



Report on an unannounced inspection of

HMP Littlehey

by HM Chief Inspector of Prisons

4–14 September 2023



Contents

Introduction.....	3
What needs to improve at HMP Littlehey	5
About HMP Littlehey.....	7
Section 1 Summary of key findings.....	9
Section 2 Leadership.....	11
Section 3 Safety	13
Section 4 Respect.....	22
Section 5 Purposeful activity.....	37
Section 6 Rehabilitation and release planning.....	44
Section 7 Progress on recommendations from the last full inspection.....	51
Appendix I About our inspections and reports	56
Appendix II Glossary	59
Appendix III Care Quality Commission Requirement Notice.....	61
Appendix IV Further resources	63

Introduction

Littlehey is a large category C training prison near Huntingdon in Cambridgeshire. Holding more than 1,200 prisoners across a large campus, the prison's principal purpose is to hold adult men convicted of a sexual offence. As such, the prison manages a significant amount of risk, with nearly a quarter of those held serving an indeterminate sentence, including many serving life. Eleven per cent of those held are aged over 70, and a considerable number are experiencing their first time in custody.

This was our first inspection since 2019, and although we found some deterioration in outcomes in respect and purposeful activity, outcomes in rehabilitation and release planning had improved, while outcomes in safety remained good, our highest assessment. Overall, this was a very encouraging inspection. The general atmosphere of the prison was settled, safe, and purposeful, predicated on good staff-prisoner relationships, and staff and prisoners spoke confidently about their work and experiences in the jail.

Prisoners had a good reception into the prison and attended a satisfactory peer-led induction. The rate of violence was low, and most prisoners told us that they felt safe. Other safety indicators such as use of force, use of segregation and the rate of self-harm were similarly low. It was concerning that since our last inspection four prisoners had taken their own lives, but the prison was responding to these tragedies and achieving recommendations, although there was more to do with respect to health. Although the application of security measures was proportionate, elements of the infrastructure – notably security cameras and lighting – needed to be repaired and upgraded.

The prison comprised several house blocks and wings which were set in impressive, well-kept grounds. The quality of the built environment and accommodation did, however, vary greatly. Some facilities were excellent, but others required significant investment and refurbishment. The backlog of work was considerable, and some bigger projects, such as repairs to the heating system, remained outstanding, as at our last inspection.

Consultation arrangements with prisoners were reasonably good, but systems to support redress required improvement. Weaknesses were, however, partly mitigated by the use of peer support workers. This extended to work to promote equality, and although progress would have been enhanced by a more sophisticated use of data, perceptions and outcomes among prisoners with various protected characteristics appeared reasonably consistent.

A committed staff group made sure there was basic health provision, but staff shortages and weak governance, as well as limited resources in important specialist services such as palliative care, limited the service on offer.

The amount of time out of cell was much better than we often see, with a quarter of prisoners unlocked for at least nine hours each day. However, limits on the number of work and education places available meant that a sizeable minority had a much worse experience. Overall, our colleagues in Ofsted found

the that the provision of learning and skills was mixed and assessed it as 'requiring improvement.' To the prison's credit, a growing number of enrichment activities were being made available and gym access was greatly valued by the prisoners. Its reducing reoffending strategy had improved, with most prisoner risks properly assessed and individuals supported, although prisoners' expectations about the pace of potential progress required more careful management. For those about to be released, public protection and resettlement arrangements were reasonably good.

Littlehey benefited greatly from being fully staffed, with low rates of staff absence or attrition. In general, prisoners were also reasonably compliant and cooperative. Notwithstanding these advantages, there was an energy and competence about the establishment that almost certainly came from the visibility and commitment of the governor. Leaders were collaborative, innovative, and ambitious. Staff were supported and encouraged and were maintaining a caring and capable ethos in the prison. Leaders should be congratulated for what they had achieved.

Charlie Taylor

HM Chief Inspector of Prisons

October 2023

What needs to improve at HMP Littlehey

During this inspection, we identified nine 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. **Health care services lacked the resources to meet the needs of the population.**
2. **The governance and oversight of medicines management was weak.** Medicines were found to be out of date, room temperatures were not being recorded and arrangements for the disposal of unused medicines and controlled drug administration were unsafe.
3. **There were far too many longstanding unaddressed maintenance issues.** Numerous closed-circuit television cameras were, for example, not working effectively and lights in the prison grounds were also in a state of disrepair, both of which were a threat to the security of the prison. A further example was the condition of showers, which were in need of refurbishment.
4. **There were not enough activity spaces, which limited the ability of prisoners to gain the knowledge and skills they needed to help them on release.**

Key concerns

5. **The promotion of equality and diversity was limited by a failure to use data effectively and by a lack of consultation.**
6. **There was insufficient provision of English, mathematics and English for speakers of other languages to meet the needs of the population.**
7. **The prison needed a reading strategy to support literacy based on a meaningful assessment of need among the prisoner population.**

8. **Contact between offender managers and prisoners was mostly task-driven and did not consistently support sentence progression and risk management.** Key work was also limited.
9. **The late allocation of community offender managers delayed the handover of responsibility for the prisoner to the community and had a negative impact on arrangements for their release.** Escalation by the prison of issues such as confirmation of MAPPA levels was not prompt or consistent.

About HMP Littlehey

Task of the prison

HMP Littlehey is a category C training prison.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,226

Baseline certified normal capacity: 1,176

In-use certified normal capacity: 1,240

Operational capacity: 1,240

Population of the prison

- 10% were serving indeterminate sentences.
- 14% were serving life sentences.
- 11% were over the age of 70.
- 30% were from ethnic minority groups.

Prison status (public or private) and key providers

Public

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust

Mental health provider: Northamptonshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Phoenix Futures

Dental health provider: Prisoner Centred Dental Care

Prison education framework provider: People Plus

Escort contractor: Serco

Prison group/Department

Bedfordshire, Cambridgeshire, Norfolk

Prison Group Director

Gary Monaghan

Brief history

In 1988, the prison opened as a male category C establishment, which over time managed an increasing number of prisoners convicted of sexual offences. In January 2010, there was an extensive expansion to the current site, to accommodate a population of up to 480 young offenders. In 2014, the prison re-roled to an all adult male category C establishment holding prisoners convicted of sexual offences.

Short description of residential units

A wing – General population

B wing – General population

C wing – Community wing, run on rehabilitative culture principles

D wing – General population

E wing – Induction unit

F wing – Progression unit for enhanced residents

G wing – Progression unit for enhanced residents

H wing – Accredited enabling environment

I wing – Elderly unit with support
J wing – Elderly unit with support
K wing – General population
L wing – General population
M wing – Indeterminate sentence for public protection (IPP) unit

Name of governor and date in post

Olivia Phelps, January 2021

Changes of governor since the last inspection

Sue Doolan, May 2017 – June 2020

Independent Monitoring Board chair

Geoffrey Watts

Date of last inspection

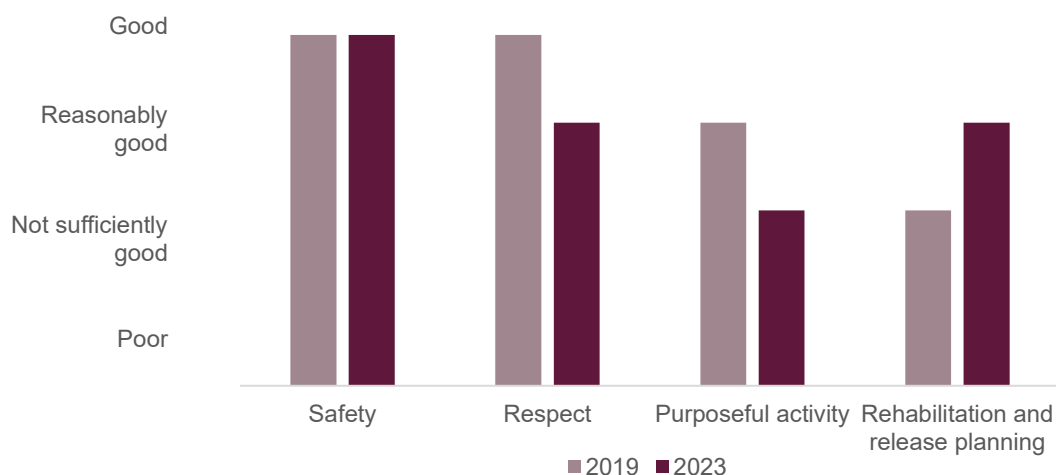
22 July – 2 August 2019

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Littlehey, we found that outcomes for prisoners were:
- good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - reasonably for rehabilitation and release planning.
- 1.3 We last inspected HMP Littlehey in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Littlehey prisoner outcomes by healthy prison area, 2019 and 2023



Progress on key concerns and recommendations

- 1.4 At our last inspection, in 2019, we made 28 recommendations, eight of which were about areas of key concern. The prison fully accepted 18 of the recommendations and partially (or subject to resources) accepted eight. It rejected two of the recommendations.
- 1.5 At this inspection, we found that three of our recommendations about areas of key concern had been achieved and five had not been achieved. The one recommendation made in the area of respect had not been achieved. Three of the recommendations made in the area of rehabilitation and release planning were achieved, while the other four

recommendations in this area were not achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.6 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.
- 1.7 Inspectors found four examples of notable positive practice during this inspection.
- 1.8 PE provision had been adapted to meet the needs of a very diverse population and engage hard-to-reach users. The 'Fanzine' match report magazine produced by prisoners was a creative initiative which brought together and promoted physical activity and reading. (See paragraph 5.9)
- 1.9 The extensive programme of family days was well planned to meet the needs of different groups of prisoners. Some were for adults only and others were for children. There had also been family days which focused on specific groups, such as indeterminate sentenced prisoners, veterans and LGBT prisoners. (See paragraph 6.4)
- 1.10 M wing provided good support as a progression unit for prisoners serving indeterminate sentences for public protection whose progress had slowed or stalled. The unit's community ethos and multi-disciplinary staff group encouraged prisoner participation in activities to start to reengage those who had lost hope of progressing. Recent successes included a release from custody and a Parole Board recommendation for transfer to open conditions. (See paragraph 6.18)
- 1.11 Prisoners being considered for open conditions appeared before a category D board at which their motivation, hopes for achievement and learning from completed programmes/interventions were explored. The board provided a robust means of determining suitability and placed an onus on prisoners to demonstrate their readiness for an open prison. (See paragraph 6.26)

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's visible and energetic style of leadership had reinvigorated the prison since she had taken up post two and a half years ago. She had built a new collaborative senior team and encouraged innovation.
- 2.3 The calm, respectful and well-ordered prison had been given purpose and direction. Leaders could describe a clear vision for prisoner progression and had introduced sequencing meetings, where individual plans for work and education for each prisoner were agreed. Specific roles for residential units had been defined to support prisoner progression.
- 2.4 The governor had deployed her skills in organisational development and as a qualified coach to engage and empower staff and instil a learning culture.
- 2.5 The prison was well staffed by band 3 prison officers, and rates of attrition and sick absence were low. Although the proportion of newer staff had recently increased, they told us that they felt well supported by their more experienced colleagues.
- 2.6 Leaders also had a strong focus on supporting the well-being of staff, for whom the care of an ageing population and the high number of deaths in custody from natural causes was a considerable challenge.
- 2.7 Leaders encouraged a respectful and caring culture and provided regular staff training, including, for example, an understanding of dementia, relevant to the profile of the population, and some opportunities for reflective practice.
- 2.8 Although more oversight was needed in some areas, the trust given to the many peer workers enabled prisoners to contribute positively to their current community and reduce their overall risks.
- 2.9 The prison's self-assessment reflected a clear and ambitious strategy, but it was undermined by limited data analysis, and planned actions lacked time-bound targets. Although the understanding of the needs of individuals and outcomes for prisoners were generally good, leaders' use of data needed to be refined to drive further improvements.

- 2.10 Several long-standing infrastructure projects had yet to be delivered.
- 2.11 Although the majority of prisoners were unlocked for most of the working day and had evening association, there were insufficient full-time activity places for the population and 15% were unemployed. The education provider had been unable to meet the growing demand for the teaching of English and mathematics, and Ofsted graded education, skills and work overall as 'requires improvement'.
- 2.12 Although partnership working with the social care provider to support the older population was strong, health care services were under-resourced. The health needs analysis had not been updated since 2019 and provision was insufficient for the current population, which included, for example, about 20 people living on the residential units requiring end-of-life care.

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 Around 45 prisoners were received at the prison each month. In our survey, 88% of respondents said that they were treated well on arrival. The reception area was bright and created a welcoming first impression of the prison. Prisoners were generally only subject to a rub-down search as they entered. Reception processes were carried out efficiently by staff, with prisoners acting as reception, induction and health orderlies, all playing a role in gathering and conveying information and helping to put prisoners at their ease.
- 3.2 Prisoners waited in a reasonably furnished holding room between different parts of the reception process, with the door kept open. Staff told us that arriving prisoners were offered just water. Orderlies, however, told us that they could also provide hot drinks to new arrivals, but this did not happen during the inspection. No food was provided in reception. A safety interview was conducted by an induction officer and covered key areas, but it was mainly in a yes/no format, which did not allow the exploration of vulnerabilities.
- 3.3 The prison did not keep records of how long arriving prisoners spent in reception, but only 58% of respondents to our survey said that they had spent less than two hours there. The three prisoners we observed arriving were there for about one and a half hours, after which they were taken to the health care department for a medical screening because of problems with the reception computer system.
- 3.4 All prisoners were taken to the induction (E) wing for their first night at the prison. In our survey, only 26% of respondents said that they were offered a shower on their first night there, which was less than at the time of the previous inspection (41%). Electronic case notes indicated that showers were not given when prisoners arrived late on the wing or if staffing numbers were low. Despite prison leaders telling us that all prisoners were offered a free telephone call on arrival on the wing, in our survey only 38% of respondents said that this was the case.
- 3.5 The induction wing was clean and first night cells, all of which were designed to hold two prisoners, were in a reasonable condition, and appropriately furnished and equipped. New arrivals were subject to four observations on their first night. Most prisoners stayed on the wing for

at least three weeks, but those who were risk assessed as needing a single cell were sometimes moved to other wings after their first night.

- 3.6 On arrival on the wing, prisoners were given a comprehensive booklet about life at the prison. Induction took place over the following week. Positively, induction sessions were mostly led by peer workers, with good opportunities for new prisoners to ask questions. Induction orderlies arranged the induction sessions and monitored attendance, including by prisoners who had already been moved off the wing. Although they were diligent in keeping their own records, oversight by staff was too limited.

Managing behaviour

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

Encouraging positive behaviour

- 3.7 The environment was calm and supportive, with a comparatively low level of violent incidents. Over the previous 12 months, there had been 92 recorded assaults, 76 of which were prisoner-on-prisoner, with 20 of these incidents reported as serious. Assaults against staff were infrequent, totalling 16 during this period, of which two were serious. In our survey, 35% of respondents said that they had felt unsafe at some point at the prison, and 14% that they currently felt unsafe, which was similar to the figure at the time of the previous inspection.
- 3.8 Despite the overall low levels of violence, approximately a third of all prisoner-on-prisoner assaults were reported as sexual, but there was no plan to address this or further reduce violence generally. The weekly safety intervention meeting (SIM) was well attended, but it did not drive actions effectively. Those actions that were discussed were often not documented properly or specific timeframes for improvement determined. Case managers' attendance also fluctuated.
- 3.9 The challenge, support and intervention plan (see Glossary) process was in place but was ineffective. Not all instances of violence were subject to a comprehensive investigation. In the sample of plans that we reviewed, many of the investigations were not thorough; some had been concluded without even interviewing the prisoners involved, and targets to address behaviour were often too generic. This sometimes resulted in a failure to identify the root causes of violence.
- 3.10 Staff promoted positive relationships, and regular wing community meetings motivated prisoners to improve their living spaces. This included maintaining noticeboards, supporting each other through communal activities (see also paragraph 4.4) and using pictures and plants to create welcoming communal areas. Many prisoners we spoke

to said that these initiatives played an important role in fostering a safer environment.



A communal space on one of the wings

- 3.11 Prisoners on the highest level of the incentives scheme resided on F and G wings (the enhanced wings), where they could enjoy privileges such as self-cooking, privacy locks on their cell doors and increased time outside their cells. In our survey, 48% of respondents said that the incentives scheme encouraged them to behave well, which was similar to the comparator. The newly constructed cellular units in G wing were particularly impressive, helping to prepare prisoners for open conditions and eventual release. Only a small number of prisoners were downgraded to the basic level, and these individuals received appropriate monitoring of their entitlements.



G wing



Self-cook facilities on F wing

Adjudications

3.12 In the last 12 months, there had been 846 adjudication hearings, which was similar to the number in the same period before the previous inspection. They were mostly for possession of unauthorised items, and threatening and abusive behaviour. Around a fifth of charges had been dismissed appropriately because of a positive result in a

mandatory drug test triggered by a prescribed medication. There were few hearings outstanding at the time of the inspection.

- 3.13 The records of hearings that we reviewed mostly demonstrated a good level of enquiry. The deputy governor conducted monthly quality assurance checks and provided feedback to adjudicators, as needed.

Use of force

- 3.14 Levels of use of force were low, and lower than at similar prisons. Oversight of use of force recordkeeping was very good. There had been 113 uses in the last 12 months. Most incidents were recorded on body-worn video cameras, and most staff we observed wore their cameras while on duty.
- 3.15 Access to review video footage was overly restrictive, and senior leaders were unable to do so because they had not been granted permission. The use of force coordinator assessed a limited number of use of force incidents but this was insufficient to provide comprehensive oversight. We reviewed a selection of video recordings of both planned and unplanned uses of force. In a few cases, we identified concerns, which we escalated to the deputy governor. As a result, a weekly use of force meeting was introduced during the inspection, to improve oversight by senior leaders.
- 3.16 Prisoner debriefs were not carried out consistently; when they did take place, their quality was poor, and there was a lack of monitoring and oversight of their effectiveness.

Segregation`

- 3.17 Use of segregation was low. Records showed that 136 prisoners had been segregated in the past year, with a typical stay on the unit of just one day. De-escalation followed by the swift return of prisoners to their wings, rather than extended periods of segregation, was common. Only one prisoner had been segregated for a period exceeding 42 days.
- 3.18 The segregation unit was clean and well decorated. Improvements had been made to address shower issues identified during the previous inspection, but humidity and ventilation remained a persistent challenge.



Segregation unit cell



Segregation unit shower

- 3.19 Segregated prisoners we spoke to were generally positive about staff and the regime they received. The daily regime (access to fresh air, a telephone call and a shower) was consistent and documented, and some prisoners could access the gym. All prisoners communicated with staff, chaplains, medical staff and governors through an open-door policy, enabling regular face-to-face interactions. The governor and the deputy governor visited the segregation unit often and were well sighted on the needs of the prisoners located there.
- 3.20 The number of prisoners in segregation was rising slightly, but the segregation monitoring and review group maintained extensive data records, and action in response to any fluctuations was properly considered, although more consistent and rigorous follow up was sometimes needed.
- 3.21 Reintegration planning began as soon as prisoners arrived on the unit. Consideration for reintegration included historical and current issues. Segregation staff carried out a welfare check on prisoners five to seven days after they left segregation, providing them with ongoing support.

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.

- 3.22 Security risk assessment arrangements were proportionate, and prisoners could move within the prison and in the grounds unescorted, and many engaged in meaningful work in the outdoor areas. Workplace assessments that we reviewed were appropriate and were reviewed at three-monthly intervals, to ensure continued suitability.
- 3.23 Security meetings were well attended and intelligence was processed swiftly. However, monthly intelligence objectives were not always informed by data. In addition, it was concerning that 101 out of 300 closed-circuit television (CCTV) cameras were not functioning effectively, and this had not been identified as a key threat. Further, broken lights in the grounds resulted in poor visibility at night.
- 3.24 The prison had a body scanner and this was used proportionately. Leaders made sure that strip-searches and body scans could only take place if there was adequate intelligence to justify them, and these could only be authorised by a manager, which meant that there was good oversight when needed.
- 3.25 The number of contraband finds was low, with 143 in the last 12 months, mostly involving non-prescribed medication as a result of diverting prescribed medication from one prisoner to another. Eighty-nine per cent of searches were intelligence led, and 42% of these resulted in a positive find.

- 3.26 The mandatory drug testing positive rate was very low (2%). In our survey, only 17% of respondents said that it was easy to get drugs into the prison, which was an improvement since the previous inspection (33%). Drug strategy meetings, informed by a comprehensive drug strategy, were well attended and records showed good discussion of relevant issues. Actions from meetings were tracked and the accountability of those responsible for them was clear.
- 3.27 The security governor disseminated frequent, informative security bulletins to staff, which helped raise awareness of current issues at the prison.
- 3.28 On average, there were eight hospital escorts a day; handcuffing arrangements for external escorts were appropriately informed by the health care department.

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

- 3.29 There had been four self-inflicted deaths since the previous inspection. Recommendations from Prisons and Probation Ombudsman (PPO) investigations had been acted on and, with the exception of recommendations made to the head of health care (see paragraph 4.42), the implementation of those made to the governor was being monitored. However, leaders indicated that such monitoring was time bound and, in all instances, would end after a coroner's hearing had taken place, which we considered too rigid.
- 3.30 Three of the self-inflicted deaths had not yet been fully investigated by the PPO. Internal reviews had been undertaken in the immediate aftermath of these deaths, to seek to identify any gaps or errors, but one of the reviews did not evidence thorough consideration.
- 3.31 Levels of self-harm, which were low at the time of the previous inspection, had decreased by about 30% and were well below the average among similar prisons. Only a minority of self-harm incidents were serious, and reviews were conducted on these to try to identify any lessons to be learnt.
- 3.32 Prison leaders considered that the main factor determining self-harm levels was the number of prisoners with a history of prolific self-harm. While six prisoners had been responsible for half of all incidents in the previous year, the absence of thorough scrutiny of data meant that other potential contributory factors were not being identified. Positively, the prison had recently improved its data reports, which were now

being considered at the safety meeting, with the last meeting evidencing some greater sophistication in the approach adopted.

- 3.33 The assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm was generally good. Assessments were mostly thorough and care plans generally demonstrated that prisoners' individual needs were considered. However, sections of ACCT documentation were sometimes incomplete. All prisoners on ACCTs were on the agenda of the SIM (see paragraph 3.8). Prisoners supported by ACCTs generally reported adequate levels of day-to-day care and support.
- 3.34 Constant supervision had been used 47 times during the last year, with timeframes ranging from a few hours to over two weeks. We were not confident that accurate data as to its use was being monitored.
- 3.35 There were 16 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) located around the prison, which was sufficient for the size of the population. There were sometimes delays for prisoners in crisis in accessing support, particularly during the night lock-up.

Protection of adults at risk (see Glossary)

- 3.36 A comprehensive prison strategy for safeguarding adults had been introduced since the previous inspection. The safeguarding meeting took place every six weeks and provided a good platform for supporting at-risk adults, and there were internal processes to identify and support adults at risk. The meeting provided a useful forum to plan support for vulnerable prisoners and this was complemented, as necessary, by discussions at the SIM. Staff on the wings demonstrated a better understanding of diverse types of vulnerabilities than we often see and were aware of the referral system in place. Although there was limited contact with the local adult safeguarding board, there was evidence of good communication with adult safeguarding boards more broadly as prisoners approached release.

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, 78% of respondents said that staff treated them with respect. This was reflected in the interactions we observed, which were generally caring and helpful; for example, we saw some patient staff working with vulnerable older prisoners. There was appropriate use of humour and an informality between officers and prisoners.
- 4.2 While 83% of our survey respondents said that they had a member of staff they could turn to if they had a problem, prisoners told us that there was a small group of staff who were indifferent and less engaged. We saw a number of staff congregating in offices when they could have been among prisoners during unlock periods.
- 4.3 Despite the prison being fully staffed, too little key work (see Glossary) was being delivered. Leaders had begun to address this with increased oversight and accountability. For those in receipt of key work, their key worker remained consistent, and relationships were good but sessions we reviewed were too variable in quality; some excellent examples of collaborative working were evident but too many were akin to welfare checks (see also paragraph 6.16).
- 4.4 The numerous peer-worker roles supported a community ethos; prisoners had been trusted and enabled to take initiative, and, overall, contributed substantially to the establishment's culture. However, there was too little staff oversight of some of these roles, notably the social care orderlies. In contrast the education information, advice and guidance peer mentors were better supervised and particularly effective (see also paragraphs 4.66 and 5.18).

Daily life

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

Living conditions

- 4.5 The outdoor areas were impressive. The internal environment was reasonable overall, but the conditions were variable across the establishment and some buildings were shabby. All communal areas were very clean and well decorated, with leaders working to set high standards and prisoners maintaining a decent living space. Good use was made of side rooms and outdoor spaces and there was a variety of association equipment, including snooker tables, as well as seating areas.



The prison grounds

- 4.6 Cells were well equipped with the basic amenities and kept clean, and there was hardly any graffiti or vandalism. Prisoners had lockable cupboards in shared cells. However, cells were too cramped for the 126 prisoners living in double cells designed for one.
- 4.7 The cells on G wing were better and provided a modern and pleasant environment. In-cell telephony was still not in place, but leaders told us that this was being installed.

- 4.8 There were many outstanding maintenance issues, including nearly 400 reactive repairs. It took too long for key longstanding issues to be resolved. For example, the kitchen had been using temporary freezers for far too long, and the boilers in the prison continued to be an issue, as identified at our last inspection. Prisoners told us that the temperature of many cells was problematic – either too hot and poorly ventilated or too cold, with an unreliable heating system.
- 4.9 Shower areas were unpleasant, with many mouldy and needing refurbishment. Water temperature and pressure were also issues. Although there were six wings with in-cell showers, which was positive, many of these had mould, exacerbated by the poor ventilation.
- 4.10 There was sufficient access to laundry facilities and cleaning equipment; cleaning officers worked collaboratively to make sure that stock was well maintained. Respondents to our survey were far more positive about weekly access to cleaning materials than at similar prisons.

Residential services

- 4.11 In our survey, 69% of respondents, compared with 48% at similar prisons, said that the quality of food was good or very good, and the food we saw looked appetising.
- 4.12 The menu was reviewed regularly and kitchen managers had made efforts to consult prisoners. The prison's garden provided a wide range of fresh herbs and vegetables.
- 4.13 In our survey, only 48% of respondents said that they got enough to eat, which leaders needed to explore further. The serving of meals was well supervised, and the regime allowed for prisoners to dine together if they chose to.
- 4.14 There was a range of self-catering facilities available for many prisoners to use. Most wings had an assortment of microwave ovens, refrigerators and toasters. Some had more facilities, including mini-ovens and hot plates. However, some prisoners had access to none of these. Facilities and kitchen areas were well maintained. Prisoners told us that they would have liked to be able to buy fresh meat to cook.
- 4.15 Arriving prisoners could wait as long as two weeks for their first shop order to be issued to them. They were offered the opportunity to buy a food and/or vape pack in the meantime.
- 4.16 In our survey, more prisoners than in similar prisons said that the prison shop sold what they needed (63% versus 49%). However, many prisoners told us that their wages were too low to keep up with the spiralling prices.
- 4.17 Prisoners could also order from various catalogues. However, those we spoke to were frustrated by the amount of time it took to receive goods from the point of ordering.

Prisoner consultation, applications and redress

- 4.18 There were several avenues for consultation, including through prisoner representatives at meetings, newsletters, forums and surveys. There was also a prisoner council, which was well established and included elected wing representatives. While prisoners on the council found it to be worthwhile, many were frustrated by some of the recurring issues that took too long to be resolved. Some wings also had an elected chairperson, who represented their peers and liaised with staff on their respective wings.
- 4.19 Although forums and consultation with prisoners were commonplace, more needed to be done to communicate the outcomes and changes resulting both from leaders' and prisoners' efforts. In our survey, 68% of respondents said that they were consulted with, but only 41% said that this led to change.
- 4.20 In our survey, more prisoners than at similar prisons said that they found it easy to make an application or a complaint, but there were substantial weaknesses in these systems.
- 4.21 The application system was still paper based. Prisoner information desk workers logged applications to allow some system of accountability. However, prisoners told us that, if answered at all, responses were too slow. There were no processes to monitor timeliness or quality. The absence of technology was a missed opportunity.
- 4.22 The number of complaints submitted was just above the average for similar prisons. Access to complaints forms on the wings was good and responses were generally timely. However, of the sample we reviewed, most of the responses were not helpful in addressing prisoners' concerns, and in some cases were dismissive and discouraging. We also came across an example of a complaint about staff which had not been responded to at the appropriate level. Although there was a quality assurance process, this had not yet been effective.
- 4.23 Prisoners were able to communicate with and meet their legal representatives, both via video-link and in person, with sufficient privacy. Leaders had recently collaborated with Invisible Walls Family Services, which planned to provide prisoners with free legal advice on family law.
- 4.24 The library had the most recent legal texts available for reference and held 'legal' time slots for prisoners to make use of these. Records showed that an unusually large amount of legal mail had been opened without the prisoner present. Leaders explained that most of this was the result of letters not being marked properly by the sender, which needed to be rectified.

Fair treatment and inclusion

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), or those who may be at risk of discrimination or unequal treatment, 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.

- 4.25 As in many other areas of life at the prison, prisoner orderlies and representatives played a central role in promoting equality, diversity and fairness. A prominent example of this was Real Voices, which was an active LGBT network within the prison. Its coordinator and representatives provided support to prisoners and organised meetings and events for its members.
- 4.26 The prison had entered into a partnership with the Zahid Mubarek Trust (ZMT), which included the recruitment, training and mentoring of prisoner equality advocates with a specific focus on race and religion. Although still in its early days, the initiative was encouraging.
- 4.27 A senior officer on one of the wings coordinated orderlies to work with foreign national prisoners. The team had a good knowledge of the needs and entitlements of this group, and work was well linked with relevant stakeholders, including the Home Office and third-sector agencies.
- 4.28 There was good provision for Gypsy, Roma and Traveller prisoners. There were two prisoner representatives, who helped to organise and promote monthly meetings for this community. There were good links with, and support from, the Luton Irish Forum, and family members of Gypsy, Roma and Traveller prisoners had been able to attend a celebratory event for the community, which was positive.
- 4.29 Our survey indicated relatively few differences in the perceptions of those with protected characteristics in comparison with others. However, the prison carried out limited analysis of data to enable disproportionalities to be identified and responded to. At both monthly equality meetings and relevant safety meetings, there was only superficial scrutiny of relevant reports. Moreover, direct consultation with prisoners varied between protected characteristics and was more limited than we have seen elsewhere. While some forums were taking place, they were generally ad hoc and the information gathered was not always scrutinised or acted on.
- 4.30 It was apparent that the focus of the prison's efforts to understand and respond to the needs of its population was through its extensive network of peer workers, who were tasked with gathering relevant information about the experiences and views of prisoners. There were instances where this provided the prison with useful information about

prisoner perceptions. However, we were concerned that the prison was relying too heavily on its peer workers as its main source of information in this area, as they would not have been able to provide a full picture of the experience and perceptions of all prisoners with protected characteristics.

- 4.31 Prisoners with physical disabilities were generally well supported, and I and J wings provided a good environment to meet their needs. Many prisoners had support from prisoner carers to help them with day-to-day tasks. However, although there were dedicated disability liaison officers and peer workers coordinating the work of these carers, we were not confident that there was adequate oversight, particularly in respect of the prevention of exploitation and abuse. In our survey, more prisoners with than without a disability said that they had been bullied or victimised by other prisoners (see paragraph 4.4).
- 4.32 A neurodiversity support manager had recently been appointed and had encouraging plans to enhance the work with prisoners with neurodiverse needs, but these were at an early stage.
- 4.33 There were 12 transgender prisoners at the prison, who also had a representative, and the prison worked to meet their needs, including organising a pop-up shop where they could access female clothing.
- 4.34 There had been 132 discrimination incident report forms (DIRFs) submitted in the previous year, with an increase in the last few months. There had been an appropriate focus on training staff members in how to deal with DIRFs, and quality assurance was robust, including external scrutiny by ZMT. The DIRFs that we reviewed showed that investigations had been thorough, and responses respectful.

Faith and religion

- 4.35 Provision for most faith groups was good, with access to weekly corporate worship. There were chaplaincy facilities, including large rooms, which were used for Christian services, Muslim prayers and meetings for those of other faiths.
- 4.36 Religious education groups were available for many faiths and chaplains carried out their statutory duties well, including meeting all new arrivals and visiting those on the segregation unit. The chaplaincy was well integrated into the life of the prison, with staff attending key meetings. Although chaplains visited prisoners supported by assessment, care in custody and teamwork (ACCT) case management, they did not attend reviews as often as we have seen elsewhere. They told us that they were not always invited to attend.
- 4.37 The chaplaincy also facilitated and hosted a number of courses, including living with loss and building relationships. It also facilitated work with prisoners on mediation and peace education (see paragraph 6.28).

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.

- 4.38 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 issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.39 NHS England (NHSE) commissioned Northamptonshire Healthcare NHS Foundation Trust (NHFT) to deliver health services, with psychosocial substance misuse services subcontracted to Phoenix Futures. Prisoner Centred Dental Care was commissioned directly to provide dental services.
- 4.40 NHSE commissioners monitored the contract through quarterly contract review meetings, but had not conducted any recent quality review visits. The health needs analysis, completed in 2019, was out of date. Although we found no unmet needs, we were concerned that the current staffing model, coupled with some ongoing staffing vacancies, had resulted in services being stretched and fragile. There were vacancies in most services, compounded by interim leadership arrangements with no backfill; leaders were often required to cover clinical duties.
- 4.41 Effective partnership working was characterised by good working relationships between health service providers and the prison team, underpinned by regular, well-attended partnership board meetings.
- 4.42 Some important areas of clinical governance, including medicines management, were weak. Despite the provider having assurances that health care-related action plans from the Prisons and Probation Ombudsman relating to deaths in custody were being addressed, there was no ongoing monitoring or evaluation of these. Supervision arrangements for clinical staff were unclear and clinical supervision was not being recorded for primary care staff. Some staff told us that they were not receiving supervision and felt unsupported.
- 4.43 Health care complaints, although well-managed, were submitted via the prison complaints system, which meant that they were not confidential. Responses we sampled addressed the issues raised and contained the necessary escalation route if the complainant remained dissatisfied.
- 4.44 There was a schedule of clinical audits and any lessons learned were disseminated to staff effectively. Mandatory training requirements were fulfilled and records we saw showed that staff had an annual appraisal.

There were no separate safeguarding arrangements for health care, with all referrals going through the prison, which needed resolution.

- 4.45 We observed a skilled and conscientious staff team delivering care, often in the face of competing clinical demands. This resulted, at times, in staff working over their rostered hours to complete critical tasks, which was inappropriate.
- 4.46 All staff used SystemOne (the electronic clinical record). Notes that we looked at met professional standards and the standard of entries was good.
- 4.47 There was a sufficient range of clinical rooms to deliver care and these were clean, well ordered and generally met infection prevention standards. The provider was sighted on flooring issues in some rooms which needed attention.
- 4.48 All medical emergencies were attended by appropriately trained staff when on duty, and we were told that an ambulance was always called promptly. Daily and weekly checks of equipment took place, but we found out-of-date emergency medicines in the two equipment bags.

Promoting health and well-being

- 4.49 The prison and health care provider worked together effectively to deliver a joint health promotion strategy. Health promotion information, linked to national campaigns, was displayed in the health care department and on residential units. Health care staff worked in partnership with the gym team to deliver tailored support to meet the needs of the population.
- 4.50 Professional telephone interpreting services were available to facilitate health appointments when needed, and health care information was available in alternative languages on request.
- 4.51 Health trainers (prisoner orderlies) for all residential units offered advice and information to prisoners and supported the delivery of health services – for example, through blood pressure checks and delivering appointment slips. They were supervised by health care staff and also acted as a point of feedback for sharing information between prisoners and staff.
- 4.52 Blood-borne virus screening was offered routinely during the reception screening, and immunisations, vaccinations and NHS health checks were offered to those eligible.
- 4.53 An appropriate range of prevention screening programmes was offered, including bowel cancer and abdominal aortic aneurysm screening. Waiting lists for screening programmes needed a review, to make sure that those who had been screened were removed from the waiting list.

- 4.54 Condoms were available on request and offered on release, and health trainers could give these out on request. Patients could access sexual health services and were treated in a timely manner.

Primary care and inpatient services

- 4.55 All new arrivals received an initial health screen by a registered nurse and appropriate referrals to other clinical teams were made. On the rare occasions that prisoners arrived too late in the day to see health care staff, they saw them the following morning. Secondary health screening was completed within a week of prisoners arriving at the prison.
- 4.56 A good range of primary health care services was available and waiting times were reasonable. Patients were able to see a GP for a routine appointment within one week and urgent referrals were prioritised, with daily embargoed appointments. Health care provision was not available 24 hours a day; out of hours, prison staff could contact the 111 telephone helpline for advice if needed.
- 4.57 Health care appointments were made via paper applications, which health trainers collated and delivered to health care staff daily. Applications were triaged by the nursing team, to make sure that clinical need was prioritised appropriately. Nurse clinics ran daily, so access to a nurse was prompt.
- 4.58 The number of prisoners with a long-term condition was very high. Such patients were identified on arrival and added to registers. The nursing team had specialist training and lead roles to manage specific conditions. They held clinics, where possible, to make sure that annual reviews were completed. These patients had personalised plans of their care.
- 4.59 A palliative and end-of-life care pathway was well embedded in the prison and appropriate links had been established with local hospice services. However, despite a very high demand for such care, only one nurse was employed to fulfil this role, with a weekly visit from a consultant. While the nursing team provided excellent care for these patients, the staffing model for primary care was substantially under-resourced to meet the increasing demand and complexity among the prison population. This was placing significant pressure on staff and having an impact on their well-being.
- 4.60 The administration team managed the scheduling of external hospital appointments. Although four escorts were available each morning and afternoon, this was far too few to meet the demand of the ageing and increasing population. Staff had good relationships with hospitals and maintained oversight of waiting times. However, prisoners often waited too long for their appointments as a result of staff having to reprioritise and move patient appointments daily to meet urgent needs.
- 4.61 Although discharge clinics had previously taken place, nurses were not currently seeing patients before their release, and the pharmacy team

did not arrange for patients to take away a supply of their medication, which was poor and did not support the continuity of care for patients leaving the establishment.

Social care

- 4.62 There was a memorandum of understanding between the prison, Cambridgeshire County Council and NHFT which was due for review. Prisoners' social care needs were identified early, and generally met. Four patients were in receipt of a social care package (see Glossary).
- 4.63 Care was provided by the social care support team, which was part of Cambridgeshire County Council's prevention and early intervention services. It provided both long-term care and short-term reablement support, to maintain prisoners' independence.
- 4.64 Some prisoners were dissatisfied with the care they received, and not all staff training was up to date. We informed the relevant authorities about these concerns during the inspection.
- 4.65 Partners met regularly to discuss the service. There was an open referral system and prisoners were supported to self-refer, which was positive, but monitoring of referrals needed improving to ensure good oversight.
- 4.66 Peer support orderlies were in place to assist those with low-level needs, but they received no formal training or supervision, which posed a safeguarding risk.
- 4.67 There was a wide range of equipment to help prisoners with their daily living needs, but more oversight of wheelchair maintenance was needed to make sure that they were in safe working order. Personal alarms were available for prisoners to summon assistance in an emergency.
- 4.68 There was evidence of partnership working to support prisoners leaving the prison who needed ongoing care.

Mental health care

- 4.69 The mental health team provided an integrated primary and secondary mental health service from Monday to Friday, with on-call arrangements for weekends and bank holidays.
- 4.70 Prisoners were screened on arrival, and support for those needing urgent care was prompt. As a result of absence and vacancies within the team, non-urgent referrals were waiting approximately eight weeks for an assessment, which was far too long. Those waiting for assessment were subject to clinical triage by the mental health lead.
- 4.71 Referrals were mainly received from staff in reception, but also from other prison staff, and prisoners could self-refer. All new and ongoing patients were discussed at the weekly multidisciplinary team meeting.

The service also provided a twice-weekly drop-in clinic, where prisoners could receive basic advice and signposting.

- 4.72 Psychological therapies were delivered by the psychologist and assistant psychologist via individual and group-based therapies. However, waits for valuable groupwork were excessive, with 83 patients waiting to start, some of whom had waited over a year.
- 4.73 Mental health staff attended all initial ACCT reviews, as well as subsequent reviews for those on their caseload. They also visited the segregation unit daily. The care plans and risk assessments we looked at were reasonable, with the team sighted on areas they needed to improve. Mental health staff told us that they felt supported and could access regular clinical supervision.
- 4.74 Access to a psychiatrist, who attended weekly, was prompt and there was good joint working with substance misuse service colleagues. Physical health monitoring for patients in receipt of mental health medicines was well coordinated with primary care colleagues.
- 4.75 Two well-trained and -supported mental health orderlies provided valuable peer support on the wings. Prison staff we spoke to were complimentary of the mental health team and knew how to refer prisoners they had concerns about. Recent training had been delivered to prison staff on I and J wings on dementia awareness and becoming trauma informed.
- 4.76 One patient had been transferred to secure inpatient care under the Mental Health Act in the last six months, and this had taken place within the NHS guideline of 28 days.

Substance misuse treatment

- 4.77 NHFT and Phoenix Futures delivered an integrated clinical and psychosocial substance misuse service. An up-to-date drug strategy and action plan were in place, with effective partnership working. Access to illicit drugs had reduced since the previous inspection.
- 4.78 The need for clinical substance misuse support was low. Nine patients were receiving opiate substitution treatment medication and 198 were being supported by the psychosocial team. Patients were complimentary about the support they received.
- 4.79 The clinical lead post had been vacant and communication between both teams needed strengthening. However, a new lead had been appointed and an interim non-medical prescriber was supporting the service, which was positive.
- 4.80 New arrivals were stabilised before arriving at the prison. All patients were seen by the psychosocial team and had access to a GP. Regular, joint reviews by the GP and the team were conducted, which was good practice, and flexible prescribing was in place.

- 4.81 Few prisoners were found to be under the influence of illicit drugs, but there was no policy to inform the clinical management of such individuals, which was poor. The psychosocial team delivered targeted harm reduction advice. Prison officers did not receive training to identify prisoners under the influence of illicit drugs, which needed addressing.
- 4.82 A wing had recently transitioned into a drug recovery wing, which was a positive initiative. There was an open referral system and prisoners could self-refer, with needs prioritised according to risk.
- 4.83 Plans of care focused on individualised goals, but clinical care plans were not updated consistently, although this was being addressed. Joint working with the mental health team supported patients with a dual diagnosis (those with co-existing mental health and substance misuse problems).
- 4.84 One-to-one work delivered a wide range of support, including acupuncture. Group sessions had paused temporarily because of staffing pressures, but there were plans to restart it. Mutual aid groups did not attend the prison, which was disappointing.
- 4.85 Each wing had a prisoner recovery champion who was suitably trained and supervised, and patient feedback was gathered to inform service delivery.
- 4.86 Joint working with prison and community services supported prisoners on release, and naloxone (an opiate reversal agent) was available.

Medicines optimisation and pharmacy services

- 4.87 Although staff showed a patient-focused approach, the lack of staff was having an impact on the service that they could provide.
- 4.88 Medicines were supplied by an external pharmacy in a timely manner. A formulary (a list of medications used to inform prescribing) was used and medicines use was recorded on SystemOne.
- 4.89 The pharmacy technicians who had previously undertaken medicines management had left and their tasks had not been taken on by anyone else. This meant that important tasks such as date checking, stock management and running balance audits of stock-controlled drugs were not being completed and there was no oversight. We found a number of out-of-date medicines in the emergency stock cupboard. The storage and management of unused medicines on the Lakeside site were poor and created unnecessary risks, with several large unsecured boxes of medicines stored in the duty room. We found that room temperatures were not being taken in the controlled drug administration room or the duty room where emergency stock was held, risking compromising the integrity of medicines.



Unsafe storage of unused medicines

- 4.90 Medicines administration was led by nurses, three times a day. Controlled drug administration at Lakeside was unsafe, with only fragile floor-to-ceiling Perspex between patients and the nurses. The pharmacist supplied in-possession medicines and gave a wide range of advice to patients attending the hatch. Systems to follow up non-attendance were insufficient. Staff said that patients were referred after not attending for their medicines for three consecutive days. This potentially put vulnerable patients, such as those on antipsychotic or antidepressant medicines, at risk. The queues at the administration hatches were well managed, which provided some confidentiality. There were cell checks if intelligence was received to suggest that medicines had been diverted, but there were currently no routine cell checks to confirm compliance. The pharmacy ordered prisoners' regular in-possession medicines, which meant that they did not have the opportunity to learn to manage their own medicines.



Unsecure administration area for controlled drugs

- 4.91 There was an in-possession policy, and risk assessments undertaken were recorded appropriately. Data showed that over 90% of medicines were supplied as 28-day in-possession, which was very good. The pharmacist said that patients were reviewed regularly, with the aim of moving compliant patients to 28-day in-possession.
- 4.92 The pharmacist reviewed all medicines clinically, to make sure that they were appropriate. However, as a result of a shortage of pharmacy staff, her skills were not fully used; for example, clinics to review patients' medicines had been suspended and the pharmacy team had to complete some tasks at home, which was not appropriate. There was provision for the supply of medicines without the need to see a doctor, using an over-the-counter medicines policy. Nurses provided a triage clinic three times a week for minor ailments, which reduced pressure at the hatches and on prescribers. However, there were no patient group directions (allowing nurses to administer certain medicines without a prescription) in place. Health care staff were not always told when patients were going to be transferred to other prisons, which meant that there was a risk that they might miss doses of their medicines.
- 4.93 Medication errors were recorded and reviewed. Written procedures and protocols were in place. There were regular medicines management meetings. The prescribing of abusable and high-cost medicines was monitored. The prescribing of tradeable medicines was well controlled and only small numbers of prisoners were on tradeable medicines.

Dental services and oral health

- 4.94 Prisoner Centred Dental Care provided a wide range of community-equivalent dental services, including oral health promotion. A dental nurse triaged all applications to see the dentist when on-site each week, and any prisoners with dental pain were able to access the nursing team in the absence of the dental nurse.
- 4.95 The routine waiting time to see a dentist was around 30 weeks for new applications, which was too long and was resulting in several complaints. The addition of all new arrivals to the waiting list was contributing to the waiting time, and staff planned to review this process, to try to shorten the list. Waiting lists were managed by the dental team, to make sure that patients were prioritised appropriately, and embargoed slots were available during each clinic to facilitate any urgent appointments. However, this was challenging, as a high number of prisoners stated that they were in pain and needed to see a dentist more quickly.
- 4.96 The dental suite was well equipped, with a decontamination area. The suite was clean and there were good governance arrangements for the daily monitoring and auditing of the practice. Patient feedback collated by the team was positive, with the exception of waiting times.

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 Around three-quarters of prisoners could spend about nine hours out of their cell on weekdays, which was better than we usually see elsewhere. The regime was delivered reliably, and evening association was rarely curtailed. In our survey, respondents were more positive than at similar prisons about a range of aspects relating to time out of cell; for example, 98% said that they knew the unlock and lock-up times, and 73% that these were adhered to.
- 5.2 All retired prisoners were unlocked during the day and all those living on F and G wings were never locked in their cells. All prisoners were able to spend sufficient time outdoors in the fresh air.
- 5.3 Despite this, in our roll checks we found that 18% of prisoners were locked up during the working day, which was too many for a category C training prison and similar to the figure at the previous inspection. We were concerned that 15% of prisoners were not assigned to any activity; they could be locked up for more than 20 hours a day. Twelve per cent of prisoners were in part-time activity; when not at work, depending on the wing they lived on, they would be locked back into their cells.
- 5.4 Although in their infancy, a growing number of small groups of social and recreational activities was offered during the evening, such as chess clubs and quiz nights, some of which were run by the library. There was also an allocated peer mentor dedicated to the promotion of evening activities.
- 5.5 The library provision was reasonable. Although there were two libraries in the prison, one had yet to fully reopen after the COVID-19 pandemic, mostly because of staffing issues. Prisoners were able to visit the other library for at least 45 minutes every fortnight, although they told us that they wanted more access. It was well stocked, and in addition to borrowing books there was a range of activities, such as Storybook Dads (in which prisoners record stories for their children), book clubs and board game clubs, which prisoners engaged with.

- 5.6 There were also books available on the wings, either on bookshelves or in the more-developed on-wing libraries; these were mostly donated and not part of the formal library provision.
- 5.7 There was some data analysis of library usage, but this was not yet fully developed or being used to drive improvement. For example, leaders' analysis had identified that those on the older prisoner wings (I and J) were not engaging as much with the library as those on other wings. Although we were told that these wings had more established on-wing book collections, there had not been much work to target engagement.
- 5.8 The gym provision was impressive and driven by a motivated group of PE instructors. This was highly valued by prisoners. The prison's data suggested that 70% of the population were engaging with the gym and could access at least 2.5 hours of PE a week. A new local pay policy allowed for prisoners to choose two weekly sessions of activities other than their allocated education, skills and work while being paid, such as visiting the gym.
- 5.9 There were two gyms, including two sports halls and an artificial grass sports area, with a wide range of equipment which was well used. There were several team games and other activities, such as Park Run, available. In addition to prisoners playing football, small numbers could attend to spectate. Of note, prisoners produced and published a weekly magazine, 'Fanzine'. This included match reports relating to the inter-wing football games. These were distributed on the wings, to promote reading. A small number of prisoners had completed courses in first aid, nutrition and mental health.
- 5.10 PE provision had been adapted to meet the needs of a very diverse population and to encourage hard-to-reach users. For example, after seeing less gym engagement from Asian prisoners, a forum was held, and additional cricket sessions took place in response. There was also strong partnership working with the health care team, and 85 prisoners were receiving remedial gym. An outside organisation ran a programme for prisoners with osteoarthritis to help with knee and joint pain, and prison staff were training to be able to deliver this in-house.

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.

5.11 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

5.12 Leaders and managers did not provide enough activity spaces for the population. Most available spaces were filled. A large proportion of the working age population did not take part in activities, which had a negative impact on their opportunities to gain the knowledge and skills they needed to help them on release.

5.13 Leaders and managers did not offer enough English, mathematics or English for speakers of other languages training to meet the needs of the prison population. Waiting lists to study these subjects, particularly at entry level and level 1, were far too long. As a result, too few prisoners gained the basic skills they needed to progress into higher-level training or more skilled work roles in the prison. However, in vocational workshops, instructors improved prisoners' English and mathematics skills that were relevant to the subject being taught.

5.14 Leaders and managers offered a broad curriculum of vocational training and work opportunities. They had thoughtfully considered labour market information and the careers that prisoners could move

into on release. In areas such as gardens, sheet metal and textiles production, they gained useful skills which aligned with employment opportunities. In business, tutors taught prisoners to write their own business plans. Most prisoners made substantial progress from their starting points. Many mastered new concepts and complex skills.

- 5.15 Leaders offered vocational courses in a wide range of useful subjects. For example, they offered construction courses, from level 1 to level 3. However, level 2 and 3 courses were not run often enough to meet the need of prisoners serving longer sentences. Too few prisoners progressed to higher-level courses swiftly.
- 5.16 In most of the work areas in the prison, prisoners gained valuable training and qualifications to help them on release. Leaders had aligned some of the vocational training with work roles. This offered progression within the prison and reflected careers in the community. For example, in horticulture, prisoners studied new skills and then applied them in work roles in the gardens. However, in work areas such as camouflage netting and electrical goods production, too few prisoners developed new knowledge or skills. The qualifications available for those working in waste management were too generic, and prisoners with low levels of English struggled to complete these.
- 5.17 Leaders and managers provided a comprehensive induction to the offer of most education, skills and work opportunities across the prison, which most prisoners attended in their first two weeks at the establishment. As a result, they were available to be allocated to activities quickly.
- 5.18 Information, advice and guidance staff and peer mentors provided mostly high-quality career guidance. Staff created helpful plans with prisoners, to identify and set actions for training and employment opportunities in line with their needs. However, prisoners who had levels of English and mathematics below level 1 did not know the employment opportunities available in the prison and could not access employment that might help them work towards their career aims. Not enough prisoners were aware of the distance learning courses available or how to access the virtual campus (see Glossary).
- 5.19 Appropriate staff from across the prison considered prisoners' career aspirations, to allocate them to education, skills and work. For example, they checked prisoners' levels of English and mathematics, and whether they needed any additional support. Staff agreed a plan of activities for prisoners to achieve in their time at the establishment and checked regularly whether they remained satisfied with their plans. However, prisoners did not know when they would be starting their activities and had to wait far too long to take part. For a few prisoners, options for progression in work or study were insufficient.
- 5.20 Staff had sequenced most prisoners' activities effectively. Prisoners benefited from learning new knowledge and skills, which they then applied in work roles. For example, those who had studied carpentry

had progressed into work roles in the garden, where they built planters to a high standard and made bespoke items for staff.

- 5.21 Leaders had suitably incentivised prisoners to engage in education, skills and work through the local pay structure. They highlighted appropriately the need to develop fundamental skills in English and mathematics to progress both inside the prison and on release.
- 5.22 Where prisoners were allocated to education or vocational courses, the prison education framework contractor, People Plus, mostly provided high-quality training. Most tutors checked what prisoners already knew, and structured and tailored the curriculum to build on this knowledge. However, tutors' written feedback on prisoners' work was not consistently helpful. Tutors introduced new topics clearly and provided suitable opportunities for prisoners to refine their skills. As a result, achievement in most subjects was very high, and had improved in mathematics. Staff recognised that they needed to improve prisoners' achievement in English further.
- 5.23 Teaching staff sequenced the content of courses logically. For example, sheet metalwork instructors firstly taught prisoners basic techniques to shape metal with hand tools, then to use folding machines, before they progressed to complex techniques such as welding and cutting. In vocational courses such as plumbing, tutors revisited basic mathematical concepts, such as measuring between points and calculations to bend pipes, before moving on to building pipe frames. In most cases, teaching staff checked what prisoners knew and could do, and adapted their teaching to meet needs. As a result, prisoners built on their knowledge and developed new knowledge and skills.
- 5.24 Most teaching staff were appropriately trained, qualified and experienced. As a result, they, and peer mentors, used effective approaches to help prisoners understand key concepts and gain deeper knowledge. For example, in mathematics, tutors revisited earlier calculations to work out percentage reductions. In English, staff used discussion well to enable prisoners to plan written texts effectively. In metal engineering, instructors used virtual reality tools to help prisoners to practise their skills. Tutors, trainers and instructors had expert knowledge of their subjects. They answered prisoners' questions about different scenarios adeptly.
- 5.25 In vocational training and most work areas, staff provided developmental feedback which helped prisoners to refine their skills. Most vocational trainers conducted thorough reviews of prisoners' progress and identified specific areas for them to improve. As a result, in most areas prisoners produced high-quality, and often exceptional, work. For example, the prison won the Windlesham trophy in 2023 for their work in the gardens.
- 5.26 Leaders and managers did not have a clear understanding of the population's need for reading support. Staff had only checked these needs for prisoners who had recently arrived and been assessed as

below entry level 3 in English. As a result, leaders did not know if they had suitable support in place to meet the needs of the population. Where staff had identified prisoners who required support with their reading, they provided this through the Shannon Trust (see Glossary) peer mentoring scheme. Prison staff held a range of engaging activities to encourage reading, such as providing books on wings and in vocational workshops. In education and vocational training, staff actively encouraged prisoners to read for pleasure – for example, by assigning dedicated reading time. Prisoners enjoyed this opportunity and valued their improved reading skills. However, reading was not promoted consistently across industries.

- 5.27 Teaching staff provided effective support for prisoners with special educational needs and disabilities (SEND), particularly through assigning suitably trained peer mentors. There was a comprehensive approach to the provision of support for prisoners with learning difficulties or disabilities. Induction staff shared support plans with the wider prison estate. Instructors used learning support plans and strategies to support prisoners with SEND well and staff reviewed plans often. However, instructors did not always have access to, or know about, the resources that prisoners needed, such as reading pens (see Glossary).
- 5.28 Leaders and managers had set up valuable activities to enable prisoners to explore their interests, including making music and playing table tennis and chess. They had thoughtfully involved prisoners studying art to draw portraits of chess players, and over 60 prisoners had won Koestler awards. They ran events which promoted a sense of community, such as a veterans sports day, 'Littlehey fest' and helpful taster days for courses. However, staff did not routinely monitor the uptake of additional activities or make sure that enough of the population took part.
- 5.29 Most prisoners arrived early to their activities and worked purposefully and calmly. Staff promoted equality and diversity well across education, skills and work. Prisoners worked together productively and considerately; for example, in the gardens, prisoners autonomously kept the areas allocated to them well maintained. Cleaners kept wings cleaned thoroughly. Prisoners were rightly proud of the high-quality work they produced. Staff created an environment where prisoners felt safe and promoted health and safety – for example, by making sure that prisoners wore the correct personal protective equipment. Attendance at education, skills and work was not consistently high enough because of disruptions from other activities. However, leaders were making changes to minimise disruptions so that more prisoners attended on time.
- 5.30 Leaders fostered an inclusive culture where prisoners supported each other well and contributed to the prison community. For example, prisoners were set targets about being mindful of others. Over 350 prisoners volunteered in job roles to support their peers. Staff encouraged prisoners to be sustainable and conscientious. For example, prisoners used waste wood from the carpentry workshop to

make products for the prison grounds and composted waste food in the gardens. Although there were several examples of prison staff and prisoners embodying values of tolerance and respect, staff did not teach prisoners enough about life in modern Britain and current affairs to prepare them for release.

- 5.31 Prison and education leaders worked together effectively. They took appropriate steps to improve the quality of education, skills and work. Consequently, they had fully met three of the recommendations from the previous inspection and partially met one. Leaders and managers were aware of the strengths and weaknesses across education, skills and work. Prison and education leaders reviewed the curriculum to help prepare prisoners for their next steps. For example, they had recently offered a course to help prepare prisoners to move to a category D establishment. Leaders and managers were in the early stages of developing effective relationships with employers which had links to work roles for prisoners on release. These were starting to have a positive impact, with prisoners released directly from the establishment moving into sustained employment.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 A lead manager was working to deliver the prison's up-to-date family and significant others strategy. Surveys of prisoners and visitors, and a recently introduced visitors forum were used to track progress and elicit suggestions for improvement.
- 6.2 The visitors centre – staffed by Invisible Walls Family Service, who were contracted to provide support to prisoners and their families – and the visits hall were pleasant and welcoming. Both had play areas for children and refreshment facilities offering snacks and drinks, with good use of prisoners to staff the facility in the visits hall. The lack of hot food was being addressed by leaders; this was needed, given that some visitors travelled long distances to the prison.



Visits hall

- 6.3 Social visits were available on most weekdays and at weekends, and could be booked in person, via email or by telephone, with weekend visits being more popular. Around 600 social visits took place each month. In our survey, 45% of respondents said that their visitors were treated respectfully by staff, which, while better than at similar prisons, was still disappointing. Visitors described some staff as being more abrasive and less welcoming than others.
- 6.4 A good programme of extended family days was in place. These shared provision between adults only and children's days, and some focused on specific groups, such as indeterminate sentenced prisoners, veterans and LGBTB prisoners. These days were appreciated by prisoners and there was a relaxed atmosphere at the adult session that took place during the inspection.
- 6.5 Appropriate attention was paid to safeguarding visiting children and to contact restrictions on correspondence and emails sent via the 'email a prisoner' scheme.
- 6.6 There was little work to help prisoners rebuild relationships with their families and friends or develop their parenting skills, although we heard positive prisoner feedback about the building relationships programme offered via the chaplaincy.
- 6.7 Secure video call (see Glossary) provision had been improved with the introduction of weekend sessions and private booths.
- 6.8 The Storybook Dads scheme (see paragraph 5.5) could be accessed by prisoners without child contact restrictions in place.
- 6.9 In our survey, 90% of respondents said that they could use a telephone every day, but some told us that they would have liked to be able to spend longer on their calls without other prisoners queueing up behind them. Infrastructure work for in-cell telephony had been completed and leaders were waiting to hear when it would be installed.

Reducing risk, rehabilitation and progression

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

- 6.10 Leaders had a clear vision for a reducing reoffending strategy, based on the progression routes for prisoners within the prison. This included residential units having specific purposes and the movement of prisoners between units as part of their journey towards open conditions or release. Implementation of this strategy was in its early stages, but so far prisoners' expectations of how they would progress were not being managed well enough, with many perceiving that they could only progress by taking part in an accredited intervention. A monthly strategic meeting had reasonable attendance, including from

prisoner orderlies, and reviewed detailed information about outcomes, progress made and planned improvements.

- 6.11 The offender management unit (OMU) had few staff vacancies and most of the prison offender managers (POMs) were probation officers. POMs had caseloads of between 60 and 70 prisoners. The small number of operational prison officer POMs were rarely redeployed to other duties. All had regular supervision with one of the two senior probation officers who jointly filled the head of offender management delivery role. POMs and their case administrator colleagues described a supportive work team in which advice and assistance were readily available from one another.
- 6.12 Most prisoners had an initial offender assessment system (OASys) assessment, but prisoners continued to be transferred to the establishment without a completed assessment, including some without even an initial assessment. This could result in long gaps between sentencing, completion of an assessment and prisoners receiving a sentence plan. Leaders were sighted on reducing the small number of prisoners (around 3% of the population) without an initial assessment. Over 60 prisoners had not had a review of their assessment in the last three years; leaders were preparing to introduce a tracking system to provide greater oversight of this.
- 6.13 Most of the OASys assessments we looked at were generally of a good standard and resulted in well-considered and realistic sentence plans. In the weaker assessments, there was insufficient analysis and triangulation of prisoners' account of their offence, and sentence plan objectives were limited and failed adequately to address contributors to offending behaviour.
- 6.14 Most prisoners we interviewed knew about their sentence plans and felt they had progressed at the prison, but a minority could not recall their sentence plan targets. In our survey, only 62% of respondents said that they had a plan.
- 6.15 All the prisoners we interviewed were positive about the helpfulness of their POM and although some described face-to-face contact as limited, most said that they were responsive to requests and would visit them on the wing. Some prisoners nearing release were more negative as they perceived levels of POM contact to be insufficient, and case notes suggested that some POMs saw prisoners too infrequently.
- 6.16 Generally, records reflected that contact was mainly reactive, focused on key sentence dates, but there was also some limited evidence of good, structured supervision sessions that challenged thinking and/or highlighted victim issues. In our survey, 89% of respondents who had completed one-to-one work said that it had helped to achieve their objectives, which was better than in similar prisons. The quality and frequency of key work (see Glossary) input to support offender management were inconsistent (see also paragraph 4.3), but there were some case-note examples of excellent collaborative working between key workers and POMs.

- 6.17 The prison held 169 prisoners serving an indeterminate sentence (ISPs). An ISP strategy group, jointly led by psychology and OMU staff, had introduced monthly forums, ISP representatives on all wings, newsletters, information days for ISPs and ISP family days. There were advanced plans to use one residential wing to accommodate this group of prisoners, following consultation with them. Training for all frontline staff was being developed.
- 6.18 M wing was used as a progression unit for prisoners serving indeterminate sentences for public protection (IPP). The small unit operated as a community, with a weekly programme of activities. A multi-agency staff group worked with IPP prisoners who had not been making progress in their sentences, encouraging participation in activities to re-engage these individuals. Recent successes included a release to the community and another prisoner's recent approval for open conditions, with a transfer due shortly after the inspection. In total, the prison held 78 IPP prisoners, 44 of whom were in the cohort who were jointly managed and reviewed regularly by a psychologist and POM because of a previous lack of progression.

Public protection

- 6.19 Three-quarters of the population were assessed as presenting a high or very high risk of serious harm to others, and all were subject to multi-agency public protection arrangements (MAPPA) because of the nature of their offences.
- 6.20 There were clear processes in the OMU to apply and review contact restrictions and to authorise communications monitoring. Updated logs of prisoners subject to contact restrictions and monitoring were maintained and used by staff who worked in the mail room. However, there were some frailties in the way that staff were applying these restrictions across the prison. For example, case notes recorded that a prisoner had shown a photograph of their child to a key worker, when they should not have had such a photograph, and had not been challenged. This was addressed quickly when we raised it with leaders.
- 6.21 Twenty-one prisoners were subject to communications monitoring, and in each case the ongoing need for this was reviewed monthly. Training had been provided for staff involved with telephone monitoring after leaders had identified inconsistency in the quality of monitoring logs. Plans to improve quality assurance and provide feedback to staff involved with monitoring were nearing completion. Oversight was in place to address any emerging backlogs. The contracted professional telephone interpreting service was used for communications in languages other than English.
- 6.22 The monthly interdepartmental risk management meeting had consistent attendance from key departments.
- 6.23 In the sample of cases that we reviewed, four of the 10 cases in the pre-release window did not yet have a MAPPA management level confirmed by community partners and we were not confident that

internal processes to escalate requests for these were robust enough. These cases were escalated when we raised the issue during the inspection, but leaders confirmed that some prisoners had been released without this information being known.

- 6.24 POMs attended MAPPA meetings for the cases requiring multi-agency planning, with additional attendance from one of the senior probation officers at meetings for prisoners needing the highest level of management. Most MAPPA information-sharing forms completed were of good quality, but the weaker assessments were descriptive rather than analytical. Risk management plans were mostly well considered and of good quality.

Categorisation and transfers

- 6.25 Recategorisation reviews were generally well considered, with defensible decisions, but they were not always timely. Few prisoners were assessed as suitable for a return to a category B prison; in the two most recent cases, transfer had taken place within two weeks of the decision being made.
- 6.26 The decision-making process for recategorisation to category D was robust. It involved prisoners attending a board at which motivation to go to open conditions, what they hoped to achieve while there, community support and learning from completed interventions/programmes were explored. Consideration was given to whether any outstanding work would be best completed in open or closed conditions. Informative letters explaining decisions were sent to prisoners after these boards. Forty-three prisoners had moved to open prisons in the previous year. Prisoners were positive about a category D course available through the education department that helped to prepare them for the transition to open conditions.

Interventions

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

- 6.27 An appropriate range of accredited interventions was provided. Managers prioritised waiting lists and the allocation of prisoners to accredited programmes based on national instructions. Some prisoners were frustrated by this and shared their concerns that sentence progression points, such as parole or transfer to open conditions, were automatically declined as a result of not completing interventions. One recent arrival described feeling reassured that he could progress only after he had had a long discussion with his POM, who had explained timelines and various advancement routes, including moving to more independent units around the prison.
- 6.28 Non-accredited interventions were offered by different prison teams and agencies, and were appreciated by prisoners. These included chaplaincy-coordinated interventions about living with loss and building

relationships, group work for confidence building, intuitive thinking skills and self-employment arranged by the Shaw Trust (CF03, the European Social Fund) and a therapy service provided by the psychology team (see paragraph 4.37). More widely, the prison encouraged personal development and progression through involvement in peer mentoring and representative roles (see paragraph 4.4).

- 6.29 Most prisoners were released to approved premises and others had good input from the pre-release officer to secure accommodation. We were told that all prisoners left with some form of accommodation.
- 6.30 Securing employment for prisoners on release remained difficult. Leaders could point to a few successful outcomes and had been proactive in introducing ways for prisoners to inform them about employment offers beyond the six weeks after release in which this was usually monitored.

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.

- 6.31 Handover meetings between POMs and community offender managers (COMs) were generally taking place, but not always at the allotted time. This mostly appeared to be for reasons beyond the prison's control, such as very late, or no, COM allocation. In these cases, we found evidence of persistent chasing by POMs for a COM allocation, but we also saw examples of repeated POM emails to the allocated COM, over an extended period, going unanswered and this not being escalated. In some cases, there was evidence of consistent POM/COM communication, information exchanges and facilitation of three-way meetings, which led to prisoners having a clear understanding of licence conditions and plans for their release. However, other cases demonstrated minimal or no POM involvement and prisoners were left unaware of the plans for release.
- 6.32 Despite not being a designated resettlement prison, an average of 15 prisoners had been released each month over the previous year. A thorough pre-release service was provided by a pre-release officer, who saw all prisoners approaching release, irrespective of their risk level. All had a review of their resettlement plan 12 weeks before their release, with an outline of actions completed (for example, opening bank accounts and obtaining birth certificates) and the results of liaison with other prison departments (for example, health and substance misuse), to assess progress and further community support needed. Plans and outstanding actions were forwarded to the POM and COM to pursue and, where possible, the pre-release officer completed relevant referrals. In the same timeframe, prisoners were invited to a pre-release board at which they could discuss their release needs with representatives from different services working in the prison. A good

level of care and thought was put into the release plans we reviewed as part of our case sample.

- 6.33 Four weeks before release, the pre-release officer checked that prisoners knew what was happening for their release. Practical support included a pre-release pack, comprising a public transport travel itinerary, the Department for Work and Pensions ex-prisoner contact telephone number, signposting to debt advice and well-being community support services, as well as a list of other useful telephone numbers. Prisoners were able to charge their stored mobile phones as part of the pre-release process, and were told about the expectation that they would report to their COM immediately on release. Mobile phones and toiletries provided by a charity were available for those who needed them.

Section 7 Progress on recommendations from the last full inspection

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 2019, reception and induction arrangements were very good. Many prisoners felt safe and there were few violent incidents. Adjudication procedures were generally fair but too many were dismissed because of procedural error. Access to the community spurs and progressive units encouraged positive behaviour. The number of incidents involving the use of force was comparable with that at similar prisons but most incidents were low level. Segregation was rarely used, and the regime on the segregation unit was good overall. Security arrangements were generally proportionate. Drug use was very low. There were few incidents of self-harm, and those in crisis were well cared for. Work to protect the most vulnerable prisoners was good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners should arrive at the prison with their full entitlement of stored and in-possession property.

Not achieved

Managers should quality assure violence reduction processes robustly, to support victims of violence and manage perpetrators of antisocial behaviour.

Not achieved

Adjudication procedures should be accurately and diligently managed, to eliminate hearings that are dismissed or not proceeded with owing to procedural errors.

Achieved

The shower area on the segregation unit should maintained to an acceptable standard.

Achieved

Prisoners should not be strip-searched unless there is sufficient intelligence and proper authorisation.

Achieved

The prison's drug use strategy should be fully developed, and supported by an action plan.

Achieved

The prison should refer adults at risk who are approaching release to safeguarding adult boards in their home areas.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, relationships between staff and prisoners were helpful and relaxed but not always proactive. Prisoners' living conditions were good but undermined by on-going problems with the heating system. Residential services were generally good. The quality of the food provided was good, and arrangements for purchases were adequate. Consultation arrangements were sound. The complaints system generally worked well. The management of equality and diversity had deteriorated but outcomes for protected groups were generally adequate. Faith provision was good. Health services were very good, particularly end-of-life and social care provision. Outcomes for prisoners were good against this healthy prison test.

Key recommendations

The prison should be equipped with an effective heating and boiler system to meet the daily needs of prisoners.

Not achieved

Recommendations

Cells designed for one prisoner should not be used for two.

Not achieved

Prisoners should be able to access their stored property within one week of making the request.

Not achieved

Managers should be able to monitor emergency call bell response times easily and effectively.

Partially achieved

Responses to complaints should comprehensively address the issues raised.

Not achieved

Patients requiring care under the Mental Health Act should be transferred promptly and in accordance with NHS guidelines.

Achieved

Purposeful activity

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

At the last inspection, in 2019, the amount of time out of cell for prisoners in full-time activities was good. PE provision was impressive. The two libraries were reasonably good but access to one of them was curtailed. Too many prisoners were not allocated to an activity. Opportunities for learners to gain a level 2 qualification had greatly increased. Most prisoners acquired new skills and knowledge. They were motivated to attend training and work, and their behaviour was exemplary. Most prisoners in education completed their courses and achieved qualifications. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Where appropriate, all eligible prisoners should be purposefully active during the working day.

Not achieved

The practice of curtailing the regime for two days a month should cease.

Not achieved

Sufficient work should be provided for the full population, with effective systems to identify and meet the demand for education and training, including at level 3.

Partially achieved

The recently appointed careers information, advice and guidance service should be rapidly implemented, and prison managers should identify its impact by monitoring the employment, training and education destinations of prisoners on release.

Achieved

Prisoners with learning difficulties and disabilities should be well supported by trained staff.

Achieved

More prisoners should achieve qualifications in English and mathematics at level 2 where they are able to.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, work to help prisoners to maintain or rebuild family ties was too limited. Visits arrangements were good. About half of all prisoners did not have an up-to-date offender assessment system (OASys) assessment. Contact between offender supervisors and prisoners was variable, reactive and involved little structured one-to-one sentence planning work. Procedures to protect the public were not sufficiently robust. There were few opportunities for prisoners who were not eligible for offending behaviour programmes to reduce their risk. The prison did not adequately meet the resettlement needs of the 30 or so prisoners released each month but there were advanced plans to address this problem. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All prisoners should have an up-to-date offender assessment system (OASys) assessment, to help them to address their offending behaviour and ensure that staff are able to monitor their progression effectively.

Not achieved

Prisoners should have regular, meaningful, structured, one-to-one contact with an offender supervisor.

Not achieved

All high-risk prisoners approaching release should be systematically reviewed, to ensure that an appropriate risk management plan is in place.

Achieved

Prisoners who are subject to child contact procedures should be reviewed annually, with appropriate multi-agency input, to ensure that these restrictions are justified.

Achieved

Accurate, timely and high-quality telephone and mail monitoring should take place for all prisoners who are subject to these restrictions.

Not achieved

Foreign language telephone calls of prisoners subject to monitoring should be interpreted and transcribed into English.

Achieved

All prisoners should have opportunities to address their offending behaviour, and those denying their offence should have structured, one-to-one interventions with an offender supervisor.

Not achieved

Recommendations

Prisoners should be able to access interventions to improve parenting and relationship skills.

Not achieved

There should be sufficient places on the Healthy Sex Programme to meet the needs of prisoners.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

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

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Esra Sari	Inspector
Angela Johnson	Inspector
Chris Rush	Inspector
Sumayyah Hassam	Inspector
Dawn Mauldon	Inspector
Helen Ranns	Researcher
Helen Downham	Researcher
Samantha Moses	Researcher
Shaun Thomson	Lead health and social care inspector
Dawn Angwin	Health and social care inspector
Dayni Johnson	Care Quality Commission inspector
Rebecca Jennings	Ofsted inspector
Vicki Locke	Ofsted inspector
Theresa Kiely	Ofsted inspector
Angela Twelvetree	Ofsted inspector
Jules Steele	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).

Reading pens

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

Secure video calls

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

Shannon Trust

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

Social care package

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

Time out of cell

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

Virtual campus

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

Appendix III Care Quality Commission Requirement Notice



Care Quality Commission (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>

The inspection of health services at HMP Littlehey was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/>). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Provider

Northamptonshire Healthcare NHS Foundation Trust

Location

HMP Littlehey

Location ID

RP1Y5

Regulated activities

Diagnostic and screening procedures and Treatment of disease, disorder or injury.

Action we have told the provider to take

This notice shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 12 Safe Care & Treatment

12(2)(g) The proper and safe management of medicines.

How the regulation was not being met:

- There was no temperature monitoring in the room where emergency drugs were stored or in either of the two pharmacy rooms on site.
- Out of date Adrenaline (August 2023) & Naloxone (June 2023) were found in 2 emergency bags despite the bags being subject to regular checks.
- The arrangements to see patients before release were unclear; we were told that patients were not seen due to a lack of functioning IT in the reception area.
- The arrangements to dispense patients take away medicines for release were unclear. We were told because most men received medication in possession, they took whatever medicines they had in their possession at the time of release with them.
- Medicine disposal bins were unsecured, and we were told they had not been emptied for over 12 months. Although 9 were removed during the inspection, a further 3 remained which were open and over-spilling.

Appendix IV 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.

Crown copyright 2023

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

All images copyright of HM Inspectorate of Prisons unless otherwise stated.