



Report on an unannounced inspection of

## **HMP Huntercombe**

by HM Chief Inspector of Prisons

14–24 August 2023



# Contents

Introduction.....	3
What needs to improve at HMP Huntercombe .....	5
About HMP Huntercombe .....	7
Section 1 Summary of key findings.....	9
Section 2 Leadership.....	11
Section 3 Safety .....	13
Section 4 Respect.....	22
Section 5 Purposeful activity.....	35
Section 6 Rehabilitation and release planning.....	42
Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports .....	49
Appendix I About our inspections and reports .....	55
Appendix II Glossary .....	58
Appendix III Further resources .....	60

## Introduction

Huntercombe, in Oxfordshire is a category C prison that held 468 foreign national prisoners at the time of our inspection.

When we last inspected in 2017, apart from in our rehabilitation and release planning test, where we awarded our lowest score, the prison was doing well. At our scrutiny visit during the pandemic in 2020, Huntercombe continued to be one of the best performing prisons in the country.

At this inspection we found a safe and respectful prison where prisoners who were often dealing with an uncertain future due to their immigration status were well looked after.

The prison was led by an excellent governor who was very visible around the jail, had high expectations of his staff and prisoners and encouraged innovation from his team. For example, the impressive 'Stoic' programme that had been developed by the PE department aimed to support prisoners to understand themselves better and learn to make more considered choices in the future.

Leaders had created a new resettlement team which had much improved the support for prisoners leaving the jail, particularly those who were being deported. This work was often undermined because of chaotic and tardy Home Office processes, with long backlogs and decisions about deportation often left to the last minute. Although there was a team of Home Office staff in the jail, who worked hard to engage with prisoners, long backlogs in central decision making meant that prisoners continued to be left anxious and confused.

There remained some gaps in public protection and phone monitoring was not effective for some high-risk prisoners. Recategorisation decisions were a big source of frustration for prisoners, who were often unable to get moved to category D jails because of their immigration status; this was despite current figures that showed that nearly 60% remained in the UK after release. Rather than risk-assess individual prisoners, there often seemed a default refusal to grant Huntercombe prisoners category D status.

While levels of violence remained low, there had been an increase in recent months, and not enough had yet been done to understand the causes. There had also been some spikes in the ingress of drugs which was a concern. The prison was routinely overusing strip searching, which was often invasive and unnecessary, particularly as there was a body-scanner in place.

The impending loss of a psychologist risked inadequate support for those vulnerable prisoners who had been victims of torture or modern slavery, although in general health services were good with some innovative practice. My team and I were surprised by how often prisoners were negative about their treatment by some staff. Although there were many excellent officers at Huntercombe, some were not engaged or supportive to prisoners, with many sitting in offices rather than out on the wing. There was a need for more staff

training, particularly in understanding the experiences and needs of foreign national prisoners, some of whom had, in the past, been victims of torture.

There was not enough education or training provision for the population, with most prisoners only in part-time work. Even with the opening of new provision, such as the Clink restaurant, there would still not be enough spaces for all prisoners to be involved in full time activity. This was unacceptable in a category C prison. Staffing vacancies and sickness meant that classes were often cancelled, and astonishingly senior education staff rarely bothered to cover the lessons of absent colleagues. The overall service from the education provider was poor and, inexplicably, lesson observations by education managers had not taken place for more a year.

Huntercombe continues to be one of the best prisons in the country with some very effective practice led by a strong senior team. I expect progress to continue if the education provider radically improves and if a small minority of officers become more professional and engaged with their role.

**Charlie Taylor**

HM Chief Inspector of Prisons

October 2023

# What needs to improve at HMP Huntercombe

During this inspection we identified 14 key concerns, of which four 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. **Delayed Home Office decision-making resulted in many prisoners being held beyond their earliest removal or release dates. The delays caused frustration and distress, and hindered release planning.**
2. **We received numerous reports of unhelpful staff who did not understand prisoners' concerns as foreign nationals. Wing managers did not sufficiently address dismissive staff attitudes, and staff training in the needs of foreign national prisoners was inadequate.**
3. **There were not enough full-time activity places for the population and staff shortages meant they were not used fully.**
4. **Most recategorisation decisions were based solely on Home Office interest rather than a full consideration of individual risk factors.**  
This meant prisoners were wrongly prevented from going to open conditions regardless of the progress they had made.

## Key concerns

5. **Reception processes were slow and not sufficiently well managed, which meant that some prisoners waited for long periods in holding rooms or in vehicles.**
6. **Data were not being used effectively enough to determine the specific causes of violence.**
7. **The basic level of the incentives scheme was used too punitively.**  
Prisoners were often placed on that level for 28 days without any meaningful review, and some remained on the basic regime even when related adjudication charges had been dismissed.
8. **Staff usually failed to use body-worn video cameras during incidents.**

9. **Despite the small number of prisoners in the segregation unit, the regime was limited and inconsistent, and paperwork was not always completed in full.**
10. **Routine strip-searching alongside the use of a body scanner was excessive and unnecessary.**
11. **Recent price rises in the shop had sharply reduced the number of items that prisoners could buy.**
12. **Psychological provision was too limited for a population that was disproportionately likely to have had traumatic experiences as a result of torture and modern slavery.**
13. **Prisoners did not benefit from a suitable curriculum to meet their needs, nor could they access effective careers information, advice and guidance.**
14. **Phone call monitoring for public protection reasons was not consistent or sufficiently robust.**

# About HMP Huntercombe

## **Task of the prison/establishment**

Category C men's prison for foreign national offenders.

## **Certified normal accommodation and operational capacity (see Glossary)**

Prisoners held at the time of inspection: 468

Baseline certified normal capacity: 480

In-use certified normal capacity: 369

Operational capacity: 480

## **Population of the prison**

- An average of 409 new arrivals every year.
- 100% foreign national prisoners.
- An average of 13 prisoners released into the community every month.
- 25 to 35 prisoners referred for mental health assessment every month.

## **Prison status and key providers**

Public

Physical health provider: Practice Plus Group

Mental health provider: Oxford Health NHS Foundation Trust

Substance misuse treatment provider: Midlands Partnership University NHS Foundation Trust

Dental health provider: Time for Teeth

Prison education framework provider: Milton Keynes College

Escort contractor: Serco/GEOAmev for serving prisoners and Mitie for immigration detainees.

## **Prison department**

Foreign national hub and immigration removal centre.

## **Prison group director**

Andy Lattimore

## **Brief history**

The site was originally built as an internment camp. After World War 2, it opened as a prison and was a borstal until 1983. In 2000, Huntercombe became a prison for boys aged 15 to 18. In November 2010, the establishment became an adult category C training prison and since March 2012, it has only held category C foreign national prisoners.

## **Short description of residential units**

Patterson – induction unit

Rich – for those on the enhanced level of the incentives scheme

Fry – general population

Howard – general population

Mountbatten (A and B) – general population

Segregation unit

**Name of governor and date in post**

David Redhouse, October 2016

**Independent Monitoring Board chair**

Olga Senior

**Date of last inspection**

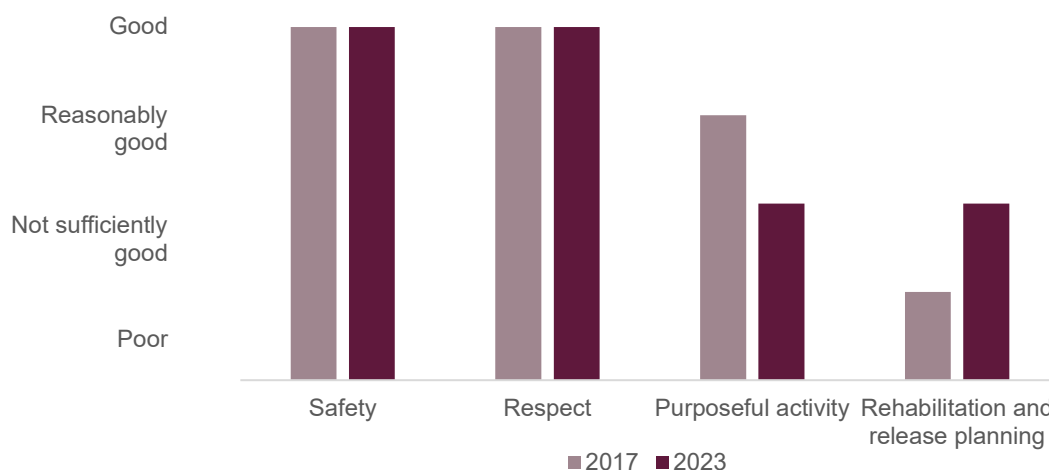
6–17 February 2017



## Section 1 Summary of key findings

- 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 Huntercombe, we found that outcomes for prisoners were:
- good for safety
  - good for respect
  - not sufficiently good for purposeful activity
  - not sufficiently good for rehabilitation and release planning.
- 1.3 We last inspected HMP Huntercombe in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

**Figure 1: HMP Huntercombe 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 45 recommendations, two of which were about areas of key concern. The prison fully accepted 40 of the recommendations and partially (or subject to resources) accepted four. It rejected one of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been partially achieved and one had not been achieved. The recommendation made in the area of respect had been partially achieved and 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 December 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made three recommendations about areas of key concern. At this inspection we found that two of the recommendations had been achieved and one had not been achieved.

## Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found five examples of notable positive practice during this inspection.
- 1.10 An impressive range of special events involving external agencies had been held. They included virtual reality experience days on autism and dementia, a theatre production on Gypsy, Roma and Traveller history and culture, and well-known guest speakers to mark Black History Month and International Women's Day. (See paragraph 4.22.)
- 1.11 The popular 'health hub', a pop-up clinic on the wings, enabled prisoners to be weighed and have their blood pressure and other observations taken on a regular basis, helping them to take responsibility for improving their health. (See paragraph 4.45.)
- 1.12 Narcotics Anonymous had organised helpful training for wing-based prison staff, which was carried out by those who had themselves recovered from and helped others to recover from opiate addictions. (See paragraph 4.67.)
- 1.13 Electronic daily staff briefing notes included a referral form for the drug and alcohol recovery team, providing staff with timely reminders to refer prisoners needing support and enabling them to do so quickly. (See paragraph 4.69.)
- 1.14 The Stoicism course run by the gym helped prisoners to manage better negative emotions and antisocial or aggressive behaviour. It had also led to greater participation in activities, supporting prisoners with their physical and mental health. (See paragraphs 5.4, 5.11 and 6.22.)

## Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor provided visible, enabling and consistent leadership, which fostered innovation at all levels. The leadership team collated and used data well to determine the main concerns across the prison, and the self-assessment report reflected a clear understanding of key issues. Most staff responding to our survey thought the prison's priorities were clearly communicated and agreed with them.
- 2.3 Many staff told us that supportive management and a relatively calm working environment meant they had time to perform their roles well and could build positive relationships with prisoners. However, leaders had not organised training in the specific needs of foreign national prisoners, and wing leadership from supervising officers and custodial managers was not assertive enough to address the regular reports we received of staff being unhelpful or dismissive towards prisoners.
- 2.4 While prison and local Home Office leaders worked together well, the Home Office had not resolved the chronic problem of delayed decision-making, which had a substantial impact on resettlement and health care release planning. The delays also meant a substantial number of prisoners were held beyond their earliest removal date, while others were detained after they had completed their sentence, causing them avoidable distress, and wasting public funds.
- 2.5 The offender management unit was well managed, but there was limited strategic oversight. Not enough had been done to establish what the unit could achieve despite uncertainty about release dates and release addresses, and leaders were too accepting of a risk-averse approach to recategorisation. Local and national leaders had, however, greatly improved the resettlement service for those being deported.
- 2.6 Leaders provided some purposeful activity that enabled prisoners to develop valuable skills that were useful in the UK and other countries. However, most of the education was at level 2 or below and there were not enough full-time activity places for the population, even when imminent new provision was taken into account. Leaders had not made sure that prisoners were allocated to suitable activities that met their needs.

- 2.7 Leaders had good oversight of residential units and repairs were proactively pursued. They had also secured significant and much needed infrastructure investment. A new kitchen had an immediate impact on the quality of food, and the construction of a new multi-faith centre and accommodation for enhanced level prisoners was underway.
- 2.8 The small security team was confidently led, but there were some shortcomings in the management of safer custody. There was insufficient prisoner consultation or use of data to establish the causes of violence, and governance of force was inconsistent. Leaders had not made sure that staff had up-to-date training in safeguarding, suicide and self-harm prevention procedures, or control and restraint techniques.
- 2.9 Leadership of equality work was committed and innovative. Leaders had a clear understanding of key concerns and action was being taken to address them.
- 2.10 Health care was well led and delivered a good all-round service. Health care leaders encouraged staff to be creative and had implemented some positive initiatives to support prisoners' well-being.
- 2.11 Leadership oversight for family provision was limited and not enough had been done to establish whether the needs of the population were being met.

## Section 3 Safety

**Prisoners, particularly the most vulnerable, are held safely.**

### Early days in custody

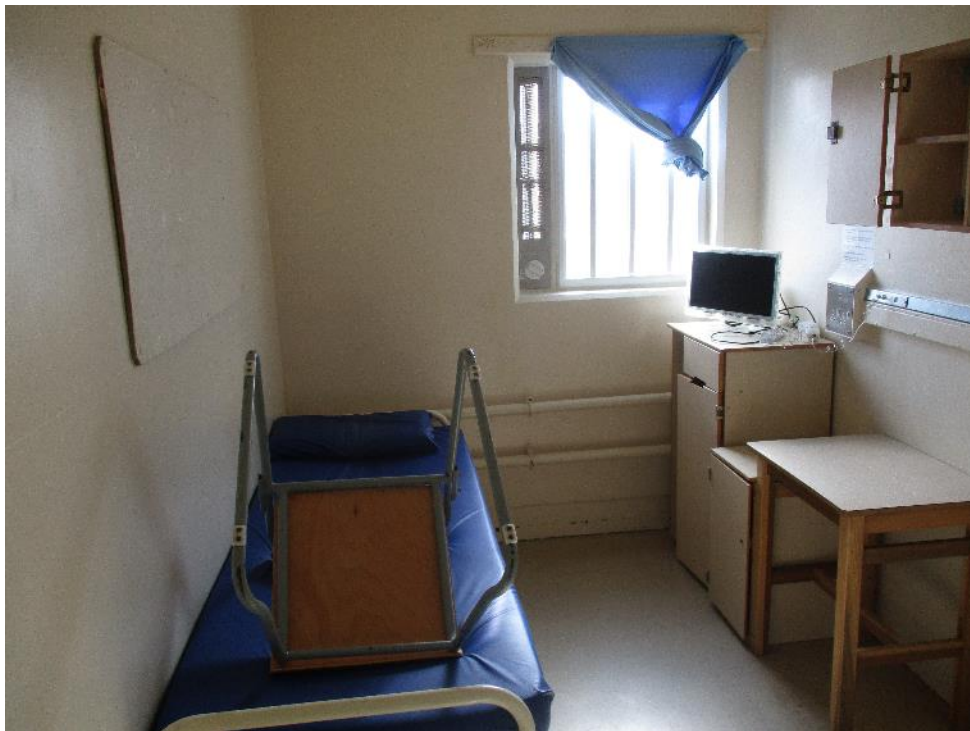
Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 Forty to 70 new arrivals went through the reception area every month. Staff were polite and friendly, but reception processes were slow and undermanaged. Some prisoners waited for long periods in escort vans and holding rooms before moving to the first night centre. In our survey, only 24% of prisoners, compared with 46% at the previous inspection and 48% in similar prisons said they had spent less than two hours in reception on arrival.
- 3.2 The reception area was shabby and not particularly welcoming. Holding rooms were clean, but there was little information for new arrivals. The level of searching after arrival was excessive (see paragraph 3.28). Support from peer workers was good – they offered prisoners hot drinks and snacks and gave them information on prison life and the induction process.



**Reception area**

- 3.3 All prisoners had a short private interview with staff in reception and there was an appropriate focus on safety. Any identified concerns were shared with staff in the first night centre.
- 3.4 All new arrivals could buy a vape pack and phone credit, and in our survey, fewer respondents than in similar prisons (12% compared with 28%) said they had problems obtaining phone numbers and contacting family when they first arrived. However, they could not buy other goods from the prison shop and occasionally waited up to a week before they had access to this facility.
- 3.5 Personal property arriving with prisoners was not issued to them promptly. We observed prisoners waiting 36 hours and it could take four to five days. Prisoners were usually given basic items, such as toiletries and items of clothing in the interim period to reduce the potential for debt, but we found the items were not always available.
- 3.6 Cells in the first night and induction unit were clean, well prepared and mostly in good order. Peer workers from reception lived in the induction unit, providing new arrivals with continuity.



**Single cell on Patterson (induction) unit**



**Association area on Patterson (induction) unit**

- 3.7 In our survey, 71% of prisoners said that they had felt safe on their first night, which was comparable with similar prisons. Safety checks were undertaken twice during prisoners' first night in custody and new arrivals we spoke to said they felt safe. However, they were often concerned about their immigration status and the lack of information on what would happen next.
- 3.8 In our survey, 98% of prisoners said they had received an induction, and 69% said it was useful, both of which were better than in similar prisons. Peer workers were an integral part of the induction programme, which usually started the day after prisoners arrived. The programme lasted up to six days, after which prisoners normally moved to other units. The induction booklet about life at Huntercombe was only available in seven languages, including English, which was not sufficient given the wider range of languages spoken in the prison (see paragraphs 4.15, 4.17, 4.25 and 4.44).

## **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**

- 3.9 The number of violent incidents had been increasing over the previous year, when there had been 49 prisoner-on-prisoner assaults and 10

prisoner-on-staff assaults. However, these figures remained low compared to similar establishments and most incidents were not serious. The prison felt calm and well-ordered, and we had very few reports of prisoners fearing violence.

- 3.10 Despite this, in our survey, 23% of prisoners told us they felt unsafe at the time of the inspection. Not enough had been done to determine the reasons for this or the specific causes of violent incidents. Investigations into violent incidents were not always thorough and there had been no prisoner or visitor survey on safety in the previous 12 months. Discussions at the quarterly safer prisons meetings did not demonstrate sufficient grasp of relevant data and there was a lack of analysis.
- 3.11 The low level of violence meant there was little need to open challenge, support and intervention plans (CSIPs) (see Glossary), and only seven prisoners had been subject to one during the previous 12 months. Their cases were discussed at the safety intervention meeting (see paragraph 3.37) and we saw good work to support a prisoner with complex needs. CSIPs were sometimes open for too long and record-keeping was not always thorough.
- 3.12 There were some useful interventions for perpetrators of violence. The impressive Stoicism course focused on attitudes and thinking and was delivered by gym staff (see paragraphs 1.14, 5.4, 5.11 and 6.22). There was also a Reducing Conflict course, managed by the resettlement team and delivered through an in-cell work booklet (see paragraph 6.22). Little support was available for victims of violence, and mediation services had not been offered for some months because of staff vacancies.
- 3.13 Different safety strategies and policies had not been aligned, making it difficult for staff to work towards the same aims and objectives. We were told that short-staffing and regular redeployment in the already small safer custody team had hindered progress.
- 3.14 Staff made an effort to make positive comments on prisoners' electronic case notes, which outweighed negative behaviour entries. However, the basic level of the incentives scheme was applied too punitively. Thirty-three prisoners were on the regime, more than double the figure at the previous inspection. Prisoners often had to stay on that level for the maximum of 28 days and reviews did not always take place during this period. In some cases, prisoners were kept on the basic level even though related adjudication charges had been dismissed.
- 3.15 Oversight and quality assurance of the incentives scheme were not sufficient at wing management level, but data were now being reviewed in detail at the equality meeting (see paragraph 4.19).
- 3.16 The enhanced level unit provided a small number of prisoners with an incentive to behave well. There were 63 spaces, most of which were single cells. Prisoners in the unit appreciated the calm environment,



good cooking facilities and the opportunity to work towards release on temporary licence. It was positive that a further 40 modular enhanced level units were being built and would soon be ready for use. Those in the main prison on an enhanced regime, received few incentives beyond access to evening association.



‘Quiet room’ on Rich (enhanced) unit

## Adjudications

- 3.17 The number of adjudications remained low – there had been 882 in the previous 12 months, and they were usually managed promptly. However, some could have been dealt with through the incentives scheme and further conversations with staff involved could have prevented others from escalating the matter to an adjudication.
- 3.18 Some trends were identified through the adjudication standardisation meeting, but data analysis was too limited to make sure that the process was consistently fair. In the sample of adjudications that we reviewed, most paperwork was completed well, and we saw interpretation being used when needed.

## Use of force

- 3.19 There was relatively little use of force and staff usually managed incidents well, but governance was inconsistent. There had been 88 incidents involving force in the previous 12 months, which was low compared to other category C trainer prisons but represented an increase since the last inspection. Most incidents (90%) were spontaneous. We were told the majority consisted of low-level guiding holds, but use of force logs were not completed well enough to confirm this.

- 3.20 In the video footage we reviewed, incidents were managed effectively and dealt with quickly. We saw some particularly good examples of staff de-escalating incidents. However, even when this had been successful and the prisoner was compliant, staff were too quick to use handcuffs. Prisoners taken to the segregation unit were routinely strip-searched on entry (see paragraph 3.28).
- 3.21 In the previous 12 months, there had been no use of PAVA incapacitant spray or special accommodation. Batons had been drawn once, but a full review of the incident had not taken place promptly.
- 3.22 The quarterly use of force meeting was well-attended and external scrutiny had recently been introduced, although action was often slow to be implemented. Camera footage was not scrutinised swiftly enough to make sure lessons could be learned promptly. Use of force paperwork we reviewed was mostly good and provided reasonable assurance that force was used proportionately. However, few incidents in the previous 12 months had been quality assured (19 of the 88) and planned interventions were not always reviewed.
- 3.23 There were enough body-worn video cameras for all staff on duty, but they were not usually used. At the beginning of the year, an average of 18.75% of incidents had been captured on these cameras. About a third of staff had not received up-to-date control and restraint training.

### **Segregation**

- 3.24 The five-cell segregation unit had been used 164 times in the previous year, which was relatively low. The average stay was short at eight days. On some occasions, when it was full, prisoners were segregated on the wings, sometimes in shared cells. We were told they had the same safeguards in place as in the segregation unit, but there were no records to provide assurance.
- 3.25 We saw good staff-prisoner relationships in the unit and prisoners we spoke to were happy with the treatment they received. They were all seen by health care staff within two hours of their arrival and relevant staff visited the unit every day. Staff from the education department also visited twice a week and provided books in a range of languages as well as distraction packs.
- 3.26 The regime was poor, especially given the opportunity presented by the small number in the unit and good availability of staff. Prisoners had one hour out of their cell, which included exercising in the yard, having a shower and using the telephone. Even that hour could be curtailed when adjudication hearings were taking place. We found gaps in some of the reviewed paperwork and in reintegration plans, which were not completed for all prisoners.
- 3.27 The unit was clean and in good condition. Other than cells with anti-ligature furniture, toilets now had seats and privacy curtains. The temporary exercise yard, which had been in use for some months, was small and oppressive and no date had been set for the reopening of the

main yard. The constant watch cell remained located in the segregation unit, which was inappropriate (see paragraph 3.34).



**Segregation unit cell**

## **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.

- 3.28 Security arrangements were generally proportionate, but some strip-searching was unnecessary. A body scanner was used on all new arrivals in reception and was effective in detecting illicit items so there was no need to strip-search everyone regardless of their individual risk (see paragraph 3.2). Similarly, everyone entering the segregation unit was strip-searched without an individual risk assessment being undertaken.
- 3.29 A monthly local tactical assessment provided an overview of key security concerns and the flow of intelligence into the security department was good. In the previous six months, 1,645 intelligence reports had been submitted compared to 1,144 at the last inspection. A high proportion of intelligence-led searches resulted in staff finding illicit items, although some requested searches (17%) had not been carried out in the previous six months.

- 3.30 In our survey, fewer prisoners than at other category C establishments reported that it was easy to obtain illicit drugs or alcohol. The random drug testing positive rate of 13% was also low compared to similar prisons, although higher than at the last inspection. Most positive tests were for cannabis. Leaders had taken appropriate measures to tackle the main drug supply routes and good intelligence had led to a high rate of positive results from suspicion-led drug testing (over 50% in the previous six months). Some tests were not carried out because staff were redeployed to other duties.
- 3.31 Closed visits were used more proportionately than at the last inspection – they were now imposed for legitimate reasons and only three prisoners had been subject to them in the previous year.
- 3.32 Links with the police were good and the police intelligence officer worked well with the security team. Inter-agency work took place to manage gangs and identified extremists.

## Safeguarding

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

## Suicide and self-harm prevention

- 3.33 There had been no self-inflicted deaths since our previous inspection. The level of self-harm, which had been high at the previous inspection, had declined significantly. There had been 54 reported incidents in the previous 12 months, involving 30 prisoners, which was low compared with similar prisons.
- 3.34 A constant supervision cell had been used only five times and a safer cell (with anti-ligature furniture and fittings) nine times during the previous 12 months for periods ranging from eight hours to eight days. It was unclear how often anti-tear clothing had been used as records authorising its use and monitoring these prisoners had not been kept.
- 3.35 In the previous 12 months, 107 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened. At the time of the inspection, three prisoners were subject to ACCT monitoring. Most documents that we reviewed were completed well, indicating a reasonable level of care and consistent case management.
- 3.36 Residential staff we spoke to knew prisoners who were subject to ACCT support and were sensitive to their individual needs. In our survey, two-thirds of prisoners subject to ACCTs said they felt cared for by staff and all prisoners we spoke to were positive about the level of support they received.

- 3.37 Useful data were collated and analysed, providing leaders with valuable information on trends and the causes of self-harm, which were discussed at quarterly safety meetings. The weekly safety intervention meeting focused on individual cases. It was effective, multidisciplinary and well-attended, demonstrating that oversight for more vulnerable prisoners was good.
- 3.38 A small number of serious incidents had been investigated, with lessons and good practice identified but not effectively disseminated. Suicide and self-harm awareness training for many staff had lapsed.
- 3.39 Prisoners had good access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were available on a 24-hour call-out roster. Listeners told us prison staff and the local Samaritans coordinator supported them well and met them regularly. The prison monitored the use of the Listeners through the quarterly safety meetings.

#### **Protection of adults at risk (see Glossary)**

- 3.40 There was no local safeguarding policy and leaders had not established links with the local adult safeguarding board. Some staff said they would refer safeguarding concerns to the safer custody team or through the intelligence reporting system. However, staff were not always aware of the potential risks that some vulnerable prisoners might face, which limited their ability to spot concerns. Staff did not undertake safeguarding training.

## 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, 65% of prisoners said most staff treated them with respect. Relationships in some areas were notably better than others. Prisoners we spoke to in the enhanced level unit were much more positive about staff, and we observed good relationships between prisoners and health care and workshop staff.
- 4.2 Although we observed some positive interactions, we saw few instances of staff interacting with prisoners in the units. Prisoners told us they felt staff did not care about them, understand their situation or make enough effort to engage with those who did not speak English. Many also reported rude or disrespectful behaviour.
- 4.3 Staff still had not received training in the needs and concerns of foreign national prisoners. Little use was made of the experiences of the onsite Home Office immigration team or external organisations, such as Bail for Immigration Detainees (BID).
- 4.4 Key working (see Glossary) was better than we normally see. In our survey, almost all prisoners said they had an allocated key worker (87%) and, 68% said they found them helpful. However, less than half of planned sessions took place as key workers were often redeployed to cover staff shortfalls elsewhere. It also took too long for prisoners to see a key worker after arriving at the prison – up to two months to have their first session (see paragraph 6.12).

### 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 Living conditions were generally good, but 40% of prisoners shared a cell meant for one person. Despite sometimes cramped conditions, prisoners took care of their environment, and cells and most communal

areas were kept very clean. Cells were appropriately furnished, and many had been personalised and made more comfortable. Effective daily and weekly checks that staff, managers and leaders undertook, reinforced standards and made sure that items were repaired or replaced quickly, where possible.



**Single cell on Mountbatten unit (left) and typical double cell**

- 4.6 Prisoners could have a shower every day, although many showers needed a deep clean, some had missing doors, and there were long-standing problems with the water temperature and pressure.



**Broken shower doors on Mountbatten unit**

- 4.7 Access to the laundry was now good and prisoners could have their clothing and bedding washed at least once a week.
- 4.8 Prisoners could wear their own clothes, but many said they did not have enough, partly because they could only receive one clothing parcel from family and friends a year. They had to wait two months before placing their first order after arriving and could only choose from one catalogue. Prisoners who did not have enough money to order clothes relied on whatever the prison could provide. The induction unit did not always have enough clothing in its stores.

### **Residential services**

- 4.9 In our survey, 59% of prisoners said the food at Huntercombe was good or very good, more than at similar prisons (40%). A new kitchen had very recently opened and offered a wider menu than before, following consultation with prisoners. It catered for a range of diets and included more fresh food and international dishes. Most dishes were pre-portioned to ensure fairness, but some prisoners complained that portion sizes were too small. We observed that there was usually enough food for second helpings.
- 4.10 Central kitchen managers did not have sufficient oversight of wing serveries, which meant they were not always appropriately stocked. For example, there were no vegetarian meal options available in the induction unit during the inspection.
- 4.11 There were microwaves and toasters on each wing, and those in the Rich unit could also use table-top cookers to make their own food. It was positive that prisoners on all units could sit and eat together.
- 4.12 Prisoners could buy a wide range of goods from the shop. However, a recent substantial increase in the prices of popular basic items was a common source of frustration. New arrivals did not have prompt enough access to the shop (see paragraph 3.4).

### **Prisoner consultation, applications and redress**

- 4.13 Prisoners were consulted regularly about prison life and in some areas had been very effective. For example, prisoners were consulted about food before the recent new menu was introduced and they were asked how the library should recognise and celebrate Black History Month.
- 4.14 However, more formal consultation was underdeveloped. Wing forums were short (only 30 minutes), poorly attended and generated little action. The prison council operated more consistently, but there was no mechanism for wing forums to feed into it, outcomes were not shared with prisoners and many we spoke to did not know about the council. The council was not elected, and members were instead chosen by unit staff based on their behaviour and perceived capability. There was little oversight to make sure that the make-up of the council reflected the diversity in the population or that representatives actively sought the views of their peers.



- 4.15 Prisoners knew how to make a complaint and submit applications, but forms were only available in English in the units. Leaders told us that prisoners could request forms in other languages from unit staff, but this compromised confidentiality, and available languages did not reflect the demographics of the population. Prisoners were not aware that they could ask for translated forms and no complaints had ever been received in another language. Complaints about discrimination were dealt with separately, and prisoners were free to submit them in languages other than English (see paragraph 4.25).
- 4.16 Many prisoners did not have confidence in the complaints process and in our survey only 30% of prisoners said they felt complaints were handled fairly. Complaint responses we reviewed were polite, showed a reasonable level of investigation and generally focused on resolving the problem, but they did not usually state explicitly whether or not the complaint had been upheld, which prisoners found confusing. The quality assurance process for complaints was reasonably good.
- 4.17 Many prisoners we spoke to were very concerned about their immigration status. Onsite Home Office staff could assist prisoners and answer their questions, but immigration documentation was not routinely translated into languages other than English (see paragraph 4.25).
- 4.18 Legal services provision was reasonable, and prisoners could obtain free legal advice and had access to support groups, including BID, Detention Action and Asylum Welcome. Prisoners could meet their legal representatives but, as at the last inspection, the visits were generally held in the social visits hall, which was not sufficiently private. The library stocked some legal texts – they were only in English and were not always up to date.

## **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**

- 4.19 There was a strong leadership focus on equality. A full-time manager and an equality officer supported prisoners well and provided weekly updates on trends data to the senior team. Data were reviewed at a well-attended quarterly meeting where disproportionality was identified and further scrutiny commissioned. This had resulted in clear recommendations for change, although it could take a long time to implement agreed action (see paragraph 4.25).

- 4.20 Equality representatives kept prisoners informed of planned events and equality outcomes through frequent notices. For example, whenever monitoring data were out of range, a notice was sent out explaining what the anomaly was and what would be done about it. A further notice was issued when the data came back into range.
- 4.21 Fifty-nine incidents had been reported through the discrimination incident reporting form (DIRF) process over the previous 12 months. All the DIRFs we reviewed had been investigated robustly and external scrutiny was effective. Prisoners could submit DIRFs in their preferred language.
- 4.22 An impressive range of events had been held in conjunction with external agencies to promote diversity. For example, virtual reality experience days on autism and dementia awareness allowed prisoners and staff to build their understanding of everyday life for people with these conditions. Other events included a theatre production on Gypsy, Roma and Traveller history and culture and talks by well-known figures, such as Levi Roots during Black History Month and Helen Pankhurst at International Women's Day. (See paragraph 1.10.)
- 4.23 All units had an equality representative. The role was advertised well, and representatives attended key meetings. The equality team supported them well.
- 4.24 Group forums had recently started for young people, older prisoners and gay, bisexual and transgender prisoners, although they did not take place regularly.

### **Protected characteristics**

- 4.25 Detailed reviews were carried out in 2022 on the black, Muslim and young adult population as a result of ongoing overrepresentation in adjudications, segregation and the basic level of the incentives scheme. The action taken had led to some improvements, for example, it was discovered that the overrepresentation in adjudications was partly because staff did not resort to alternative approaches to managing poor behaviour (see paragraph 3.17) and partly because multiple charges were brought against black and Muslim prisoners in relation to single incidents. Managers had raised the issue of multiple charges with staff and the disproportionality had decreased. Less progress had been made for young adults. For example, a plan to introduce an intervention for young adults identified as having low psychosocial maturity (the Choices and Changes programme) was still outstanding more than a year after it had been agreed.
- 4.26 Staff's use of telephone interpretation had improved compared to our last inspection, and more information about the prison was available in different languages, but this was still not sufficient. There was no translated easy-read information. (See paragraphs 3.8, 4.15, 4.17 and 4.44.)

- 4.27 The onsite Home Office team was accessible and met all new arrivals (see paragraph 4.17). Home Office staff communicated well with other departments to inform them in advance if they were giving prisoners unwelcome news. The number of immigration detainees had declined substantially – during the inspection, four prisoners were being held at the prison under immigration powers alone.
- 4.28 Care for older prisoners or those with physical disabilities was reasonable and peer supporters helped them with everyday tasks. Two cells were adapted for wheelchair users. Most officers knew which prisoners required emergency evacuation assistance, but some night staff were unable to identify them.
- 4.29 In our survey, 8% of prisoners said they were gay, bisexual or of another sexual orientation, but very few had identified themselves to the prison. Initiatives to encourage prisoners to seek support, included coffee evenings held away from the main prisoner population. There were also many awareness posters in the prison, and an extensive list of LGBT support organisations was available from the equality officer.

### **Faith and religion**

- 4.30 The chaplaincy's services had been stretched for several months pending the appointment of a new managing chaplain. The post had recently been filled and in the interim, the team continued to deliver good support to prisoners. Chaplains attended key meetings and felt supported by the governor. The chaplaincy had good links with faith-based organisations in other countries, which they used to support prisoners being removed.
- 4.31 In our survey, prisoners were positive about their ability to attend religious services and about respect for their religious beliefs. A range of services and religious studies groups were offered every week and attendance was good. A new multi-faith centre was under construction but, in the meantime, Christian services were held in the visit's hall and Muslim services in the sports hall.

### **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.

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

## Strategy, clinical governance and partnerships

- 4.33 The health care contract was monitored effectively through quarterly performance and contract review meetings and regular strategic meetings. Partnership working was strong, with good collaboration between the health teams, prison staff and NHS England. The last health needs analysis was completed in 2019 and a new one was currently in development to inform future provision.
- 4.34 We found a well led and responsive health team, providing a good standard of care despite staffing challenges. The team covered staff shortages with support from regular agency workers and the new contract had increased staffing. Recruitment was ongoing and, so far, reasonably successful.
- 4.35 In our survey, prisoners were more positive about the quality of health care than in similar prisons (56% compared with 41%), and almost all the patients we spoke to were complimentary about the care they received.
- 4.36 Patient consultation had improved and was undertaken through patients' forums and feedback surveys. Empowering People: Inspiring Change, an independent organisation had carried out several patient surveys, which were used to improve the service.
- 4.37 The clinical rooms in the health care building were clean, in good order and contained regularly serviced and calibrated equipment. They were compliant with infection prevention and control standards, although a recent audit identified a crack in one of the sinks, which was awaiting replacement. Sharps bins were now appropriately wall-mounted. However, the administration side of the building was dilapidated and needed attention. The governor had escalated this as a priority and inspectors were informed that remedial work was to start imminently.
- 4.38 Professional development was available and there was regular access to supervision and managerial support. Staff had generally completed mandatory training, and they valued the comprehensive programme of in-house courses, which included a session organised by the Home Office about its role.
- 4.39 An effective daily handover, attended by representatives from all teams, enabled staff to share relevant patient information and service updates. Patients with complex needs received a regular review with a strong multidisciplinary approach.
- 4.40 Complaints were managed well and improvements had been made following the recruitment of a new administrator. The complaints spreadsheet had not yet been updated with key governance information, but the head of health care could demonstrate that patients' complaints had been processed appropriately and action taken.

- 4.41 Governance arrangements were otherwise robust and there were regular quality meetings and good oversight. A comprehensive audit cycle informed service delivery. Clinical incidents were investigated thoroughly, analysed to establish any trends and lessons learned were shared with staff.
- 4.42 Emergency equipment was subject to regular checks. It was well maintained and contained appropriate items for medical emergencies. Health care first responders were trained to provide immediate life support.

### **Promoting health and well-being**

- 4.43 There was a prison-wide approach to promoting health and well-being, and links between different departments were good. For example, the dietician ran a healthy weight group with gym peer mentors, and health care staff worked with the kitchen on menu options for those with specific health conditions and to promote healthy eating.
- 4.44 A structured programme of health promotion activity was linked to national campaigns, and age-appropriate screenings were available. Work was underway to recruit peer health champions to assist. There was a wealth of health promotion information displayed across the prison, but it was predominantly in English.
- 4.45 The popular health hub, a pop-up clinic held on the wings, enabled prisoners to be weighed and have their blood pressure and other observations taken, helping them to take responsibility for their own health. (See paragraph 1.11.)
- 4.46 Blood-borne virus and sexual health screenings were offered. A sexual health specialist attended the prison and barrier protection was available. There was a renewed focus on vaccinations, and the team had first prioritised increasing uptake of hepatitis B and measles, mumps and rubella vaccines. In 2022, the service achieved micro-elimination for hepatitis C (a national campaign aiming to diagnose and treat people to eliminate the virus within a specific location to incrementally achieve national elimination), which it had maintained with support from the local hospital hepatology team and the Hepatitis C Trust.
- 4.47 A recent screening event to identify latent tuberculosis had been effective and the team worked well with specialists from the hospital.
- 4.48 Training so staff could provide support to help prisoners stop vaping had been carried out and clinics were being scheduled.

### **Primary care and inpatient services**

- 4.49 All new arrivals were welcomed by an experienced health care assistant (HCA) who explained the screening process. A primary care nurse carried out an initial health screening to determine the prisoner's health needs and any immediate risks, and referrals were then made

as needed. The HCA also undertook physical observations and offered blood-borne virus testing.

- 4.50 Telephone interpretation services were available for health consultations and were mostly used when needed, but we observed a screening when it should have been used earlier in the interview to make sure the patient was fully involved in the process. A secondary health screening usually took place the day after the prisoner's arrival.
- 4.51 Nurses were available between 7.45am and 6.30pm and until 8pm when late arrivals were expected, with shorter hours at the weekends. Out of hours, officers used the NHS 111 or 999 telephone line, and details of any interventions were passed on to the health team the following day.
- 4.52 Patients had good access to the health care department through paper applications, which a nurse triaged every day. We observed caring and compassionate interactions between staff and patients.
- 4.53 In our survey, more prisoners than at comparable prisons said that access to nurses and the quality of care they received from them were good. Nurses provided a range of services, such as support for long-term conditions (LTCs) and wound care in minor injuries cases. A specialist LTC nurse attended the prison to provide clinics and training for staff, and patients had regular reviews and appropriate care. While care plans for those with LTCs were not yet sufficiently personalised, work was underway to address the problem. The dietician provided prisoners with a useful service, including patients with diabetes.
- 4.54 There was a good range of visiting practitioners and allied health care professionals, such as a podiatrist, physiotherapist and an optician, and waiting times were reasonable.
- 4.55 There had been some recent gaps in GP provision, which had been offset to some extent by remote cover via video calls. However, this had led to a temporary increase in the waiting time for a routine appointment to about four weeks, which was too long. More permanent arrangements were due to start imminently.
- 4.56 External hospital appointments were managed well in consultation with prison staff and the new administrator had streamlined the monitoring process. There were few cancellations and there was clinical oversight when cases were rescheduled.

### **Social care**

- 4.57 A comprehensive agreement and pathway for social care was in place between the prison and Oxfordshire County Council, although, other than one request for an occupational therapy assessment, the pathway had yet to be used. The nominated provider Practice Plus Group could initiate social care immediately when it was required, without having to wait for a local authority assessment.

## Mental health care

- 4.58 Patients had access to a seven-day mental health service based on a stepped model of care. This included assessment, low intensity psychological interventions and trauma-informed support (to help prisoners to deal with the trauma they may have experienced in their lives).
- 4.59 Patients could be referred to the service through various pathways and a nurse reviewed new referrals every day. A full assessment by a mental health nurse was carried out within five days. A duty worker responded to those with urgent needs and the team attended assessment, care in custody and teamwork reviews for prisoners at risk of suicide and self-harm.
- 4.60 Not enough prison staff had received mental health awareness training, although more was planned. Mental health staff reported that officers demonstrated a caring and compassionate approach to prisoners experiencing poor mental health.
- 4.61 The mental health team was working with 53 patients, approximately 20% of the population. Staff from different disciplines worked together to help improve patients' well-being. The psychiatrist conducted regular prescribing reviews. Physical health checks for patients on mental health medication were carried out by the primary care team.
- 4.62 Managers made sure that staff had a range of skills so they could offer good quality care. Care and treatment interventions were suitable for the patient group and consistent with national guidance.
- 4.63 Care included one-to-one support and group work. Psychological interventions, such as cognitive behavioural therapy and eye movement desensitisation and reprocessing psychotherapy (a therapeutic intervention to treat trauma) were available. However, the range of psychological interventions on offer was not sufficient, especially in light of many prisoners' experiences of trauma as a result of torture and modern slavery. Group work had begun but was impeded by the lack of available space across the prison.
- 4.64 Patient records we reviewed showed that comprehensive assessments were undertaken, detailed care plans drawn up and therapeutic contact made. Care records reflected the patient's views and notes were clear and made at the time of the interaction with the patient. Risks were identified and managed effectively.
- 4.65 Discharge planning included work with prison colleagues and community services to make sure care continued on release. Slow Home Office decisions (see paragraph 2.4) or changes in patients' release locations affected release planning for the whole service.

## Substance misuse treatment

- 4.66 The prison drugs strategy contained essential demand reduction and therapy components. The well-led drug and alcohol recovery team (DART) had effective working relationships with prison staff. The DART and the mental health team were based in the same location, which meant prisoners with both substance misuse and mental health needs received coordinated care.
- 4.67 DART workers delivered training to prison staff in areas such as how and when to make a referral and what to do in case of a suspected overdose. Narcotics Anonymous (NA) had run training sessions on opiate addictions for wing-based staff. They were delivered by people who had experienced addiction themselves. (See paragraph 1.12.)
- 4.68 All new arrivals were seen by DART staff during the induction week. They were offered harm minimisation advice and given information on how to access the team. Some introductory information was available in several languages other than English.
- 4.69 It was easy for prisoners to access DART staff from the wings – they could do so through the printed application system or by verbal referral. The application form was embedded in the prison’s electronic daily briefing, so officers had immediate access to it. (See paragraph 1.12.)
- 4.70 The DART was small but had sufficient capacity to meet the needs of the 69 patients on its caseload. The team delivered recovery-based motivational therapies and a comprehensive structured programme through short- and long-term group work. Prisoners we spoke to valued therapy, and all work strands had associated workbooks. Prisoners found them useful but key workbooks were only available in English, limiting their therapeutic value for about 50% of patients as their comprehension was limited. We observed suitable recovery plans, written prisoner consent to information sharing and therapy notes on SystemOne (the electronic clinical information system).
- 4.71 Five patients were receiving opiate substitution therapy, one of whom was reducing his intake. Prescribing was flexible, but buvidal (a slow-release opiate substitute injection) was currently unavailable. The drug removes the requirement for daily medication, giving prisoners more freedom to participate in purposeful activity. Clinical reviews took place in line with evidence-based practice.
- 4.72 Six peer supporters helped DART workers to guide patients during their recovery journeys. Peer supporters undertook their roles voluntarily. Alcoholics Anonymous mutual aid groups ran every two weeks and NA was about to restart. Discussions were underway with Gamblers Anonymous. Peer supporters continued to provide support between meetings.
- 4.73 Wherever possible, DART workers found community drug services for those being released and provided harm minimisation and naloxone kit (to manage a substance misuse overdose) as required.



## **Medicines optimisation and pharmacy services**

- 4.74 The pharmacy experienced delays in receiving prescribed medicines because of the limited availability of GPs on site, and prescriptions not being generated in a timely manner. This had not directly affected patients' treatment as other options were pursued, including accessing prescribers off site, but this put pressure on the team and was not sustainable.
- 4.75 Medicines were dispensed remotely by an internet pharmacy as patient-named items. Patients and staff reported receiving a good service from pharmacy staff, who were conscientious and knew their patients well. Medicines were stored and transported safely. Medication that was temperature sensitive was kept in a monitored fridge. Controlled drugs were managed well, and records were audited at regular intervals.
- 4.76 Medicines were administered by nurses and technicians four times a day, and night-time medication was issued as daily in-possession medicine. Officers' supervision of medicines administration was mostly good, but we observed some crowding around the hatch, compromising patient confidentiality. ID cards were checked, and we saw competent medicine administration and very good rapport between staff and prisoners. Patients who did not attend were appropriately followed up.
- 4.77 Approximately 94% of prisoners received their medicines in possession following a risk assessment, which was reviewed annually or if there were identified concerns about medicines being mismanaged. Patients had secure in-cell storage. Spot checks of in-possession medicines were undertaken at regular intervals.
- 4.78 The prescribing of drugs that had the potential to be abused was minimal and well controlled. A range of emergency medicines was available to allow patients access to medicines out of hours. Stock reconciliation procedures were good.
- 4.79 Staff reported incidents on Datix (the electronic health care incident reporting system). Reviews and lessons to be learned were identified to prevent similar events from happening in the future. There was no onsite pharmacist, but the regional pharmacist provided some pharmacy-led clinics, although more were needed. The team contributed to local and regional drug and therapeutic meetings.

## **Dental services and oral health**

- 4.80 Dental provision was good, but access was poor because of unexpected staffing vacancies and recruitment difficulties. Dental clinics were available on one day a week, with urgent appointments prioritised. Patients were waiting for nine weeks for an initial appointment and 10 to 15 weeks for a follow-up appointment, which was too long.

- 4.81 Patients were regularly triaged, and dental staff went to the wings to monitor those who were waiting and offered advice. An additional dentist was due to start the week following the inspection to help reduce waiting times.
- 4.82 The dentist and dental nurse promoted oral health and provided information on brushing technique and diet. The dental surgery was clean and bright and had appropriate equipment, which was well maintained. Decontamination procedures and infection control standards were met.

## 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 Time out of cell was better than we normally see. In our survey, only 14% of prisoners compared with 34% at other category C prisons said they spent less than two hours out of their cell during the week and 72% said that unlocking and locking up times were kept to (52% at other similar prisons).
- 5.2 Prisoners in full-time activity spent about nine hours a day out of their cells, and those in part-time activity about six hours. Time out of cell for those waiting to be allocated to an activity was not sufficiently good, at about four hours, plus any gym sessions or social visits. Unemployed prisoners on the basic level of the incentives scheme experienced an impoverished regime of only one hour a day out of their cell, comprising two 30-minute periods.
- 5.3 There were opportunities for time out of cell in the evenings and at weekends. One hour of evening association was provided during the week for full-time workers and those on the enhanced level of the incentives scheme, when gym sessions and faith activities were available. Time out of cell at weekends was better than we see elsewhere, with prisoners receiving an average of seven hours a day. In our survey, only 10% of prisoners told us they spent fewer than two hours out of their cells at weekends, compared to 55% at other category C prisons.
- 5.4 Access to the gym was good. Most prisoners could attend the main gym least three times a week, as well as having access to small gyms on the wing during association periods. The gym was open in the evenings and at weekends and had better facilities than we often see.
- 5.5 Prisoners could obtain qualifications in fitness instruction and special gym sessions were held for elderly prisoners, those requiring remedial sessions and for weight loss. The very popular non-accredited Stoicism course was also spearheaded and run by committed gym staff (see paragraphs 1.14, 5.11 and 6.22). There was also a sports hall and outdoor pitch, although it required refurbishment. Most team sports except football did not take place during the inspection because prisoners were not permitted to mix with those from other units to reduce the risk of drugs being exchanged.



## Gym

- 5.6 Access to the library remained limited and it was not open in the evenings or at weekends, although most prisoners could attend every week for 30 minutes. From January 2023, when Milton Keynes College had taken over the library, until shortly before the inspection, the library had not been fully staffed, limiting what it could offer. Despite this, the enthusiastic library team had started to introduce activities like book clubs, groups for emerging readers and craft activities.
- 5.7 The library stocked books and DVDs in languages other than English, but many of the books were dated and the languages stocked did not always meet the needs of the population. There were plans to involve prisoners in writing to their embassies to request more foreign language books.



**Book club poster**



**Library books available to support the Stoicism course**

## 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: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

5.9 The strategy for education, skills and work rightly focused on equipping foreign national prisoners with the functional and vocational skills they needed to be successful. Courses included construction, information technology and English for speakers of other languages (ESOL) to support prisoners remaining in the UK or returning to their country of origin. Industry activities were appropriate and included those in wood working, social enterprises and textiles. However, too many activities were part time.

5.10 Leaders and managers had well-advanced plans to increase the provision further. For example, courses in food preparation, cookery and barista training were due to start in the new staff restaurant.

5.11 Leaders had ambitions for prisoners to overcome personal, social and educational barriers that might have affected their progress on resettlement. They had organised the Stoicism course, which supported prisoners to better manage negative and unhelpful emotions and behaviour. As a result, those who had previously refused

education, skills and work activities improved their well-being and were more likely to participate. For example, prisoners had progressed to the level 2 personal trainer qualification, which enabled them to work in the gym. (See paragraphs 1.14, 5.4 and 6.22.)

- 5.12 Senior leaders and managers had not been successful in improving prisoners' access to education. Prisoners' activities in education were adversely affected as a result of frequently cancelled classes or a restriction on the number of available places. This was due to the absence of teachers, long-term sickness or staff vacancies. Many prisoners waited too long to be allocated to activities that supported them to develop the skills needed to progress, particularly those for whom English was not their first language. As a result, too many prisoners did not develop their English language skills, which hindered their progress in training or work.
- 5.13 Managers made sure that prisoners received a supportive induction within a week of arriving at the prison. As a result, prisoners understood how they could use their time productively in prison. They completed an electronic personal learning plan (EPLP), detailing their aims and aspirations, through the virtual campus (internet access for prisoners to community education, training and employment opportunities).
- 5.14 A shortage of spaces meant that staff found it difficult to allocate prisoners to courses identified in their learning plans. They prioritised allocations for prisoners whose release was imminent or who needed specific courses in order to progress. However, there were often not enough places in either their chosen course or to support their developmental needs. Consequently, many prisoners were enrolled in activities that did not meet their needs or interests.
- 5.15 Attendance in education, skills and work was high. Prisoners produced work of a good standard. In painting and decorating, prisoners took great care to prepare work surfaces and apply a variety of paint finishes. More skilled prisoners practised work at a higher level, including stencilling and graining effects. However, leaders had not made sure the curriculum provided prisoners with the opportunity to progress to level 2 qualifications.
- 5.16 Leaders had planned a curriculum that enabled prisoners to develop useful vocational skills in industrial cleaning, horticulture and textiles. Prisoners developed an appropriate range of knowledge, skills and behaviour that they would have been able to use on their release or deportation. They improved their confidence, teamwork skills and ability to interact in English with their peers. However, none of the industries provided prisoners with the chance to gain qualifications. As a consequence, prisoners could not achieve a relevant trade qualification to support their employment prospects.
- 5.17 Knowledgeable and experienced vocational trainers improved prisoners' vocational skills through clear explanations and demonstrations. Prisoners produced high-quality greetings cards, toys

and craft items, which met demanding external standards. Prisoners working in textiles, recycling, social enterprise and woodwork produced work of a high standard. They collaborated effectively with their peers to meet challenging production targets.

- 5.18 Managers had successfully developed commercial links with local and regional businesses. Prisoners studying woodwork made bird boxes, wooden sculptures and benches, which were sold to these businesses. This enabled the prison to earn income, which managers used to reinvest in new and additional tools for the workshops.
- 5.19 Managers had started to integrate English and mathematics into education and vocational training, but not did not do so consistently in industries. Not all prisoners received the support they needed to develop the skills they required to progress further.
- 5.20 Prisoners' attitudes to education, training and work were positive. They were polite and courteous during activities and respectful towards their peers, staff and visitors. Staff swiftly challenged the rare occasions when prisoners used inappropriate or derogatory language.
- 5.21 Leaders recognised that careers advice and guidance required further development. Prisoners benefited from information and advice when they arrived at the prison. Staff worked effectively with prisoners to collate information on their past employment skills and their future aspirations. Prisoners' targets did not consistently meet their wider employability needs. Due to staff shortages and the decision to prioritise EPLPs, too few prisoners benefited from ongoing advice and guidance to help them prepare for their next steps. Consequently, many prisoners did not relate their education, skills or work to their future career aspirations.
- 5.22 The quality assurance arrangements of the contractor were not effective in improving the quality of teaching or learning. Managers identified appropriate improvement action for teachers following observations of their teaching. However, they did not monitor rigorously whether this action was implemented. As a result, the pace of improvement in teachers' teaching practice was not consistently good.
- 5.23 Leaders had put in place a small but effective release on temporary licence programme. Initially prisoners were placed in the external prison garden, where they developed the skills needed to prepare them for paid employment and resettlement on their release either in the UK or their country of origin. A small proportion of prisoners had gained employment on their release from prison.
- 5.24 Prisoners did not have access to a sufficiently wide curriculum to help them explore or develop positive values that could support them becoming active citizens within the community on release.
- 5.25 Leaders and managers aspired for prisoners to participate in enrichment activities, such as therapeutic art, music and drama. They were focused on supporting prisoners to adjust to their sentence and



develop resilience. However, due to insufficient funding, these activities were limited and too few prisoners benefited from them.

- 5.26 Leaders had worked with the Shannon Trust literacy project and made a positive start in supporting reading in the prison. They had agreed an appropriate reading strategy and had trialled a suitable assessment tool. Leaders used initiatives, such as Storybook Dads (which helps prisoners to record a story for their children to listen to at home) to encourage prisoners to read. Trained mentors used strategies, such as the Turning Pages reading programme and Raising Readers (which offers parents in prison the chance to choose a book to be sent home to their child) to support prisoners to improve their reading skills.
- 5.27 Leaders had implemented a fair and equitable pay and incentives policy that did not deter prisoners from attending activities. However, prisoners complained that overall local pay rates were too low for them to meet their daily personal expenses (see paragraph 4.12).

## 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 HMP Huntercombe was a national resource and most families travelled long distances to visit prisoners. Public transport to the prison was limited. Despite the complexities of holding a foreign national population in a remote location, leaders had done little to determine whether the family provision met the needs of the population.
- 6.2 Since our last inspection, the prison had introduced in-cell telephones and video calls. Prisoners valued them highly and they helped them maintain contact with family members in the UK and abroad. In our survey, 29% of prisoners said they had been able to use video calling in the previous month, higher than at comparator prisons (14%), although many prisoners told us that they found it difficult to reserve a slot and that their visits were often cancelled.
- 6.3 Social visits ran on four afternoons a week, including Saturdays and Sundays. The visits hall had recently been refurbished and was bright, warm and welcoming, with a children's play area and small café. However, during the inspection the children's area was unwelcoming because toys had not been cleared away from the previous visit, and the café was missing basic items such as water and cutlery. The visits centre was dirty and neglected and no regular cleaner had been allocated, despite leaders being aware of its poor state months earlier.



**Children's play area in visits hall before a visit**



**Visitors' centre**

- 6.4 We observed social visits starting on time but there was confusion among staff about the arrival cut off time for family and friends, which nearly resulted in two families being sent home despite checking in at the visitors' centre on time. This had happened on previous occasions.
- 6.5 The Prison Advice and Care Trust (PACT) ran well-received monthly family days and good one-to-one work was delivered by a dedicated

and knowledgeable family support worker. She helped prisoners with a range of complex family matters, including court and child protection proceedings. A new relationships intervention offered by PACT was under-used (see paragraph 6.22).

- 6.6 The resettlement team facilitated a small number of 'farewell visits' for those being deported and special visits for visitors with additional needs. They took place in the resettlement hub, which provided a calmer environment than the visits hall.

## 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.

- 6.7 The prison held a complex population and had to navigate Home Office and immigration complications alongside the usual offender management issues. Despite this, strategic work to establish the needs of the population and bring together the resettlement pathways was weak and disjointed. Leaders had focused on employment and education outcomes in the prison rather than all the resettlement pathways. A recently completed needs analysis did not contain enough relevant information for an effective strategy to be developed.
- 6.8 For example, little was known about accommodation outcomes following a prisoner's day of release. Communication between departments, such as the resettlement team, offender management unit (OMU), PACT and the Home Office was often inadequate, and these issues were not addressed at a regular strategic meeting.
- 6.9 Offender management had improved since our last inspection, but some key weaknesses remained. The OMU was still short-staffed, and the shortage of probation officers resulted in high caseloads and limited one-to-one work. Although there was reasonable contact between prison offender managers (POMs) and prisoners, it was often transactional and many prisoners we spoke to nearing release felt frustrated and unsupported by the OMU. Their frustration was often compounded by the difficulties they had in contacting the community offender manager (COM) and a lack of clarity from the Home Office about when, if at all, they would be deported.
- 6.10 Prisoners did not all have an up-to-date assessment of their risks or needs. Forty-four prisoners had no offender assessment system (OASys) initial assessment. Reviews were often late or not carried out when there was a significant event during a prisoner's sentence, and therefore did not reflect their current circumstances. Many prisoners arrived without having an OASys report from the previous prison and were not allocated a COM because of an assumption that they would inevitably be deported.

- 6.11 A lack of training for POMs and COMs in the needs of foreign national prisoners affected many aspects of offender management in the prison and in the community. For example, POMs told us they would have liked more training on making categorisation decisions and on prisoners' rights to public funds on release.
- 6.12 Most cases we looked at had an allocated key worker, but the frequency of contact varied and was often affected by redeployment (see paragraph 4.4). When sessions took place, they were mostly good, and included an examination of recent behaviour.
- 6.13 Home detention curfew (HDC) could only start when the Home Office confirmed that the prisoner was no longer of interest to them. The OMU had good processes in place for making these assessments, but no prisoners had been suitable for HDC in the previous 12 months.

### **Public protection**

- 6.14 Public protection arrangements had some key weaknesses. A quarter of the population were assessed as posing a high risk of serious harm to others and a third were subject to multi-agency public protection arrangements (MAPPA).
- 6.15 Release planning for the riskiest prisoners did not start early enough. The prison only brought cases to the interdepartmental risk management team meeting two months before a prisoner's release and action raised at this meeting was not always followed through. This made it difficult to address any outstanding risk issues and we saw examples of high-risk prisoners being released homeless with unconfirmed MAPPA levels.
- 6.16 In our case sample, less than half of eligible prisoners had had their MAPPA levels confirmed six months before release. Community probation staff often failed to prioritise foreign national prisoners, but the prison could have done more to escalate these issues sooner. Prison MAPPA reports for the most complex prisoners were mixed and only half of the reports we looked at were good.
- 6.17 Prisoners were appropriately screened on arrival for public protection concerns and initial child contact restrictions and monitoring decisions were sound. However, phone monitoring was not implemented effectively, potentially placing the public at risk. Only a small number of prisoners were subject to phone monitoring, but calls in a foreign language were not routinely translated. We also saw a prisoner repeatedly using threatening language towards a partner, but the prison had taken no action to offer protection.

### **Categorisation and transfers**

- 6.18 Many of the prisoners we spoke to felt frustrated and thought they were stuck at Huntercombe with little opportunity to make progress. Only five prisoners had been granted category D status in the previous 12 months out of 922 decisions.

- 6.19 Categorisation reviews were completed on time, but most of those we examined provided little evidence to support the decision to keep the prisoner in closed conditions. Foreign national prisoners were eligible to be considered for open conditions if they still had appeal rights remaining, and any decisions should have been based on individual risk factors. POMs failed to understand this and based decisions solely on Home Office interest and the assumption that the prisoner presented an increased risk of absconding, despite the absence of specific supporting evidence.
- 6.20 We also found many assessments stating that release on temporary licence (ROTL) should have been considered as a progressive step towards open conditions. This meant ROTL was wrongly being used as a required test, while prolonged periods of positive behaviour were ignored.

## Interventions

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

- 6.21 There were no accredited programmes. Pressure on the prison estate meant that prisoners were rarely able to complete offending behaviour work by being transferred elsewhere, even though it was an outstanding requirement of their sentence plan. Ultimately, this meant many prisoners were being released or deported without having addressed their offending behaviour.
- 6.22 There was a small number of non-accredited interventions, which prisoners valued. They included the Stoicism programme (see paragraphs 1.14, 5.4 and 5.11) and the Reducing Conflict course. PACT also offered a one-to-one relationship course, but POMs were unaware of it and had made no referrals, highlighting the poor communication between departments (see paragraph 6.8).
- 6.23 Finance, benefit and debt support had improved since our last inspection but remained limited. The resettlement team supported prisoners to make phone calls or applications to resolve any financial issues, such as arrears or disputes with HM Revenue and Customs. The service was well-used.
- 6.24 The prison's use of ROTL was good. It provided a small number of prisoners with the chance to access paid and voluntary work in the community and maintain family ties. In the previous 12 months, 25 prisoners had been released on ROTL on over 2000 occasions. About 40% of ROTL opportunities were for unpaid work and a third for paid employment. Those on ROTL had access to support with writing CVs and interview practice, but it was not extended to the main population. The prison said this was because most prisoners had their right to work revoked, but not enough was being done to support voluntary opportunities on release.

## 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.

- 6.25 The prison had introduced a resettlement team since our last inspection, which was a welcome development and feedback from prisoners was good. Prisoners' resettlement needs were identified on arrival through induction and then reviewed before release. The information was only stored on the resettlement database, to which the POMs and other relevant professionals did not have access.
- 6.26 In the previous 12 months, over 500 prisoners had left the prison, 62% of whom were deported. The remaining prisoners were released or transferred to an immigration removal centre (IRC). Over 40% were removed under the early removal scheme (which allows foreign national prisoners to be removed up to 365 days earlier than they would otherwise be released into the UK), but the Home Office was often months late in processing eligible prisoners, which undermined the scheme's effectiveness and caused frustration for prisoners who were ready to leave.
- 6.27 Release planning support for those being deported was reasonably good, and the prison had worked hard to develop links with external organisations which could support prisoners' reintegration into their home country. For example, Barka, a charity supporting prisoners being deported to eastern Europe provided good support, including meeting prisoners at the airport and providing help with accommodation and employment.
- 6.28 Support for those who wanted to remain in the UK was more limited because of difficulties accessing public funds and late Home Office decisions. Most released prisoners were subject to immigration bail following a Home Office notification that they were liable for deportation.
- 6.29 The Home Office aimed to issue IS91 notifications, which authorise a person's detention, at least 30 days before the prisoner's release date, but a third of decisions were below this target, with a small number made less than a week before release. This made release planning extremely difficult.
- 6.30 Prison records showed that a handful of prisoners had been released homeless in the previous 12 months. But this figure was likely to be much higher because some prisoners, including those assessed as high risk, were released homeless directly from an IRC shortly after their release from prison. Although release planning meetings took place between POMs and COMs, there was a lot of uncertainty relating to accommodation plans. In high-risk cases, some COMs rejected

approved premises applications because it was not clear when the prisoner would be released.

- 6.31 Practical release arrangements were reasonably good. Prisoners had access to a good selection of shoes and clothing for a range of climates. Reception staff also supported prisoners with getting to train stations and charged phones when needed.



## 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, overall, Huntercombe was a safe prison. Early days arrangements were sound. The prisoner-led induction was helpful. Levels of violence were low and structures to manage violence were effective, but prisoners' perceptions of safety were poor. Levels of self-harm were high but men in crisis received good care. Security arrangements were generally proportionate. The incentives and earned privileges (IEP) scheme was used appropriately on the whole. Adjudications were mostly fair but some lacked thorough investigation. Force was rarely used but governance was not robust enough. The segregation unit was a reasonably good environment and its use was generally appropriate. The substance misuse service was good but provided a reduced service at the time of our inspection. Outcomes for prisoners were good against this healthy prison test.

#### Recommendations

Prisoners' property should arrive at the establishment with them. (Repeated recommendation.)

##### **Partially achieved**

The reasons for prisoners' negative perceptions of safety should be addressed.

##### **Not achieved**

Weaknesses in ACCT procedures should be addressed, particularly the consistency of case management, quality of care maps and adherence to levels of observation.

##### **Achieved**

Prisoners on an open ACCT should only be held in segregation if there are exceptional reasons for doing so.

##### **Not achieved**

Closed visits should only be used for reasons relating directly to the trafficking of unauthorised articles through visits.

##### **Achieved**

The incentives and earned privileges scheme should encourage positive behaviour through meaningful incentives and differentials between levels. (Repeated recommendation.)

**Not achieved**

There should be rigorous governance of the use of force, including special accommodation, planned interventions and use of batons. (Repeated recommendation.)

**Not achieved**

Cells in the segregation unit should contain screens.

**Partially achieved**

Prisoners held in the segregation unit for their own protection should have access to activities and association.

**Achieved**

All required reviews of individual segregation, including safety screens, should take place at the correct time.

**Achieved**

Prisoners should be able to attend pre-arranged appointments with the drug and alcohol recovery team without delays.

**Achieved**

## **Respect**

**Prisoners are treated with respect for their human dignity.**

At the last inspection, in 2017, most residential units were clean and in good condition but too many cells were overcrowded. Staff were proactive and supportive to the men in their custody. The strategic management of equality and diversity had improved. Outcomes for most protected groups were reasonably good but not enough use was made of professional interpreting and translation. Faith provision was good. Complaints were responded to promptly and appropriately. Health services were very good. Too few prisoners were satisfied with the food. Catalogue orders took too long to arrive. Outcomes for prisoners were good against this healthy prison test.

### **Key recommendation**

Basic information about the prison and the regime should be available in the main languages spoken by prisoners, and key notices should be displayed in these languages. Telephone interpreting should be used in all cases where confidentiality or accuracy is required.

**Partially achieved**

## **Recommendations**

Cells designed for one should not hold two. (Repeated recommendation.)

**Not achieved**

Discrimination incident report forms should be freely available in a range of languages.

**Achieved**

Older prisoners and prisoners with disabilities should be reviewed regularly and detailed support plans should be in place for those who need them.

**Achieved**

Complaint forms should be available in a range of languages.

**Not achieved**

Robust quality assurance systems should drive improvement in the responses to complaints.

**Not achieved**

Prisoners should be able to consult their solicitors in private.

**Not achieved**

Waiting times for physiotherapy appointments should reflect community waiting times.

**Achieved**

All wing and gym staff should have timely access to emergency equipment and automated external defibrillators.

**Achieved**

Medicines should not be transferred from pharmacy labelled packs into unlabelled containers.

**Achieved**

Original prescriptions should be retained for audit purposes.

**Achieved**

Waits for routine dental appointments should be reduced to reflect community waiting times.

**Not achieved**

Transfers of prisoners to secure mental hospitals should be timely.

**No longer relevant**

Prisoners should be able to buy clothes and other items without undue delays.

**Not 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 for most prisoners was good and the regime was predictable. The management of learning, skills and work was good. There were not enough activity places for the population. Teaching and learning were good. Many prisoners gained valuable new skills. The library was good but access was too limited. Physical education was good. Outcomes for prisoners were reasonably good against this healthy prison test.

### Recommendations

Prison managers should robustly evaluate the quality of training and assessment in prison workshops, and should use their findings to improve instructors' training practices.

**Achieved**

The number of activity places should be increased to meet the needs of the population.

**Partially achieved**

There should be an adequate number of places on ESOL courses to meet the needs of the population.

**Not achieved**

All tutors and instructors should set clear and challenging targets for prisoners' skill development. Learning activities should help to enhance prisoners' existing knowledge, particularly the most able.

**Achieved**

Instructors should routinely develop prisoners' use of English and mathematics.

**Achieved**

Tutors and instructors should effectively plan and supervise the work of peer teaching assistants in teaching and training activities.

**Achieved**

The virtual campus should be operational and used well.

**Achieved**

Managers should ensure that instructors always use good industrial practices, so that prisoners develop the working practices that employers expect.

**Achieved**

The library should be open at weekends and in the evenings.

**Not achieved**

Library staff should collect and analyse information about the different groups of prisoners who use the library, so that they can ensure that the library service meets the needs of all prisoners.

**Not achieved**

## **Resettlement**

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

At the last inspection, in 2017, the role of offender management in a foreign national prison was unclear. Little work was done to reduce risk of reoffending. Supervision of offenders was poor and too many prisoners did not have an OASys (offender assessment system). Public protection work was sound for the few men released from the prison into the UK. Men were not re-categorised to category D, or released on temporary licence or home detention curfew. There was no community rehabilitation company to meet men's resettlement needs or systematic assessment of need. Visits arrangements were good. Outcomes for prisoners were poor against this healthy prison test.

### **Key recommendation**

The Ministry of Justice (MOJ) should clarify the role of, and resolve systemic problems with, offender management and resettlement in foreign national prisons to ensure that the needs of prisoners, including the risks they pose, are addressed before they are released or removed.

**Not achieved**

### **Recommendations**

All prisoners should have an up-to-date OASys assessment and a sentence plan which can be progressed and achieved by appropriate interventions and regular support from an offender supervisor.

**Not achieved**

Release on temporary licence should be used for resettlement purposes with relevant prisoners following an individual risk assessment which sets out clear evidence for any risks they pose.

**Achieved**

HMPPS should ensure expeditious assessment of multi-agency public protection arrangements (MAPPA) levels. (Repeated recommendation.)

**Not achieved**

Re-categorisation decisions should be made on the basis of individual risk assessments and supported by clear evidence of the risks posed.

**Not achieved**

There should be a co-ordinated assessment of prisoners' release and resettlement needs. Action should be taken to meet these needs before release or transfer.

**Not achieved**

Information and advice on finance, benefit and debt should be available for those returning abroad. (Repeated recommendation.)

**Achieved**

Social visits should start at the advertised time.

**Achieved**

Prisoners should be able to access support designed to repair and maintain relationships.

**Achieved**

Prisoners assessed as needing accredited offending behaviour interventions should be able to complete them during their sentence. (Repeated recommendation.)

**Not achieved**

## **Recommendations from the scrutiny visit**

The following is a list of the recommendations made in the scrutiny visit report from 1 and 8–9 December 2020.

Managers should carry out a thorough investigation into prisoners' reports of staff victimisation, focusing in particular on black and minority ethnic and younger prisoners, and implement a suitable response.

**Achieved**

Prisoners' rights to dispute identity claims should be upheld and the incentives scheme should not be used to sanction prisoners who are in dispute with the Home Office over immigration claims.

**Not achieved**

Managers should ensure that opportunities for safely increasing education and employment activities are fully explored and that suitable action to increase time out of cell is implemented as soon as possible.

**Achieved**

## Appendix I About our inspections and reports

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

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

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

### **Safety**

Prisoners, particularly the most vulnerable, are held safely.

### **Respect**

Prisoners are treated with respect for their human dignity.

### **Purposeful activity**

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

### **Rehabilitation and release planning**

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

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

### **Outcomes for prisoners are good.**

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

### **Outcomes for prisoners are reasonably good.**

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

### **Outcomes for prisoners are not sufficiently good.**

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

### **Outcomes for prisoners are poor.**

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

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

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

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

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

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

## **This report**

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison->



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

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

### **Inspection team**

This inspection was carried out by:

Charlie Taylor	Chief inspector
Hindpal Singh Bhui	Team leader
Lindsay Jones	Inspector
Alice Oddy	Inspector
Chelsey Pattison	Inspector
Fiona Shearlaw	Inspector
Nadia Syed	Inspector
Dionne Walker	Inspector
Isabella Heney	Researcher
Emma King	Researcher
Samantha Moses	Researcher
Alexander Scragg	Researcher
Maureen Jamieson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Noor Mohamed	General Pharmaceutical Council inspector
Mark Griffiths	Care Quality Commission inspector
Carolyn Brownsea	Lead Ofsted inspector
David Baber	Ofsted inspector
Bev Ramsell	Ofsted inspector
Jai Sharda	Ofsted inspector

## Appendix II Glossary

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

### **Care Quality Commission (CQC)**

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

### **Certified normal accommodation (CNA) and operational capacity**

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

### **Challenge, support and intervention plan (CSIP)**

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

### **Key worker scheme**

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

### **Leader**

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

### **Offender management in custody (OMiC)**

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

**Protected characteristics**

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

**Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Time out of cell**

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

## **Appendix III Further resources**

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

### **Prison population profile**

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

### **Prisoner survey methodology and results**

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

### **Prison staff survey**

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

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