or engaged in other legitimate activities, and also because of the availability of sponsors, but the team was looking to arrange evening and weekend sessions.

- 4.82 Most prisoners on opiate substitution treatment were receiving maintenance support reflecting pre-established long-term needs. This was generally appropriate, but there was no current in-house specialist clinician. Clinical reviews had therefore been undertaken by an external specialist, with the head of health care assuring us that any necessary changes in treatment could be accommodated. However, the absence of a local and regular clinical specialist to oversee treatment potentially limited rehabilitative options and carried some risk, and this needed to be addressed.
- 4.83 The recently opened ISFL was being supported by the Inclusion team through additional therapy sessions and other support. However, the unit itself did not have a clear sense of direction and was not offering any tangible incentives or tailored activities, which limited its potential.
- 4.84 Support for prisoners preparing for release was reasonable, given that the situation was complicated by the need to liaise with the many different areas that prisoners were returning to. Advice on avoiding overdose post-release, including training and a supply of naloxone (a drug to counter the effects of opiate overdose), was provided routinely where appropriate.

Medicines optimisation and pharmacy services

- 4.85 Medicines were supplied by SigCare, which provided supplies in a timely and reliable manner. The small on-site PPG pharmacy team delivered a robust level of service which was extremely well organised and supported patients' treatment needs well. The service was led by a pharmacy technician, who saw patients on request but did not provide any dedicated clinics. All medicines were delivered securely and were stored safely in the treatment room in the health care department.
- 4.86 Most standard medicines were prescribed in-possession (IP) in individually labelled packs. This approach was appropriate and reflected the prison's function. These medicine rounds included controlled drugs, and an additional session at lunchtime could be established if needed. Opiate substitution treatment took place as part of the morning administration round. Administration was undertaken by the nurses and pharmacy staff, and was well supervised by prison officers.
- 4.87 Prescribing and administration were completed effectively on SystmOne (the electronic clinical record). Apart from mirtazapine (an antidepressant with sedative properties), few tradeable medicines were prescribed, and these were all monitored closely through an effective local medicines management group as part of the governance arrangements. IP risk assessments were reviewed at reception and the pharmacy team undertook regular intelligence-based room checks. All prisoners had lockable storage facilities in their rooms (see also paragraph 4.7). A wide and appropriate range of 'over-the-counter' medicines was available, with several patient group directions (which enable nurses to supply and administer prescription-only medicine) providing for one-off treatments and vaccinations.

- 4.88 There was limited on-site support from a SigCare pharmacist, although routine visits were due to restart.

Dental services and oral health

- 4.89 Time for Teeth provided a wide range of community-equivalent dental services, including oral health promotion. A dental nurse triaged all applications to see the dentist when on-site each week, and any applications in their absence were reviewed by the nursing team, to make sure that anyone in pain or with a suspected infection received prompt treatment while waiting to see the dentist.
- 4.90 The routine waiting time to see a dentist was around 16 weeks for new applications and slightly less for ongoing treatment appointments. Waiting lists were managed by the dental team, to make sure that patients were prioritised appropriately. Embargoed slots were available during each clinic, to facilitate any urgent appointments.
- 4.91 The dental suite was well equipped, with a decontamination area. The suite was clean and there were robust governance arrangements for the daily monitoring and auditing of the practice. Patient feedback collated by the team was positive.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 Prisoners were never locked in their rooms. Prisoners could leave the units from 7.30am to 8.30pm and those on-site had to return for three roll checks during the day. Those working off-site were permitted to leave earlier or later as necessary. In the evenings, prisoners could socialise on their units until around midnight. Most were engaged purposefully during the working day and had relatively free access to the extensive grounds.
- 5.2 However, many prisoners complained to us of boredom in the evenings and at weekends. Access to enrichment activities was very limited, and prisoners were not allowed to use the sports fields unsupervised. There was no recreational space on the residential units, but a snooker room was open in the evenings and at weekends.
- 5.3 The well-stocked library provided a good service, and was open six days a week, including two evenings. In our survey, 88% of respondents said that they were able to visit at least once a week, which was better than at the time of the previous inspection. A wide range of materials was available, and prisoners could access computers to complete education assignments.



Library

- 5.4 The library offered a range of activities, including social events, such as book groups and a board game night once a week. Support from the Shannon Trust (see Glossary) was available, but take-up was low (see also paragraph 5.18).
- 5.5 The gym timetable gave prisoners the opportunity to take part in PE activities and attend up to seven sessions per week. However, in our survey, only 47% of respondents said that they were able to go to the gym or play sports twice a week or more, which was worse than the comparator. Prisoners told us that they were frustrated with having access to only two weights sessions a week, which were routinely cut short.
- 5.6 Outdoor gym equipment was well used by prisoners, but the sports field was only used for local league football games and the outdoor chess and boules area was neglected.



Chess and boules area



Outdoor gym equipment

- 5.7 There were no PE courses available, but gym staff offered good support and dedicated sessions to prisoners who needed help with remedial exercise, in collaboration with the health care team.

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: Good

Quality of education: Good

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Good

- 5.9 The governor, leaders and managers had high expectations for all prisoners, including those with learning difficulties and disabilities. Leaders and managers had implemented a clear and ambitious vision and strategy for the education, skills and work curriculum, to prepare most prisoners for their return to the community on release. Prisoners developed the range of skills that they needed to use in employment on release. Most prisoners understood the importance of teamwork, being punctual and being considerate to colleagues. They took great pride in their work and wanted to do it to the best of their abilities. In work, wing workers learned vital cleaning skills, such as how to use disinfectants and cleaning equipment safely.

- 5.10 Leaders and managers provided enough activity places across education, workshops, prison and commercial work, and release on

temporary licence (ROTL) placements for the prison cohort. Most prisoners were allocated to full-time and part-time education places and full-time skills and workplaces. Almost a third of prisoners attended ROTL placements. They were paid the same enhanced, standard or basic pay, irrespective of whether they were undertaking education, industries or work activities.

- 5.11 Most tutors and instructors presented information clearly to prisoners, enabling them to understand key concepts. Tutors and instructors used effective questioning techniques to check prisoners' understanding of topics. They provided useful feedback that helped prisoners to improve their work. For example, in English, when composing formal letters, tutors suggested improving the format by adding an address and salutation, which prisoners completed correctly. Most prisoners knew and remembered more over time because of the education, skills and work they attended. However, in mathematics and carpentry, leaders and managers had identified weaknesses in the quality of education. In mathematics, every prisoner received the same learning at the same time, irrespective of their starting points. Consequently, they made slow progress.
- 5.12 The prison education framework (PEF) provider, PeoplePlus, had put in place a successful curriculum that met the needs of the population. Most prisoners benefited from a well-planned and well-taught curriculum that was sequenced in a logical way. For example, in vocational areas such as bricklaying, prisoners learned about rolling and spreading mortar before they built a single straight wall. They then moved on to building a wall with a corner return before building a garden wall. Most prisoners developed a range of useful knowledge and skills to help them in the next stages of their learning or employment. Leaders and managers used the weaknesses identified in observations of teaching and learning to plan and implement training such as embedding interactive teaching and learning. They put in place appropriate support for staff who were underperforming, to improve their practice.
- 5.13 Tutors and instructors supported prisoners with learning difficulties and disabilities well. In English, prisoners used reading pens (see Glossary) to help them to understand the meaning of words, while they built their confidence in using a dictionary. This helped them to extend their vocabulary and produce more interesting pieces of writing. In painting and decorating, support mentors helped prisoners to remain on task while identifying primary and secondary colours. They demonstrated how to use appropriate cutting techniques, which prisoners then practised. As a result, those with learning difficulties and disabilities were able to make good progress on their courses.
- 5.14 Most tutors and instructors had relevant qualifications and experience or were working towards appropriate qualifications. They benefited from recent training – for example, in health and safety, mental health and confidentiality. Tutors attended training to improve their teaching practice. Instructors in catering updated their industrial knowledge while attending food fairs.

- 5.15 Prisoners benefited from calm, structured and purposeful learning environments in which most of them were motivated to succeed. In workshops and in work, they worked diligently and safely. They used hand tools such as screwdrivers and electric drills correctly, and kept their work areas tidy and free from hazards. Those who were studying on Open University (OU) and distance learning courses had good access to the virtual campus (see Glossary) during the day and in the evening to support their studies. In addition to this, around 10% of prisoners had access to 'Open Borders', a restricted, controlled internet platform, which they used well to undertake OU research tasks and additional distance learning qualifications. Most prisoners attended their education, skills and work sessions. They arrived on time, ready to work and learn.
- 5.16 Leaders and managers used the extensive ROTL programme very well to support the development of prisoners' confidence and vocational skills. Most of the prisoners on ROTL were in paid employment. They felt supported by the prison and their employers to succeed in demanding, high-quality work environments. Some gained qualifications in forklift truck driving while working in warehousing jobs.
- 5.17 Leaders and managers had in place robust quality assurance arrangements. They accurately identified the strengths and weaknesses in the quality of education across the prison. Senior leaders challenged managers successfully to improve the weaknesses in education, work and skills activities. They held managers to account for the quality of education by the PEF provider, including the improvements in the quality of teaching and learning. Most prisoners achieved their qualifications. Leaders and managers had successfully resolved most of the recommendations from the previous inspection. They had plans to enable prisoners to take relevant qualifications in carpentry, market gardens and the spray shop.
- 5.18 Leaders and managers had put in place a strategy to improve reading across the prison. They had effectively embedded their approach to supporting prisoners who had particularly low-level reading skills. Education staff assessed prisoners' reading levels and referred them to the Shannon Trust or an essential skills course if needed. Prisoners supported by Shannon Trust mentors were proud of the progress that they had made. They were able to read letters from family and friends independently. Other activities that prisoners took part in were 'Share a Story' and the Reading Ahead challenge (see Glossary). In education classes, tutors encouraged prisoners to read for pleasure. Prisoners enjoyed attending the library as part of the dedicated slot in education lessons. They appreciated how reading had helped them to extend their vocabulary and improve their spelling. Although the reading strategy had been rolled out across the prison, leaders recognised that it needed further development to encourage all prisoners to have a love of reading.
- 5.19 Leaders and managers had developed an inclusive environment that provided prisoners with a safe place in which to work and learn. Prisoners demonstrated values of tolerance and respect in their daily

activities. They were considerate towards their peers, colleagues, staff and the general public. They respected each other's faiths and beliefs, and were proud of the trusted positions that they had earned in prison work and in ROTL.

- 5.20 Prisoners who attended domestic cookery classes developed culturally relevant, nutritional, low-cost cooking skills. Leaders had recently appointed a manager to develop personal development programmes for specific groups of prisoners, including young adults, care leavers, foreign nationals and lifers. However, they had not put in place a suitable plan to provide a range of enrichment activities that encouraged all prisoners to develop and discover their interests and talents, and they recognised this.
- 5.21 Prisoners benefited from a comprehensive pre-release programme. Staff provided support for CV writing, job applications and a weekly job club. Prisoners used the virtual campus extensively to search for jobs. Of the prisoners released over the previous three months, 40% had secured employment. However, initial and ongoing careers advice and guidance required improvement. Staff did not provide sufficiently detailed initial information, advice and guidance to prisoners during the prison or education induction. They did not effectively promote the useful pathways model that leaders and managers had developed. The induction programme was not routinely sequenced logically. A few prisoners completed a career learning plan before attending the education induction. Consequently, not all prisoners had the range of information that they needed to make informed choices. Leaders' plans to improve this aspect included the imminent recruitment of an additional information, advice and guidance officer.

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 There was a wide range of creative opportunities to help prisoners to build and maintain contact with their families, and there was good use of day and overnight release on temporary licence (ROTL) to support family ties.
- 6.2 The prison and the family services provider, the Prison Advice and Care Trust (PACT), jointly ran a programme of themed family days throughout the year. Prisoners were actively involved in organising these events, which were thoughtfully planned and very popular. Nearly twice as many of these five-hour sessions were available than at the time of the previous inspection, and all prisoners could apply, regardless of their level on the incentives scheme.
- 6.3 The monthly Saturday morning 'kids club' offered prisoners the opportunity to have breakfast with their children and engage in different interactive musical activities organised by 'Make Some Noise', a local charity that used music to empower children. Weekly homework clubs took place via video-link, and the library continued to support initiatives such as 'Storybook Dads' (in which prisoners record stories for their children) and 'Share a Story' (see also paragraph 5.18).
- 6.4 The PACT family engagement worker undertook valuable casework with individual prisoners, to support them with matters such as child contact court proceedings and social services assessments. A wide range of structured interventions was also delivered, covering subjects such as parenting skills, relationships, coping with change and preparing to go home.
- 6.5 The visitors' waiting room was small, but functional. It included a supply of toys and books donated by families. Refreshments and toilets were available at the prison-run 'Secret Diner' restaurant, situated close to the waiting room and often used by visitors (see also paragraph 4.15).



Visitors waiting room

- 6.6 The visits hall provided a comfortable and relaxed environment and included access to a pleasant outdoor area, used on family days. Oversight of visits was not intrusive. Young children could use the small play area and visitors could buy hot and cold food and refreshments from a prisoner-run café.



Visits hall

- 6.7 Social visits took place four afternoons a week, including at weekends. There were enough visits slots to meet demand, but they only lasted one hour, which was half as long as before the pandemic. Staff told us that there were plans to extend each session to two hours, but it was unclear when this would happen.
- 6.8 Some families travelling long distances struggled to book extended visits through the prison visits website. The visits booking telephone line, which families could call to ask for help, was only answered reliably two days a week.
- 6.9 Despite not having access to in-cell telephones, 95% of respondents to our survey said that they were able to use a telephone everyday if they had credit. The 'email-a-prisoner' scheme and secure video calls (see Glossary) were available, but take-up was relatively low.

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.

- 6.10 Work to reduce reoffending was impressive, and supported by a range of internal staff and external partners. Many of these resources worked from the 'through-the-gate' (TTG) hub in the prison, which enabled effective information sharing about the prisoners being supported.
- 6.11 The head of reducing reoffending had improved this joint working further by producing a clear strategy based on a recent assessment of the needs of the population. A well-attended monthly reducing reoffending meeting was informed by an improving use of data about outcomes for prisoners and led to relevant actions being taken.
- 6.12 A weekly pre-release meeting for partners had been introduced recently to avoid duplication and make sure that everything possible had been done to meet prisoner need. The head of reducing reoffending had, for example, identified that this meeting had missed a small number of prisoners who had been released early on home detention curfew and was taking action to address this.
- 6.13 The use of ROTL to support resettlement, especially for maintaining family ties and accessing work in the community, was managed effectively. In our survey, far more respondents than at similar establishments said that they had accessed ROTL (76% versus 61%).
- 6.14 Some prisoners told us that they were frustrated by the wait to access ROTL, when others who had arrived at the prison at a similar time were already benefiting from this. In the cases we looked at, the delays were often due to waits for a response from partners in the community, to complete safety checks. The prison did not monitor the timeliness of this process systematically, to identify cases that were not progressing

expeditiously and, if necessary, escalate this with partnership managers in the community.

- 6.15 The prison had taken action to manage expectations about ROTL, which included sending information to the establishments from which most of the prisoners were transferred. Information about the ROTL process was also included in the induction booklets given to prisoners on arrival, and on posters throughout the prison.
- 6.16 All new arrivals were also contacted within the first 10 days by their prison offender manager (POM), to help them settle into open conditions, explain the role of the offender management unit (OMU) and discuss potential future progress through the remainder of their sentence. Contact between prisoners and their POM then varied according to their level of need and risk. Many prisoners were not available during the working week because of their commitments on ROTL, but POMs prioritised contact to make sure that time-bound tasks such as ROTL applications and handovers from the POM to the community offender manager (COM) were managed efficiently. Many prisoners we spoke to said that they had received excellent support from the OMU.
- 6.17 Most prisoners arrived with an offender assessment system (OASys) assessment detailing their risk and suitability for open conditions, which had been completed at their previous establishment. However, public protection screening highlighted that some of these assessments had failed to identify historical risks that still needed to be addressed. As a consequence, in the previous three months, the senior probation officer had increased the risk of serious harm assessment for more than 10 prisoners from medium to high (see also paragraph 6.19).
- 6.18 In most cases, the OASys assessment was reviewed within two months of arrival and was available to inform the decision to allow a prisoner to access ROTL. These assessments also included a sentence plan with targets for progression, which always included the use of ROTL. In our survey, 94% of respondents said that they understood what they needed to do to meet their targets.

Public protection

- 6.19 The initial screening of newly arrived prisoners for public protection risks was thorough and had resulted in discovering several risks that had not been identified in the closed estate, such as historical domestic abuse, and, in one case, a restraining order issued shortly before transfer to the establishment (see also paragraph 6.17). The screening was not, however, always done promptly, which meant that mitigations, such as the monitoring of communications, might have been delayed.
- 6.20 Some staff involved in monitoring mail and booking social visits were not using the most up-to-date list of the prisoners subject to such restrictions. At the time of the inspection, there were only four prisoners subject to telephone monitoring, and this was up to date.

- 6.21 All ROTL applicants were subject to a thorough initial risk assessment before temporary release, and appropriate conditions were attached to the licence to manage any residual risk. The ROTL approval was monitored routinely and reviewed regularly, with appropriate action taken to address any identified changes in risk – for example, suspension of ROTL.
- 6.22 The monthly interdepartmental risk management team (IRMT) meeting reviewed information about the risks associated with newly arrived prisoners and those subject to telephone monitoring. The senior probation officer had recently introduced a weekly meeting to discuss prisoners who had been identified as posing a potential risk to children and those subject to child contact restrictions.
- 6.23 The IRMT listed those prisoners eligible for management under multi-agency public protection arrangements (MAPPA). However, the MAPPA management level for several whose release was imminent had not yet been confirmed by the COM, and there was little evidence that the meeting was used to escalate such omissions systematically with probation managers in the community.
- 6.24 The IRMT did not routinely consider the risk management arrangements for the release of all prisoners who posed a risk to others on release, including many with a history of domestic violence and those with restraining orders.
- 6.25 In the cases we reviewed, risk management in preparation for release was generally well managed by the COM. The handover of responsibility for managing the case from the POM to the COM was usually supported by a thorough discussion about risk. In many cases, the prisoner also met the COM regularly while on ROTL, to develop their relationship before release.

Categorisation and transfers

- 6.26 In the previous 12 months, about 60 prisoners a month had transferred to the prison, having been assessed as suitable for open conditions at the sending establishment. The proportion of prisoners returned to closed conditions from the establishment was greater than from other open prisons (see also paragraph 3.18). In the cases we looked at, these decisions had been appropriate and some prisoners who might have been returned to closed prisons had been allowed to stay, with additional support. However, some of these reviews had very little detail and the prison did not monitor or analyse these cases systematically to reduce the number who failed in open conditions in the future.

Interventions

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

- 6.27 Prisoners arriving in open conditions should have completed any required offending behaviour work previously, so, appropriately, the establishment did not offer any offending behaviour courses. However, a few prisoners completed structured individual work with their POM to reinforce learning from earlier completions. Regional psychology services provided one-to-one support for a small number of indeterminate-sentenced prisoners who had experienced difficulty in progressing their sentence through the parole process. The prison had identified the need for structured individual work with prisoners with low maturity levels using the Choices and Changes workbooks, but these had not yet been widely used.
- 6.28 Support for prisoners to secure employment on release was impressive. In June 2023, almost 30% of the population was accessing paid work in the community, which was one of the highest rates in the open estate. The prison had developed relationships with a range of employers offering meaningful employment opportunities (see also paragraph 5.10) and even more prisoners were due to start paid work in the weeks after the inspection.
- 6.29 Each month, a former prisoner attended the prison to share their experience of paid work on ROTL and employment on release with new arrivals. These 'prisoner journey' talks were innovative and well received by prisoners. In March, the speaker had worked on ROTL as a forklift truck driver for a well-known national health and beauty retailer and pharmacy. He had kept this job on release, was subsequently promoted, and was now the manager of his department.
- 6.30 An employment centre had recently opened in the TTG hub, advertising employment opportunities for release. Prisoners could call in at any time, without having to make an appointment, and speak to one of the many resettlement partners, including the prison employment lead who managed the hub. The employment centre opening times had recently been extended to include the weekend, enabling those engaged in paid work during the week to visit and browse the vacancies.
- 6.31 Prisoners could also attend a weekly 'job club', run by the Department for Work and Pensions job coach at a library in the community, and access the internet to search for employment. The job coach was available in the TTG hub and provided support with benefits advice, CVs and writing letters to disclose the individual's criminal record to prospective employers. Prisoners also had support to open bank accounts and obtain identity documents.

- 6.32 Formal advice about personal finances and budgeting was not as well developed, other than for a very small number who had attended a one-day money management course.
- 6.33 There was good support to help prisoners find accommodation and we saw some examples of committed efforts by POMs and staff in the TTG hub to secure an address for release. In the previous year, almost all prisoners had had an address to go to when they left the establishment.

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.

- 6.34 There were about 36 releases to the community every month, with about 60% of these to the Midlands area. The remainder were released to areas throughout England and Wales, including 18 prisoners who at the time of the inspection would be returning to London.
- 6.35 In the previous year, about 10% of all arrivals had had less than three months to serve, which had limited the opportunities for release planning.
- 6.36 The pre-release team met all low- and medium-risk prisoners on reception, to assess their resettlement needs. The pre-release team saw all prisoners again 12 weeks before release, to review their resettlement needs and develop a plan for their return to the community. The quality of the plans we saw was generally good.

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, few men were given accurate information about what to expect when they arrived at Sudbury, but support during their early days at the prison was generally good. The level of violence was low and most men felt safe, although more needed to be done to address bullying and provide victims with support. Care for the small number of men vulnerable to self-harm was good. Formal safeguarding arrangements needed further development. Security focused on the challenges faced, particularly drugs and mobile phones. Disciplinary processes were used appropriately to manage more serious poor behaviour and decisions to move men back to closed conditions were considered. Arrangements for men with substance misuse issues were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners who are not fluent in English should receive an appropriate induction. Professional interpretation should be used for all confidential interactions with these prisoners.

Achieved

Processes should be developed to ensure the well-being of new prisoners is properly assessed and their safety on their first night assured.

Achieved

Safer custody processes should ensure incidents of bullying and low-level antisocial behaviour are investigated and men who are struggling to cope in open conditions identified. Action should be taken against perpetrators, and support provided to victims of bullying.

Achieved

All discipline staff should have immediate access to anti-ligature knives.

Not achieved

Listeners should be available at night and throughout the working day.

Achieved

Prisoners should only be strip-searched on the basis of intelligence or a specific suspicion. Authorisation should be recorded, along with an outline of the reasons for the search.

Achieved

Intelligence-led drug tests and room searches should be completed promptly and within the required timeframes.

Not achieved

Adjudication data should be monitored routinely and cover all protected characteristics to ensure emerging trends are identified and acted on if necessary.

Achieved

Prisoners segregated for longer periods should be offered daily exercise in the open air.

Not achieved

Segregation paperwork should be completed accurately and in full. It should justify in detail why segregation is necessary.

Not achieved

Managers should record and analyse data on the use of the segregation unit, including the reasons why men are segregated and how long they are held there.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, Sudbury provided men with opportunities to have some control over their lives, which could contribute to their rehabilitation. Outside areas were pleasant and rooms were reasonable, but some residential areas were shabby. We observed generally respectful interactions, but many men complained about a lack of support. More monitoring and consultation was needed so that the concerns of some with protected characteristics could be understood. Faith provision was good. Complaints were well managed. Legal services support was reasonable. Health care was generally good overall. Catering was reasonable and canteen provision good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The prison should ensure that staff provide prisoners with appropriate and regular support to help them adjust to open conditions and work towards their resettlement back in the community.

Achieved

Recommendations

Prisoners should be able to store valuables and medication securely.

Achieved

All showers and toilets should be clean and in a good state of repair.

Achieved

Men from all protected characteristic groups should be consulted and data should be monitored systematically and used to inform a meaningful action plan.

Achieved

The purpose of and allocation criteria for West 7 unit should be clarified. Peer support for men with disabilities should be formally implemented and appropriately supervised.

Not achieved

Prisoners should be able to raise complaints and concerns through a clear and well understood system.

Achieved

Prison staff should have easy access to regularly checked and well-maintained automated external defibrillators.

Achieved

Prisoners should receive all primary care services within community-equivalent waiting times.

Achieved

Controlled drugs should be stored and recorded in accordance with current guidance and legislation.

Achieved

Nurses should be able to administer a clinically appropriate range of over-the-counter medicines without a prescription.

Achieved

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

Not achieved

Prison staff should have regular mental health awareness training.

Achieved

Prisoners should have timely access to a community-equivalent range of mental health services, including psychological interventions and counselling.

Not achieved

Prisoners should be able to self-cater.

Partially achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell and the range of extra-curricular activities offered was very good. Ofsted considered learning, skills and work activities to have improved since the last inspection and rated them good overall. Partnership working was strong; it enhanced the provision within the prison and externally and there were good opportunities for ROTL. The approach to career progression was promising but needed to be embedded. Teaching and learning was generally good. Achievements were high in most areas but needed to be better in English and maths. The library was excellent and the gym reasonable overall. Outcomes for prisoners were reasonably against this healthy prison test.

Recommendations

Recreational gym should be scheduled so that it does not disrupt the core working day.

Not achieved

ROTL and vocational courses should be offered to help prisoners develop their employability in PE-related areas of work.

Not achieved

The Offenders' Learning and Skills Service (OLASS) and prison provision should be subject to appropriate quality assurance arrangements.

Achieved

Prisoners' understanding of career progression routes should be improved and tailored to support the men's successful resettlement.

Not achieved

Prisoners with short sentences left to serve should be provided with relevant education and accredited training.

Achieved

Prisoners should be able to gain accredited vocational qualifications in all work activities.

Not achieved

Peer mentors should have appropriate support and supervision and be drawn from a wide range of previous career backgrounds.

Achieved

All prisoners' learning should be appropriately planned and monitored, and where relevant, the employment skills they develop should be recognised and recorded.

Achieved

Resettlement

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

At the last inspection, in 2017, the strategic approach to resettlement had improved, and there was an appropriate focus on rehabilitation. A significant proportion of the men sent to the prison had insufficient time left to take advantage of the full benefits on offer. Offender management arrangements had improved considerably. ROTL was reasonably well managed. Public protection arrangements had improved, but more focus on the pre-release phase was needed. Resettlement services were reasonably well developed. Some aspects of the children and families work were particularly effective. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Men being transferred to open conditions should have enough time left to serve in custody to enable them to benefit from ROTL.

Not achieved

Recommendations

The decision to move a prisoner to open conditions should be based on a current OASys risk and needs assessment document. The OASys risk management document and sentence plan should be reviewed following a prisoner's arrival in open conditions to reflect the change in their circumstances.

Achieved

The IRMT should provide regular oversight of high risk cases in the last few months of the prisoner's custodial sentence and the CRC should be invited to attend meetings.

Not achieved

MAPPA management levels should be confirmed before a prisoner starts unsupervised ROTL, particularly for overnight releases, and well enough ahead of their final release to ensure comprehensive plans are developed.

Not achieved

The ROTL board meeting should involve the offender supervisor and the prisoner so that the plan for at least his first unsupervised ROTL experience can be explored to ensure the chair of the board is satisfied that all risks have been considered and appropriately managed.

Achieved

Formal re-categorisation should only take place following an evidence-based decision to return a man to closed conditions indefinitely.

Achieved

Prisoners being assessed for HDC should have their resettlement needs reviewed prior to their release and action should be taken to address outstanding issues.

Achieved

The prison should exploit in full the potential offered by the virtual campus.

Achieved

Where practical, the prison should accredit the work skills achieved by men undertaking ROTL.

Achieved

Men who require it should have access to training on naloxone and be given a supply on release.

Achieved

The waiting arrangements for visitors should be improved.

Achieved

Access to offending behaviour work should be reviewed and appropriate action taken to ensure all prisoners' needs are addressed while they are in open conditions.

Achieved

Support for victims of domestic violence or those involved as sex workers in the community should be reviewed and more proactive help provided.

Achieved

Recommendations from the scrutiny visit

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

The prison should record incidents of violence and use of force accurately and make sure this information is used to support improvements in safety.

Achieved

Ratchet handcuffs should only be used on the basis of an individual risk assessment.

Achieved

The prison should develop staff-prisoner relationships so that they underpin its rehabilitative purpose. Rules and policy should be applied fairly, with transparency and in a way that promotes trust and confidence among prisoners and encourages them to engage with their rehabilitation.

Achieved

There should be substantial investment in the fabric of the living accommodation in Sudbury to enable the prison to maintain a decent standard of accommodation.

Partially achieved

All prisoners should have regular and meaningful support to help them progress through their sentence.

Achieved

There should be appropriate mail monitoring arrangements to safeguard public protection.

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

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

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

<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison->

expectations/). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Jade Richards	Inspector
Natalie Heeks	Inspector
Ian Dickens	Inspector
David Owens	Inspector
Liz Calderbank	Inspector
Steve Eley	Lead health and social care inspector
Dee Angwin	Health and social care inspector
Dayni Johnson	Care Quality Commission inspector
Alison Cameron-Brandwood	Ofsted inspector
Jemma Skinner	Ofsted inspector
Kim Bleasdale	Ofsted inspector
Joanne Stork	Ofsted inspector
Allan Shaw	Ofsted inspector
Alexander Scragg	Researcher
Sam Moses	Researcher
Emma King	Researcher
Grace Edwards	Researcher

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Leader

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Reading Ahead

Literacy scheme where prisoners pick six books to read and review them in a personal reading diary.

Reading pens

Electronic devices that scan the printed text on the page and read it aloud via earphones.

Secure video calls

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

Shannon Trust

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

Social care package

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

Time out of cell

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

Virtual campus

Internet access for prisoners to community education, training and employment opportunities.

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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