



Report on an unannounced inspection of

HMP Ashfield

by HM Chief Inspector of Prisons

9–20 October 2023



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Introduction

Ashfield is a category C training prison that, at the time of our inspection, held 410 prisoners who had been sentenced for a sexual offence. The recently appointed director, after a period of leadership instability, had successfully built a strong, positive staff culture. This meant that the often young and inexperienced officers felt well supported and motivated, which in turn led to excellent staff-prisoner relationships.

Real thought had gone into building the expertise of staff in relation to this often-complex group of prisoners. The programmes team, with the support of the psychology department, worked hard to help officers to understand the nature of the prisoners and the way in which their behaviour could mirror previous offences. This led to better collection of security information which could help to plan for individual prisoners and show if progress was being made. An excellent offender management unit (OMU) backed by consistently good key working with individual prisoners meant that men were kept informed about their sentence progression and understood when they would be eligible to begin treatment programmes or apply for category D status.

The wings were well maintained and cells, showerers and serveries were in good condition. Double cells were suitably large for the prisoners who shared them. The provider had carpeted landings and cells, which meant that the prison was much quieter than most. The end of contract stipulation had ludicrously ordained that carpets should be removed so that the prison is returned to its original state; this will result in huge and unnecessary cost and disruption to staff and prisoners.

The serious disappointment of this inspection was the quality of education provision. This was run in house by Serco, which meant there were none of the contractual difficulties with education providers that we see in many other prisons, yet provision was poor and urgent work was required. There had not been sufficient oversight of quality from senior prison or education staff, the offer was limited, and there were nowhere near enough places on English and maths courses, leading to waits of more than a year. It felt as though the education provision was disconnected from the excellent work that was going on elsewhere in the jail. Although most prisoners were in work or education, this was mostly part-time, and they spent long periods of time hanging around on the wings with not enough to do. There were some good enrichment activities such as the over-60s coffee mornings and regular staff versus prisoner football matches. There was no evening association, so activities, time in the gym and attendance at education or work took place at conflicting times.

There was much to like at Ashfield. It was a well-led jail run by positive, motivated leaders and staff who had a strong sense of mission and an understanding of the needs of their prisoners. There will, however, need to be a reorientation of the prison towards education, skills and work as an essential pillar of rehabilitation. As well as dealing with their offence and the consequences, prisoners need to be given the training, education and job

readiness to be able to cope successfully in a world that will, as a result of their offence, remain difficult to negotiate.

Charlie Taylor

HM Chief Inspector of Prisons

December 2023

What needs to improve at HMP Ashfield

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. **The prison did not offer enough full-time activity spaces for its prisoners.** In particular, there were insufficient places on English and mathematics courses to improve the functional skills of prisoners who were below level 2.
2. **The regime did not support consistent attendance at education and work.** There was no evening association, so attendance at the gym, for example, often interrupted the working day.
3. **The provision of education, skills and work was of not sufficiently high quality.** Prisoners studying vocational training in industries did not have enough opportunities to achieve a qualification or have their employment skills recorded, and too many did not achieve their functional skills qualifications. There had been very slow progress in implementing a reading strategy as part of the education offer, particularly for those with very-low-level or no reading skills.
4. **The education, skills and work provision had not been rigorously managed, monitored or quality assured over time.** Leaders' improvement plans did not identify improvements effectively or drive them quickly enough.

Key concerns

5. **Outcomes in response to consultation with prisoners were far too slow.** Although there was regular and thorough consultation on a range of subjects, there was insufficient action to lead to positive change.
6. **The health needs assessment was out of date and there were a few areas where the current provision did not align with the needs of the population.** This included insufficient optician sessions and gaps in diagnostic services for patients with neurodivergent needs.
7. **There were some weaknesses and potential risks associated with the use of the in-possession medication lockers and the storage of medicines in the pharmacy room.**

8. **Careers information, advice and guidance were not effective and did not provide sufficient support to enable prisoners to determine the most appropriate choice for employment on release.**
9. **There was insufficient coordination of resettlement planning in the final months before release.** There was no pre-release service, prisoners were not routinely screened for their needs on arrival or pre-release and there were no resettlement plans.

About HMP Ashfield

Task of the prison/establishment

HMP Ashfield is a category C adult male establishment for those convicted of sexual offences.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 410

Baseline certified normal capacity: 416

In-use certified normal capacity: 416

Operational capacity: 412

Population of the prison

- An average of 16 new prisoners received each month.
- 22 foreign national prisoners.
- 78% of prisoners from a white British background.
- An average of four prisoners released into the community each month.
- 38 prisoners receiving support for substance use.
- An average of 16 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Private – Serco

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas NHS Foundation Trust

Substance use treatment provider: Change Grow Live

Prison education framework provider: Serco

Escort contractor: Serco

Prison group

South West

Prison Group Director

Neil Richards

Brief history

The prison was built on the site of the Pucklechurch Remand Centre and opened in 1999. It was the first private prison in the UK to house young offenders. Following a re-role in 2013, it became a category C adult male establishment for those convicted of sexual offences.

Short description of residential units

Accommodation consists of two main residential units, Avon and Severn, each with four wings housing between 40 and 60 prisoners. The early days centre is a 16-cell unit which acts as a first night and induction centre.

Name of director and date in post

Jon Bratt, March 2023

Changes of director since the last inspection

Martin Booth, March 2019 – January 2022

Martin Jones, January 2022 – December 2022

Phil Wragg, December 2022 – March 2023

Independent Monitoring Board chair

Ann Morton

Date of last inspection

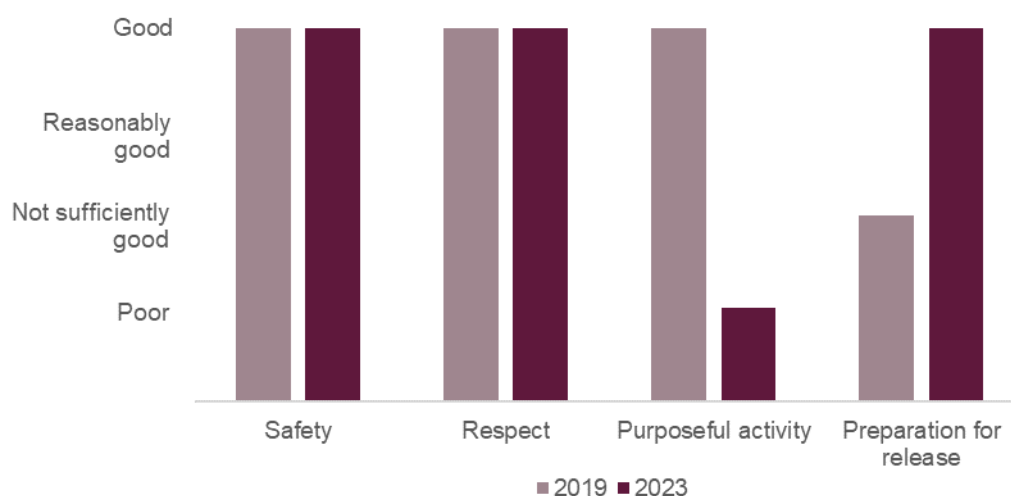
25 March – 12 April 2019

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 preparation for release (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 Ashfield, we found that outcomes for prisoners were:
- good for safety
 - good for respect
 - poor for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected HMP Ashfield in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Ashfield 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 24 recommendations, four of which were about areas of key concern. The prison fully accepted 20 of the recommendations and partially (or subject to resources) accepted four.
- 1.5 At this inspection, we found that three of the four recommendations about areas of key concern made in preparation for release had been achieved and one had not been 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 nine examples of notable positive practice during this inspection.
- 1.8 A range of different initiatives were in place to actively support and promote staff well-being. Survey results suggested these were experienced positively by staff. (See paragraph 2.9)
- 1.9 Personal intervention plans, including a 'mood, thoughts and feelings diary' completed by the prisoner, helped the staff safety team identify the level of extra support needed after ACCT case management closure. (See paragraph 3.30)
- 1.10 Staff were aware of their safeguarding responsibilities and reported concerns by submitting intelligence reports which were then discussed at the safety intervention meeting and actions agreed. (See paragraph 3.32)
- 1.11 The on-site occupational therapist provided professional oversight of the care of disabled patients and those in social care. (See paragraphs 4.26, 4.28 and 4.58)
- 1.12 Prisoners with learning disabilities were identified through multidisciplinary working from the point of reception and supported by care plans. (See paragraph 4.28)
- 1.13 The health bar offered a range of affordable over-the-counter items, such as paracetamol and toiletries, and promoted independence. (See paragraph 4.97)
- 1.14 A prisoner advice line service, run by orderlies, provided a range of information to prisoners that they could access by calling from their in-cell telephone. (See paragraph 5.6)
- 1.15 'Families and friends at the centre of throughcare' (FACT) was an excellent initiative to support contact and understanding between prisoners and their families. (See paragraph 6.5)
- 1.16 Key work was delivered consistently and was incorporated into important areas to support prisoners' progression. The psychology department also offered training and clinics for key workers to discuss their cases. (See paragraphs 4.3, 6.11 and 6.25)

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 new director – the third in less than a year – had brought stability and clear direction to the prison. A newly restructured senior management team was both visible and approachable, and promoted professional and caring relationships. Collaborative and integrated working by leaders across the prison underpinned a safe, decent and respectful environment.
- 2.3 Disappointingly, however, leadership of education, skills and work, and the quality of provision had declined substantially. Serco, prison leaders and contract managers had not provided appropriate challenge and scrutiny. No Ofsted recommendations from the last inspection had been achieved, and overall provision was graded ‘inadequate’.
- 2.4 Despite this, leaders had begun to make progress in developing a rehabilitative culture which prepared prisoners convicted of sexual offences to engage with treatment programmes and consolidate the skills acquired to reduce their risk of reoffending.
- 2.5 Leaders and offender management unit and interventions teams worked together well, alongside excellent delivery by key workers (see Glossary) to give consistent support to prisoners. The well-led psychology service provided training for staff in working with prisoners convicted of sexual offences, including how to identify offence paralleling behaviour (see Glossary), and by offering regular clinics to inform and support key work.
- 2.6 Offender management was well led and high-risk prisoners were now managed appropriately, but it was a concern that all probation staff, including the senior probation officer, had been told that they would be replaced in the coming year. Potential instability to the department posed a risk to future delivery and wider public protection.
- 2.7 We found strong and dedicated middle leadership by custody operational managers across the prison. In particular, the management of services to promote family contact was both proactive and creative.
- 2.8 Joint working and collaboration with the health care provider had also been effective in improving delivery, and social care provision was well coordinated.

- 2.9 Leaders clearly valued their staff and had a strong focus on their welfare, which included the recent appointment of a well-being manager, access to counselling, regular team-building activities and staff engagement events. In our survey, 85% of staff who responded said that staff well-being was supported very or quite well.
- 2.10 The prison was fully staffed and although around a third of prison custody officers had fewer than 12 months in service, new recruits told us that they felt well supported by their more experienced colleagues.
- 2.11 Leaders had been open and transparent with staff in sharing information about the ongoing re-tender of the prison contract, to allay concerns and minimise the risk of destabilising service delivery in the run-up to the transition. Although some remedial work as part of end-of-contract obligations, including a new artificial grass sports area, had improved the environment, other aspects of the 're-bid' process were having negative consequences. For example, we were told that evening association for prisoners could not be reintroduced because of the inability to change staff terms and conditions in the run-up to the new contract, currently set for October 2024. Contract managers were also requiring prison leaders to worsen living conditions by replacing well-maintained cell carpets with vinyl, to meet national specifications.

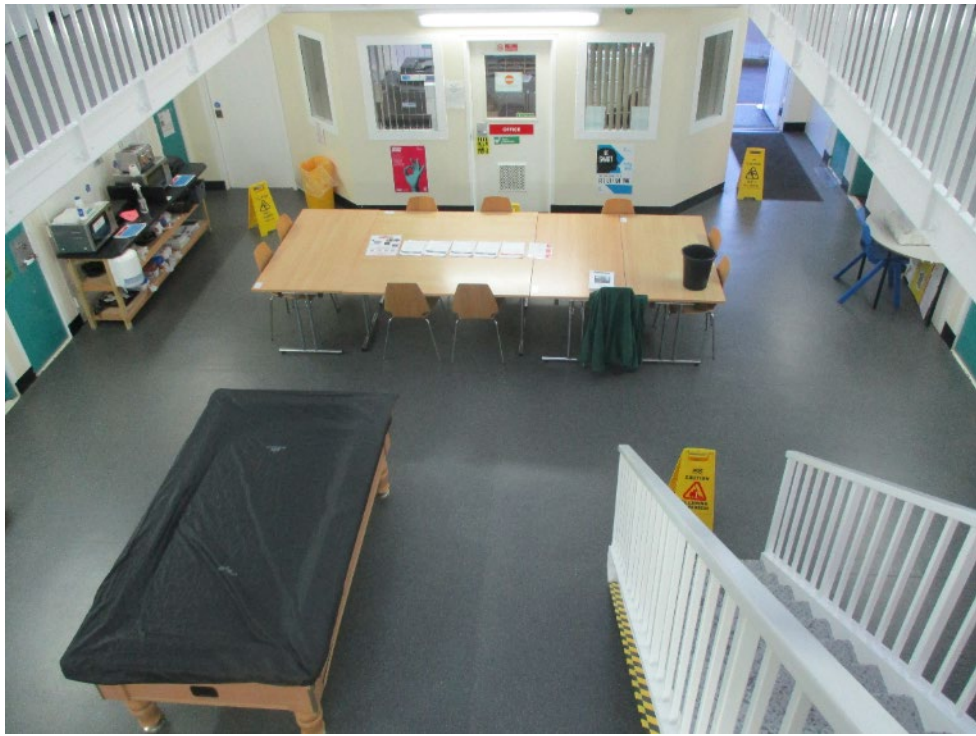
Section 3 Safety

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 Early days support for prisoners was good and, in our survey, 94% of respondents said that they had been treated well in reception. The reception area was clean and welcoming. Dedicated 'insiders' (prisoners who introduce new arrivals to prison life) supported prisoners through the reception process, offered hot drinks and explained essential information, including the use of the wing kiosks (known locally as 'ATMs') (see Glossary).
- 3.2 First night interviews were held in private and gave prisoners the opportunity to discuss any safety concerns. The discussions contributed to an 'early days passport', which was used to identify the level of staff support and any additional checks needed during the prisoner's first 72 hours at the prison.
- 3.3 Prisoners were offered vapes and a food pack, which could be bought using a loan from the prison. Staff made an immediate call to prisoners' next of kin, so that they could use their in-cell telephone that day if appropriate.
- 3.4 The early days centre contained single cells which were clean and well equipped. On arrival, prisoners received toiletries, brand-new bedding and a hot drink pack. They also had the opportunity to shower. 'Here to hear' peer workers, who were trained to support prisoners through difficult situations, introduced themselves. In our survey, 95% of respondents said that they had felt safe on their first night at the prison, which was better than in similar prisons.
- 3.5 Staff encouraged prisoners to use the wing kiosk to book social visits and order items from the prison shop (see also paragraph 4.16).



Early days centre

- 3.6 A comprehensive week-long induction was mostly peer led. Insiders met new prisoners after their first fortnight, and again after their first month, to offer support and seek feedback on the induction process. Induction feedback questionnaires were analysed by the induction peer support team and a report was sent to the director.



Induction room in the early days centre

Promoting positive 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 establishment was a safe environment. In the previous 12 months, there had been 15 recorded prisoner-on-prisoner assaults and six assaults on staff, lower than in similar prisons, and few were serious. In our survey, 10% of respondents said that they currently felt unsafe, and 28% that they had felt unsafe at some point in the prison.
- 3.8 Prisoners told us that living in a safe and respectful environment encouraged them to behave, and most were on enhanced privileges. The policy to motivate good behaviour had a focus on positive reinforcement by all staff, and very few prisoners were managed through the basic regime. In our survey, 58% of respondents said that the incentives or rewards encouraged them to behave well, which was better than in similar prisons.
- 3.9 Individual prisoners were recognised when they had demonstrated a high standard of behaviour. Staff routinely used key work (see Glossary) sessions to recognise both positive and negative behaviour, and offered support to motivate prisoners. The quality of the case entries in the sample we reviewed was very good and took account of individual needs (see also paragraphs 4.3 and 6.11).
- 3.10 While challenge, support and intervention plan (CSIP; see Glossary) referrals were completed for allegations of bullying and all violent incidents, most investigations did not explore all aspects that had led to the incident. In addition, no progress on the prisoner's behaviour was recorded before the plan was closed. However, prisoners referred for a CSIP were discussed at the well-attended weekly safety intervention meeting (SIM), and there had been no recorded incidents of perpetrators repeating violence in the past year.
- 3.11 There was good use of peer support schemes. Safety peer supporters were used appropriately to help resolve disputes between prisoners and promote a safe community ethos, and oversight by staff in the safety team was good.

Adjudications

- 3.12 There had been 133 adjudication hearings in the last 12 months, which is much fewer than we usually see, and hardly any were outstanding. The quality of the records of hearings that we sampled was mixed.

- 3.13 The quarterly adjudication meeting discussed a wide range of data, but senior leaders had not completed routine quality assurance of adjudication hearings.

Use of force

- 3.14 Levels of use of force were low, with only 20 incidents in the last 12 months. Most were spontaneous and involved low-level guiding holds to return prisoners to their cells. There had been no recorded incidents involving the use of PAVA (see Glossary) or batons.
- 3.15 Governance arrangements were reasonably good, and data were monitored effectively. Body-worn cameras were used well to capture incidents, and the use of force committee met monthly to review all use of force footage.
- 3.16 The use of force incident records we reviewed gave a detailed account of what had led up to the incident and were mostly of an appropriate standard. However, some of the body-worn camera footage we viewed showed that staff were not always clear in their instructions before using force. Prisoners were also not debriefed after an incident, to explain why force had been used on them, with a view to preventing recurrence.

Segregation

- 3.17 There was no segregation unit and no prisoners were segregated during the inspection. In the last 12 months, 47 prisoners had been segregated, generally being held in their own cells. Although the level of segregation was far higher than at the time of the previous inspection, it was similar to that at comparable prisons, and the average length of stay was short.
- 3.18 The regime for segregated prisoners included daily exercise and showers. They were allowed to keep their property, including in-cell telephones and televisions if they had not received a suspension of privileges from an adjudication hearing.
- 3.19 Governance arrangements were good. Segregated prisoners were visited by appropriate managers and health care staff each day, and well-organised booklets recorded the authority to segregate and daily interactions. Quarterly segregation meetings discussed a wide range of data.

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 misuse and effective drug supply reduction measures are in place.

- 3.20 Security procedures were generally proportionate. However, many prisoners told us that they felt as though they were in a category B establishment, as free movement in the grounds had been stopped. Leaders told us that it was necessary to have escorted moves because of the security risks arising from the building work that was being carried out, but said that free movement would be reinstated on completion of the work.
- 3.21 Security intelligence reports were managed well, in a timely manner, and were mostly of a good standard. Officers were trained in identifying offence paralleling behaviour (see Glossary, and paragraph 6.28). The security team swiftly analysed and effectively disseminated useful information to the appropriate departments. Combined with good communication between staff and prisoners, this meant that leaders were aware of current or potential risks to the security of the prison.
- 3.22 Although the monthly security meetings were well attended and regular, the contents of the meetings were not detailed enough. However, there were strong links with the security and safety teams, and a variety of useful security information was shared with all staff. A dedicated internal security intranet page had helpful guides and intelligence summaries from the previous 24 hours, and a monthly security newsletter was published. Furthermore, staff spoke positively of a recent security event held to raise awareness of risks and threats.
- 3.23 Drug and alcohol use was very low. In our survey, only 3% and 2% of respondents said that drugs and alcohol, respectively, were easily available, both figures being far lower than in similar prisons. Random drug testing was frequent, with a positive rate of only 1.6% across the previous 12 months.

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

- 3.24 Suicide and self-harm processes were good. There had been no self-inflicted deaths since the last inspection.
- 3.25 There had been 139 incidents of self-harm – six serious – in the last 12 months, which was higher than in the same period at the time of the previous inspection, but comparable to the number at similar prisons. The monthly safer custody meeting discussed factors influencing suicide and self-harm rates, which since July 2023 had showed a downward trend. The quality of investigations of serious incidents was good, and lessons learned were discussed at the SIM.
- 3.26 The prison had a comprehensive safety strategy, a local operating process and an up-to-date action plan to reduce the risk of suicide and self-harm. The safer custody meeting and SIM were multidisciplinary and well attended, and the completion of actions from the meeting was driven well by the safety team.
- 3.27 The quality of assessment, care in custody and teamwork (ACCT) case management of prisoners at risk of suicide and self-harm was good. Assessments were on time, case reviews were multidisciplinary and care plans demonstrated that prisoners' individual needs were considered. Quality assurance systems were in place and ACCTs were often open for only a short period. Most prisoners we spoke to who had been on an ACCT told us that they had been well cared for.
- 3.28 'Here to hear' peer workers (see also paragraph 3.4) were available 24/7 for those who needed support, and a welcoming support room was available on each wing for their use. Training and supervision of the peer workers were undertaken by the safety team, who met them regularly. Prisoners in crisis were also able to use the in-cell telephone to contact the Samaritans.



'Here to hear' room

- 3.29 The prison had developed some additional support and interventions for those in crisis, including a safer custody garden, an art class and gym sessions. Safety peer workers, who were located on each wing, attended the safety activity sessions, to support those in need.



Safer custody garden

- 3.30 In addition, 'personal intervention plans' were developed after ACCT closure for some who had a recent history of self-harm. This included a 'mood, thoughts and feelings diary', completed by the prisoner, which helped the staff safety team to identify the level of extra support needed after ACCT case management had concluded. Personal intervention plans and progress were discussed at the SIM.

Protection of adults at risk (see Glossary)

- 3.31 There was a comprehensive local safeguarding policy which identified a prison lead, and there were links with the South Gloucestershire safeguarding adults board.
- 3.32 Staff were aware of their responsibilities and reported safeguarding concerns by submitting security intelligence reports. All relevant reports were then discussed at the SIM and appropriate action was taken.

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 Relationships between staff and prisoners were very good. Throughout the inspection, we observed officers demonstrating care and compassion. They had good knowledge of the prisoners on their wings, and both staff and prisoners referred to one another by their first names. Regular sports games were held during the lunch break, involving both staff and prisoners, which further promoted positive relationships.
- 4.2 In our survey, 80% of respondents said that most staff treated them with respect, and 69% that a member of staff had talked to them in the last week about how they were getting on, which was better than at similar prisons.
- 4.3 Key work (see Glossary) was well established and better than we see elsewhere. In our survey, 99% of respondents said that they had a key worker, and 81% that they found them helpful. In the sample of case note entries we reviewed, interactions were frequent and thorough, with over 80% of the population having received weekly entries in the last 12 months. Entries took account of individual needs, were mostly completed by a consistent officer and were of very good quality (see also paragraph 6.11).
- 4.4 There was a wide range of effective peer support roles to guide and assist other prisoners, which contributed positively towards prison life. Most peer workers had job compacts and appropriate oversight by staff.

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 Outside areas were pleasant, well-maintained and helped to promote well-being.
- 4.6 Residential areas were clean, well-presented and equipped with snooker and table tennis tables, allowing prisoners to interact socially on the wings.



Table tennis table

- 4.7 Most prisoners lived in single cells, and the double cells had good space for sharing. All cells were well equipped, with a lockable safe, curtains, privacy screening for toilets and sufficient bedding. They were carpeted and prisoners were issued courtesy keys for their cells, all of which encouraged them to maintain the environment to a good standard. We did not observe any cells with graffiti or inappropriate displays. Most cells had in-cell telephones. Cell call bells were mostly answered promptly, and monitoring had improved.



Single cell



Double cell

- 4.8 Showers were located on the landings. Despite these being in a communal area, they offered much better privacy than we usually see.
- 4.9 Laundry was well managed, both on the units and centrally. Each houseblock had a laundry room with sufficient washing machines and dryers, and laundry workers were able to provide a prompt service. The

central laundry service for prison-issued items, such as bedding and towels, was equally prompt, and 99% of respondents to our survey said that they had clean sheets every week.

- 4.10 Prisoners also had good access to personal care items, mainly because of the effective systems for storing and ordering replacement items.

Residential services

- 4.11 Prisoners told us that, while the quality of the food was good, it had deteriorated from a very high standard previously. This was reflected in our survey, where far fewer respondents than at the time of the previous inspection (67% versus 87%) said that the food was good or very good.
- 4.12 The catering team met the prisoner information and advice council (PIAC) representatives regularly and conducted annual surveys to obtain prisoner feedback. Food choices catered for all dietary requirements. A cold option at lunch, followed by a hot meal on weekdays alternated at weekends. Breakfast was ordered through the on-site prison shop, which meant that prisoners could choose from a range of breakfast items as part of their weekly shop, as opposed to a pre-filled basic pack, as we usually see elsewhere.
- 4.13 Staff supervised mealtimes and a servery worker oversaw distribution. This usually worked well, apart from an incident we observed where a prisoner received a double portion and this was not challenged.
- 4.14 The main kitchen was clean and very well equipped. Prisoners serving food wore the correct personal protective clothing and wing serveries were some of the cleanest we have seen. Staff completed daily basic food hygiene procedures, such as temperature checks, but the weekly management checks were often incomplete.



Wing servery

- 4.15 Prisoners could dine communally, which encouraged them to socialise and supported a community ethos, but the self-catering facilities were disappointingly limited for a category C training prison. With no access to ovens or refrigeration, prisoners only had use of a microwave oven, toaster and sandwich maker.
- 4.16 A range of products was available for prisoners to buy through the prison shop, at a reasonable cost. Orders were packed and delivered to cell doors under staff supervision, to remove the opportunity for bullying or misuse.
- 4.17 In our survey, 90% of respondents said that they had been able to access the shop in their first few days at the prison, which was far better than at comparator jails (48%). There was access to a small range of catalogues and orders were delivered promptly.

Prisoner consultation, applications and redress

- 4.18 Leaders consulted prisoners regularly through meetings, forums and surveys. Each wing had appointed a PIAC representative, and these individuals were consulted regularly on a range of subjects. They were elected by the wing and a re-vote was cast annually.
- 4.19 PIAC representatives met a residential manager and then the senior management team every month. There was good attendance by prisoners at these meetings, but the senior management team often sent apologies for non-attendance. An array of topics was discussed, but the records of these meetings did not demonstrate meaningful progress on the issues raised. Although prisoners valued the opportunity to have their voices heard, and felt included, they were

extremely frustrated at the lack of movement on the action tracker and could not provide examples of how the consultation forums had led to positive change. A newly appointed manager had recognised this and intended to improve the slow response rate.

- 4.20 In our survey, 86% of respondents said that it was easy to submit an application, which was done through the wing kiosks (see Glossary). Although the prison monitored response times to applications by department, these were not adequately challenged to improve outcomes.
- 4.21 The number of complaints submitted was relatively low, possibly because of the regular consultation arrangements. In the last 12 months, 609 complaints had been submitted which was fewer than in the previous year. In the sample we reviewed, responses had been reasonable, fair and timely. Managers carried out quality assurance on a random sample.
- 4.22 The prison had recently introduced ‘complaints, applications and decency’ representatives on each wing. The purpose of this role was to give prisoners a point of reference to highlight any issues that could be dealt with unofficially, or signposted where necessary, without the need to escalate them through formal channels. This was a good initiative, allowing prisoners to support and advise others on day-to-day matters that could be resolved informally.
- 4.23 There was no dedicated legal services provision, but prisoners had access to legal textbooks in the library. Managers told us that prisoners could access computers to support their case or draft formal letters, but this was contrary to the message provided to them, as a laminated sign next to the computers said: ‘The education network cannot be used for personal correspondence and legal documentation. Any found on the network will be removed and deleted immediately’.
- 4.24 Access to legal visits was limited to Friday mornings only, and with only three bespoke visit rooms – one of which would be allocated to the police, if needed – legal visits sometimes needed to take place in the main visits room, which did not afford sufficient privacy.

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 There was a good focus on understanding prisoners' needs and achieving an inclusive environment. This work had been driven by a highly dedicated equality officer.
- 4.26 Prisoners with disabilities were given better support than we usually see. Individual plans were formulated for those in need, and the peer supporters for those with mobility difficulties had received training from the occupational therapist on how best to support such prisoners (see also paragraph 4.74).
- 4.27 A newly appointed neurodiversity lead had encouraging plans to improve understanding and support for prisoners with neurodivergent needs. Workshops, taking the form of learning sessions at lunchtime, had recently begun to aid staff understanding of neurodiversity, as well as provide individual support for key workers with neurodivergent prisoners on their caseload. However, there was no health care provision for diagnostic services for individual prisoners with neurodivergent needs (see paragraph 4.82).
- 4.28 Impressively, prisoners with learning disabilities were identified from the point of reception. The safer custody team, in conjunction with the mental health worker and occupational therapist, developed care plans which provided guidance to support staff working with this group and on meeting individual need. Positively, there was oversight of this group in the prison's multidisciplinary safety meetings. In the previous 12 months, 19 plans had been formulated, of which 12 had included family contributions.
- 4.29 More than 40% of the population were over 50. Regular consultation forums were held with this group, which had led to age-appropriate initiatives, such as dementia/stroke awareness day, a prison-wide quiz and a poetry day. There were other efforts to support the older prisoner group, including a well-attended weekly coffee morning, which was popular. Of the different age groups at the prison, the over-50s used the library most often (see also paragraph 5.8).
- 4.30 At the time of the inspection, there were 24 foreign national prisoners. The equality officer and offender management unit lead provided support for these prisoners. They displayed good knowledge of this group, and Home Office immigration enforcement staff attended every

few months. These prisoners told us that they felt supported and cared for.

- 4.31 There were three transgender prisoners. Staff were briefed on how to support these prisoners, and personal items such as clothes and cosmetics to reflect their chosen identity were available. Multidisciplinary meetings were held to discuss these individuals, with prisoner engagement, and safeguards were in place when needed.
- 4.32 Each member of the senior management team was assigned a protected characteristic strand to lead on, and selected officers and prisoners alike were allocated as champions, thereby providing a range of people for prisoners to turn to when in need of advice and support.
- 4.33 In addition to prisoner champions, there were four peer equality representatives, each with two protected characteristic strands to lead on. They were well known across the prison and performed duties above and beyond their job descriptions. They worked closely with the equality officer to support events and celebrations and, although they received no formal training, underwent a shadow and support period before starting in their role.
- 4.34 There were good attempts at bringing members of specific minority groups together, with focus groups held for each of the statutory protected characteristics and for other groups – such as veterans. These forums were held monthly, providing support and raising awareness. They were prisoner led, but included attendance by the equality officer, prisoner and staff champions, up to 10 prisoners and the relevant senior management team lead, although the latter did not always attend regularly. Issues raised during these meetings were not always acted on promptly.
- 4.35 A target for the individual protected characteristic forums was to host two events a year that were relevant to their area. This had resulted in some successful special events being held, in conjunction with external agencies, to promote diversity. These included a ‘world games day’, via the foreign nationals forum, an armed forces day, a ‘disability Olympic day’ and various guest speakers for Black History Month.
- 4.36 Quarterly diversity and equality action team meetings were held, with the director in attendance. The format of these had recently changed to include more relevant data. This forum interrogated equality data, but only for the previous three months, which meant that there would be delays in responding if any issues were identified.
- 4.37 In the 12-month period ending September 2023, a total of 38 discrimination incident report forms had been submitted, which was an increase on the previous year. Even though some of these did not highlight a discriminatory element and therefore would have been more suited to the complaints process, the equality officer investigated and responded to each one.

Faith and religion

- 4.38 The chaplaincy was well integrated into the prison and provided good support to prisoners. In our survey, more respondents than elsewhere said that they were able to attend religious services (92% versus 82%).
- 4.39 Weekly communal worship was supplemented by a range of religious study classes that enabled more targeted discussion and exploration of faith. The opportunity for one-to-one time with a spiritual leader was also available, and in our survey, 80% of respondents said that they were able to speak to a chaplain of their faith in private, which was better than in other prisons.
- 4.40 There was good pastoral care, with a host of chaplain-led initiatives that supported rehabilitation and well-being. For example, a representative from 'Changing Tunes' (a charity that helps people lead crime-free lives through music and mentoring) attended regularly to run six-session courses. The prison had invested in a range of musical equipment, which was loaned out to the prisoner population to support their rehabilitation and was also used for choir and band practice.
- 4.41 Chaplaincy staff provided valuable pastoral care to all prisoners, including those who had experienced significant life events, such as a bereavement. A 'Living with Loss' six-week bereavement course was available.
- 4.42 Chaplains also supported prisoners to maintain links with the outside world. For those who did not receive any social visits, the official prison visiting scheme was available, and at the time of the inspection four prisoners were receiving such visits, with a small waiting list. Similarly, the volunteering organisation, New Bridge, befriended prisoners through letters and occasional visits.

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.

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

Strategy, clinical governance and partnerships

- 4.44 Oxleas NHS Foundation Trust ('Oxleas') had been commissioned by NHS England (NHSE) as the main health provider since October 2022, and they subcontracted some specialist services.

- 4.45 The most recent health needs assessment, published in July 2020, was out of date. We found some areas where the current provision did not align with the needs of the prison population. There were insufficient sessions for the optician (see below) and there was a gap in diagnostic services for patients with neurodiverse needs, which limited some treatment options.
- 4.46 Partnership working with the prison was a strength, and a monthly local quality delivery board provided strategic oversight. NHSE monitored the contract through regular review meetings and quality assurance visits.
- 4.47 Following a challenging period where staff vacancies had been high, the relatively new management team had implemented positive changes, with a focus on recruitment and embedding governance processes. This had led to a more stable service in recent months.
- 4.48 There had been an under-reporting of clinical incidents, which managers had identified and addressed. Learning from adverse incidents was shared at regular staff meetings and informed service improvement.
- 4.49 An audit schedule had been introduced and was being used effectively to improve standards of care. This included auditing the use of NEWS2 (the National Early Warning Score, a system to identify acutely ill patients).
- 4.50 Effective communication and consultation with patients through their feedback and the health improvement group resulted in changes, and actions taken were displayed by 'You said, we did' posters. Patients had expressed frustration at having to wait too long in the health care department following their appointments, which had led to some non-attendance. Staff told us that this had recently improved with the allocation of an officer to escort patients, but at times this was still an issue.
- 4.51 We observed professional, kind and caring interactions between staff and patients, and patients we spoke to were complimentary about their care and the positive attitudes of staff.
- 4.52 There was good compliance with mandatory training, including appropriate life support sessions, and professional development was encouraged. Annual appraisals, and clinical and managerial supervision had been embedded and staff said that they felt valued.
- 4.53 The clinical rooms were clean and tidy, and equipment was calibrated and serviced regularly. There was generally good compliance with infection prevention and control standards, with the exception of the sinks, which were all non-compliant. This issue had been raised with the prison and was waiting for resolution.
- 4.54 Oxleas provided resuscitation equipment, including automated electronic defibrillators (AEDs) for prison staff to use out-of-hours.

Equipment was in good order and checked regularly. At the time of the inspection, staff were being trained by the paramedic in the use of the new AEDs, which was positive.

- 4.55 The morning handover and daily lunchtime meetings were well attended by all teams and provided a useful forum for sharing relevant patient information and any service updates. Complex patients were reviewed regularly through a strong multidisciplinary approach and any safeguarding concerns were dealt with swiftly and appropriately.
- 4.56 There was a robust confidential health care complaints process. The responses we sampled were comprehensive, timely and fully addressed the concerns raised. The tone of the response letters was respectful and apologetic. Staff met the patient to discuss their complaint as part of the investigation. Many compliments had also been received.

Promoting health and well-being

- 4.57 The health care team followed a calendar based on national health campaigns and there was a wealth of health promotion information available. A poster in different languages advertised that information could be translated if needed. Telephone interpreting services were available for health appointments. The mental health team booked interpreters to come into the prison to complete assessments. The two health orderlies took information onto the wings and were currently waiting for noticeboards to be put up by the prison to display health care information. An informative monthly newsletter was produced by the health promotion lead and several events had taken place, such as for sexual health awareness and world mental health day.
- 4.58 The occupational therapist (OT) ran a well-being group that included guided relaxation. The prison's new well-being lead had scheduled further well-being groups, building on the foundation of the existing sessions. The gym provided specific sessions for health-related issues. Some jointly funded initiatives had taken place, including raising awareness about the sensory processing difficulties experienced by people on the autism spectrum.
- 4.59 A range of prevention screening programmes was offered, along with NHS health checks. There was a proactive approach to immunisations, support for blood-borne viruses was provided, and condoms and health advice were available.

Primary care and inpatient services

- 4.60 The primary care service was well led and the highly motivated team was fully staffed. It was not a 24-hour service, operating between 7.30am and 5.30pm every day.
- 4.61 Nurses completed an initial health screen with new arrivals and appropriate referrals to other teams were made. Occasionally, new prisoners arrived late, which meant that health screening could not be

completed until the following day. Officers completed hourly checks on such prisoners overnight.

- 4.62 Secondary health screening was completed within the seven-day NICE guidance period and the service participated in the induction process.
- 4.63 A small team of skilled nurses and health care assistants provided effective clinics for patients with a range of issues, including wound care and minor injuries. In our survey, 83% of respondents said that the quality of the service from nurses was very or quite good.
- 4.64 Clinical records showed appropriate interventions and a good standard of care, with regular reviews. Work was in progress to make sure that all patients with a long-term condition had personalised care plans. Nurses consulted the GP and external specialist services for a coordinated approach when needed.
- 4.65 DrPA was subcontracted to provide three GP sessions per week. A routine appointment could be obtained within two weeks and urgent care was facilitated. Out of hours, officers used the NHS 111 telephone line and 999 for emergencies, and any interventions were passed on to the health care team the following day.
- 4.66 A temporary paper application system was working efficiently to enable daily triage by nurses, while waiting for the licences for clinical staff to access the wing kiosks.
- 4.67 An appropriate range of allied health professionals provided regular sessions. Waiting times were reasonable, with the exception of optician services, for which there was only one contracted session per month, which was not enough to meet the need. A few additional sessions had been booked to help reduce the waiting time. There were currently 55 patients on the optician's waiting list, with the longest wait being 35 weeks, which was excessive.
- 4.68 Administrative and clinical oversight of external hospital appointments was effective, with prompt referrals and few cancellations.
- 4.69 Patients with end-stage palliative care needs were managed well and appropriate placements were sought.
- 4.70 There were few releases, but support was put in place, including help to register with a GP in the community if needed. Any continuing medications were organised. The prison did not always inform health care staff before prisoners were transferred, which meant that a health check was not conducted and any medication did not go to the receiving prison.

Social care

- 4.71 South Gloucestershire Council (SGC) had an appropriate memorandum of understanding with several prisons, including Ashfield, for the provision of social care. The head of health care was responsible for social care at the prison, and the Oxleas OT was the

single point of contact for SGC. Partners described working relationships as effective, with regular meetings. There was efficient professional oversight of disabled prisoners and those in social care by the OT, who communicated on a technical level with the SGC OT.

- 4.72 Screening for social care needs was effective, both at reception and following open referral. The OT saw all prisoners with mental or physical disabilities and identified their needs. She referred around three patients per month to SGC for assessment and initiated interim care if necessary. Most referrals resulted in adaptations to assist mobility and daily life, available from Oxleas or SGC.
- 4.73 SGC commissioned Agincare to provide social care at the prison. This service had provided support to two prisoners earlier in 2023, which Oxleas staff described as very good.
- 4.74 Ten peer workers assisted with social care and supported prisoners with a disability with self-care, excluding intimate care. They were trained and supervised by the OT, who met them regularly.
- 4.75 SGC staff told us that they would arrange continuity of care if a prisoner in receipt of social care was released from the prison.

Mental health

- 4.76 The integrated mental health service comprised a clinical team and a psychology team, and operated a daytime service from Monday to Friday. Staff and patients said that the service had improved and been more stable since the arrival of the new mental health team manager.
- 4.77 The team had several vacancies, all of which were being recruited to. In the meantime, staff worked flexibly and diligently to make sure that patients received timely and appropriate care. Staff attended assessment, care in custody and teamwork (ACCT) case management reviews. The psychiatrist held fortnightly clinics, which was sufficient to meet patients' needs.
- 4.78 The clinical team accepted referrals from reception screening and prison and health care staff, and self-referral. Staff triaged new referrals daily, urgent referrals were prioritised and initial assessments were completed within five days. Following assessment, appropriate interventions were agreed at weekly multidisciplinary meetings.
- 4.79 The small psychology team offered a range of low-level and intensive therapies, underpinned by a trauma-informed approach. The team had a waiting list, but prioritised individuals experiencing crises, where appropriate. Any patients on waiting lists for specific interventions were allocated to the clinical team's caseload and received regular support.
- 4.80 The team offered specialist treatment for the medical management of sexual arousal, with patients receiving dedicated psychiatric and nursing support, close monitoring and review. The service complied with the governance requirements for this treatment, overseen by the head of health care.

- 4.81 The service had a pathway to support patients with neurodevelopmental needs. A dedicated nurse supported patients who had diagnoses of attention-deficit hyperactivity disorder (ADHD), autism spectrum disorder and learning disabilities, and completed initial screening tools for individuals with potential neurodiverse conditions. Prisoners diagnosed with ADHD received appropriate medical treatment and review from a non-medical prescriber, who visited the prison twice a month. Patients had individualised care plans and appropriate aids and adjustments, if needed; staff worked with the prison to help meet individual needs.
- 4.82 Unfortunately, the service no longer had a full assessment and diagnostic pathway, which particularly affected those individuals with suspected ADHD, limiting their treatment options.
- 4.83 Mentally unwell patients were transferred quickly to prisons with inpatient units where their needs could be better met. Staff completed handovers when patients were transferred to other prisons and supported release planning, if needed.
- 4.84 Officers received mental health training as part of their induction and were invited to any awareness raising sessions.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.85 Oxleas provided the clinical element of the service and commissioned Change Grow Live to provide psychosocial interventions. A prison-wide drug strategy informed partnership working and joint meetings, which took place every two months.
- 4.86 The small integrated service reflected the low level of need in the prison. At the time of the inspection, no prisoners needed opiate substitution therapy. The service had vacancies for all its clinical roles, but there were adequate contingency arrangements to support medical treatment, if needed. The service had a small, well-staffed recovery team, which provided a good range of one-to-one and group-based psychosocial interventions, based on individual needs. These included a Foundations of Recovery programme, in-cell workbooks and a series of single-topic sessions, such as relapse prevention, alcohol awareness and cocaine misuse.
- 4.87 The recovery team had an open referral system, including self-referral, and had actively promoted their service, which had increased the number of referrals they received.
- 4.88 At the time of the inspection, the team supported around 40 prisoners. There were no referrals waiting for assessment, all individuals needing one-to-one support had an allocated worker and those waiting for the Foundations of Recovery programme were allocated to the next programme available.

- 4.89 There were no peer mentors in place, but the service had started planning to recruit them and had a list of keen volunteers. There were no mutual aid groups running, but the service had identified a need for them and was liaising with providers to offer Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous sessions in the near future.
- 4.90 The service supported transfers to other prisons by providing handovers to the recovery team in the receiving prison. It also actively supported release planning, when needed, and made referrals to rehabilitation units and community substance misuse services. Prisoners were offered naloxone (an opiate reversal agent) on release.

Medicines optimisation and pharmacy services

- 4.91 Medicines were supplied promptly by a nearby prison with a registered pharmacy. Prescribing and administration were completed on SystmOne (the electronic clinical record) and prescriptions were screened clinically by pharmacists at the supplying prison. A pharmacist came to the prison twice a month to conduct clinics and face-to-face medication reviews, and outside of the planned days if a need was identified.
- 4.92 All patients had an in-possession risk assessment completed on arrival and were reviewed at appropriate times. Around 95% of those who were prescribed medication received it in-possession. Medicines reconciliation was undertaken by the pharmacy technician, usually within 72 hours of arrival.
- 4.93 Administration of not-in-possession medicines took place twice a day from an administration room on a wing. Patients were routinely asked for their identification cards when they presented for their medicines. Queues were well supervised by prison officers and confidentiality was maintained. Missed doses were followed up on the same day. Patients collected in-possession medicines at a separate time.
- 4.94 Dispensed medicines were kept in individual trays which had the patient's name clearly marked, but they were stored on open shelves, rather than in lockable cupboards. We were told that lockable cupboards were on order to address this. There was also no gate on the door to the administration room, which posed a further security risk.
- 4.95 Controlled drugs were stored in a locked cabinet. The 'second checker' (see Glossary) signed the controlled drug register at the end of the session, rather than at the time of administration, which is against regulations, but this was rectified during the inspection.
- 4.96 A small number of patients could collect in-possession medicines from fingerprint recognition lockers on the wings. This helped to reduce queues and waiting times at the medicines hatch. However, follow-up of uncollected medicines from the lockers was not robust. In addition, the loading of medicines into the lockers was not checked by a second person and was completed when prisoners were around, posing a

security risk and the potential for errors to occur. There had been instances of lockers not opening and patients being unable to access their medicines in a timely manner. During the inspection, a decision was made to stop using this system temporarily, to explore a safer approach, to reduce the potential risks.

- 4.97 There was provision for the supply of medicines without the need to see a doctor, using patient group directions (which enable nurses to supply and administer prescription-only medicine). There was a good range of affordable over-the-counter items available for prisoners to buy through the health bar, such as paracetamol and toiletries. This promoted more autonomy and less medicalisation of everyday issues and was a good initiative, and patients were positive about it.
- 4.98 Most medicines were supplied on a named patient basis, but there were no audits for the small amount of stock medicines; this was rectified once we highlighted it.
- 4.99 The prescribing of abusable and high-cost medicines was monitored at regular cluster medicine management meetings. A small number of patients were on tradable medication. There were in-cell lockers to store medicines. The pharmacy technician conducted in-cell compliance checks.

Dental services and oral health

- 4.100 Time for Teeth provided dental care. The surgery was of high quality, remarkably clean, infection prevention compliant, light and airy, and there was a separate decontamination room. All equipment, such as the X-ray unit, had the required up-to-date safety and operating certifications. Waste products, such as amalgam, were disposed of according to regulations. Resuscitation equipment was to hand in an adjoining room.
- 4.101 The dental nurse was joined by the hygienist on one day per week and the dentist on two days. The team had advanced qualifications, up-to-date mandatory training and regular supervision.
- 4.102 Access to dentistry was very good, with short waiting lists. The average waiting time to see the dentist was two weeks, and the hygienist eight weeks. An emergency slot was available on each list for patients with urgent problems and doctors would prescribe pain relief, if needed.
- 4.103 The full range of NHS dental treatments was available. There was an emphasis on promoting oral hygiene, with suitable products, such as dental floss, on the prison shop list. Patients we met were pleased with their treatment outcomes, although respondents to our survey were less positive than at the time of the previous inspection.

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 recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Except for a very small number on the basic regime, prisoners were unlocked for 9.5 hours a day during the week and 8.5 hours a day at weekends, which was better than we see in most prisons. During our roll checks, however, we found only two-thirds of prisoners engaged in purposeful activity. Most prisoners only attended education and work on a part-time basis, and there was no evening association.
- 5.2 The regime was well publicised and during induction all prisoners were given a copy. In our survey, 99% of respondents said that they knew the unlock and lock-up times, and 80% that the timings were usually kept to, both of which were better than at comparator prisons.
- 5.3 Prisoners told us that there was plenty of time to attend social and recreational activities during the week, but that there were insufficient enrichment activities at weekends.
- 5.4 Prisoners were able to spend sufficient time outdoors in the fresh air, and exercise areas were open all day. Wing exercise yards were large, with a range of seating and outdoor exercise equipment, but the early days centre exercise yard had limited space and facilities.



Wing exercise yard



Early days centre exercise yard

- 5.5 The library provision was good and well used by prisoners. In addition to a wide range of books, prisoners could borrow DVDs and CDs. They could book to attend the library through the wing kiosks (see Glossary). In our survey, 78% of respondents said that they could access the library once a week or more, which was better than at the time of the previous inspection and at comparator prisons.

- 5.6 The facility also included a study room and a prisoner advice line service (PALS). PALS, run by orderlies, provided an advice service that prisoners could call from their in-cell telephone. Prisoners could request a range of information, including about visits and travel to the prison, legal rights, employment and education, and finance.
- 5.7 Various events which took place in the library were popular, including an art group, creative writing, a book club and a Scrabble league.
- 5.8 There was some data analysis of library use, which showed that the facility was especially well used by older prisoners (see also paragraph 4.29). A recent prisoner survey identified that most prisoners used the library to borrow DVDs and CDs, with the next largest group using it to borrow books. Prisoners had asked for the library to be open at the weekend; this had very recently started and was welcomed by those who had accessed it at this time.
- 5.9 The gym provision was driven by a motivated group of PE staff. There was a sports hall with cardiovascular machines, a weights room, a recently replaced artificial grass sports area and a running/walking track, the latter being well used. The areas were clean and tidy, but prisoners using the facilities there could not shower in private.



The sports hall (left) and weights room



Artificial grass pitch

- 5.10 Sessions were booked via the kiosks and prisoners could attend many times a week, but some sessions interrupted their work or education sessions, which was inappropriate. Although leaders had plans to introduce a wide range of PE courses, this was still in the early stages.
- 5.11 There was good partnership working with the health care and safety teams, both of which provided prisoners with assistance and access to remedial gym, including an over-50s session and 'walking to improve fitness'.
- 5.12 In our survey, 45% of respondents said that they were able to use the gym or sports facilities twice a week or more, and a recently completed participation survey by the prison showed that just over half of the population was accessing PE. More needed to be done to understand and engage with those not using these facilities.

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.

- 5.13 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate

- 5.14 Leaders and managers did not provide enough full-time education, skills or work spaces for prisoners in this training prison. Instead, they had opted to provide part-time places in education, skills and work to engage the prison population in activities.
- 5.15 Leaders had not secured enough provision to meet the growing needs of prisoners to study and develop their English and mathematics skills. As a result, a quarter of the prison population were on waiting lists for English and mathematics courses. Many waited for more than a year for a place on these courses.
- 5.16 Leaders had not made sure that prisoners had access to coherent programmes of study. For example, too many allocated to vocational courses, such as electrical, were not able to gain the English and mathematics skills that they also needed to be successful in their learning and work.

- 5.17 There was a clear local pay policy in place. However, payment to attend education classes was not aligned with that of the better-paid jobs, such as orderlies and those working in the kitchens and bistro. Too many prisoners who were allocated to English and/or mathematics courses attended the gym or took part in enrichment activities instead of attending classes, with no reduction in their pay. Consequently, qualification achievement rates were too low, particularly in mathematics.
- 5.18 In too many areas of education and training, the curriculum was not sufficiently ambitious and did not support prisoners to meet their potential. For example, the qualifications that prisoners studied for were at too low a level and were not adequate to support them to transition into work. On most courses, they could not progress from level 2 to higher levels of study, which meant that they had few opportunities to continue their learning. They could study vocational courses in hospitality, multi-skills, electrics and digital skills. However, there were no opportunities to work towards useful qualifications in work areas such as waste management and barbering. They were frustrated by the lack of progression opportunities, which they believed had a negative impact on their prospect of employment on release.
- 5.19 However, many prisoners produced practical work of a high standard. They were proud of their achievements and readily discussed the knowledge and skills they had attained. For example, in the bakery, prisoners produced and decorated cakes to a professional standard. In carpentry, they used their new knowledge and skills creatively to custom-make column wraps with decorative mouldings.
- 5.20 Although prisoners identified their preferences for work and education at induction, allocation decisions were made based on available spaces, rather than their rehabilitative needs or aspirations. Leaders had plans to introduce additional pathways that would enable more prisoners to progress in education, skills and work. However, these had yet to be implemented.
- 5.21 Prisoners' learning plans were not linked to sentence plans. They were often taken off education and training courses to complete essential offending behaviour programmes and interventions which focused on changing their attitudes and behaviour, and reducing reoffending. As a result, although they learned new skills that improved their problem solving and dealing with external pressures, they were unable to continue developing their knowledge and skills in education and training.
- 5.22 Education and vocational training were provided directly by Serco. Too many prisoners were not studying a well-planned and sequenced curriculum that enabled them to develop new knowledge, skills and behaviour, or to build on their learning over time. Most teachers and trainers in skills and work made sure that prisoners had an appropriate understanding of a topic before introducing new and more challenging concepts. They often checked prisoners' understanding through careful questioning and provided them with positive and encouraging

feedback. However, too many lessons were uninspiring and teachers relied on prisoners completing worksheets. Teachers' feedback to prisoners did not include the detailed and developmental information they needed to improve their knowledge.

- 5.23 Across education, skills and work, experienced orderlies supported prisoners confidently with their studies or practical activities. Prisoners valued the one-to-one support they received. For example, in industrial cleaning, orderlies supported prisoners with their literacy and numeracy, which enabled them to use product information appropriately. However, too many teachers did not provide orderlies with sufficient information about which prisoners they should support or how best to do so. As a result, prisoners' progress was impeded.
- 5.24 Leaders did not routinely monitor the achievement of prisoners studying for accredited qualifications and therefore could not be confident that the curriculum was fit for purpose. They were not aware that prisoners studying on accredited courses, such as bakery, had not received accreditations for their achievements before progressing to higher levels. Consequently, the curriculum did not prepare prisoners well enough for their prison careers and for release.
- 5.25 Leaders had not made sure that prisoners working on Open University and distance learning programmes had the support they needed to be successful. Prisoners' progress was hindered as a result of limited access to computers and to the virtual campus (see Glossary). This meant that too many did not complete their courses.
- 5.26 Leaders did not make sure that information about prisoners' additional learning needs was made available to all tutors. Delays in the assessment of learning needs meant that too many who needed support did not receive it. Where tutors in education had received information on prisoners' additional learning needs, they used this well to support them in their learning. For example, coloured overlays were used by prisoners with dyslexia, and 'fidget toys' by those who found it difficult to concentrate.
- 5.27 Recently recruited staff responsible for the support of prisoners with learning difficulties and/or disabilities had implemented appropriate assessments quickly. These enabled them to identify accurately prisoners' starting points and support needs. They had swiftly put in place staff training and development in topics such as phonics, comprehension and writing. This had allowed staff to recognise prisoners' needs better and to plan support in their lessons. However, this initiative was very new and it was too soon to be able to judge its impact.
- 5.28 Prisoners were supported effectively to develop responsible and respectful attitudes that enabled them to contribute to prison life. During induction, prisoner mentors and orderlies showed mutual respect for staff and their peers. For example, mentors and orderlies gave the induction presentation to new prisoners and helped them to complete their personal learning plans in a supportive manner.

- 5.29 Managers had made sure that classrooms, workshops and most vocational skills environments were conducive to learning. Prisoners demonstrated positive relationships with their peers and staff. They were polite and refrained from vaping or using derogatory or aggressive language. Most teachers and trainers set prisoners clear expectations for personal conduct. Prisoners felt safe when attending education, skills and work activities and none that we spoke to had experienced any bullying, harassment or discrimination.
- 5.30 Leaders' implementation of the reading strategy had been too slow. The recently appointed manager had made a significant impact, carrying out reading assessments with prisoners and training staff on the use of phonics. Working with a national charity, they had focused on reducing rapidly the substantial number of outstanding reading assessments for prisoners. This had enabled leaders to identify those prisoners not yet ready to attend functional skills lessons and to put in place appropriate learning that enabled them to develop the skills they needed to study on these courses. However, too few prisoners had received targeted support for improving their reading skills.
- 5.31 Leaders did not make sure that careers information, advice and guidance (CIAG) was of a consistently high quality for all prisoners. CIAG staff did not provide prisoners with sufficient support and information to help them to determine the most appropriate choice of employment on release. There were no links with employers that enabled prisoners to understand their expectations or the work opportunities available, or to help them to plan their next steps.
- 5.32 The recently appointed management team had high aspirations for education, skills and work to meet the broader needs of prisoners. It had started to collaborate with colleagues across the prison to incorporate wider and therapeutic learning, such as art, music and sport, into the curriculum. However, it had not reviewed the courses and activities offered, to make sure that they equipped prisoners with the essential knowledge, skills and qualifications that would increase their chances of employment on release.
- 5.33 The quality of provision, and leadership and management had declined over time because of inconsistent leadership resulting from staff changes. The senior management team had not scrutinised quality improvement plans sufficiently or provided managers with appropriate challenge on the outcomes or impact of these. Consequently, leaders had not achieved the recommendations identified at the previous inspection.
- 5.34 Leaders and managers did not have sufficient oversight of the quality of education. They had been too slow to take swift and decisive actions to improve the quality of teaching, and to put in place the robust processes needed to make sure that education, skills and work met the needs of all prisoners. For example, leaders had not taken appropriate remedial actions and therefore many of the quality improvement action plan targets had not been achieved.

5.35 Leaders were supportive of teachers and trainers. They had recently established a staff development programme to develop the skills they needed to improve the quality of teaching and assessment. However, this had not yet improved the quality of teaching and assessment.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. 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 understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and 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 Support for prisoners to help them maintain contact with their children, families and friends was very good. A family and significant others strategy was in place that encouraged a prison-wide approach to involving families in a prisoner's progress. This was supported by a well-attended meeting, which used data to understand provision.
- 6.2 In our survey, prisoners reported much more positively than in similar prisons about the support they received to keep in touch with family and friends; for example, 64% of respondents said that staff encouraged them to maintain contact with friends and relatives, compared with 38% elsewhere.
- 6.3 Domestic visits and secure video calls (see Glossary) were held at times that were convenient for families, mainly at weekends, and there was sufficient capacity to meet demand. The visits hall was large and spacious, and there was a dedicated family room for those prisoners with approved contact with their children. The social video call facility had been thoughtfully set up in the visits hall so that this could run simultaneously with visits sessions, and there had been a recent increase in the number of terminals.



Visits room



Family visits room

- 6.4 The cost of telephone calls was too high and prisoners were justifiably frustrated. For example, calling a mobile phone at the weekend cost prisoners 10 pence per minute, compared with 4.5 pence in almost all other prisons. Leaders said that profits from telephone calls contributed to the 'Prisoner Trust Fund' for buying items and supporting initiatives to benefit prisoners, but we were told that the level of surcharge would

be reviewed following complaints received from prisoners during the inspection.

- 6.5 'Families and friends at the centre of throughcare' (FACT) was an excellent initiative in which newly arrived prisoners were offered an extended social visit for family members, to help them to understand more about the prison. Families met staff, such as key workers and prison offender managers (POMs), and were given presentations about the prison. Feedback from families about the day was very positive; one visitor wrote:

'... it was very informative, something that I haven't experienced in all the time my husband has been in prison.'

Prisoners and families who consented received periodic updates on the prisoner's progress. At the time of the inspection, around 70 prisoners were involved with the scheme.

- 6.6 Leaders were active in a local project supporting children affected by parental offending. This aimed to provide a regional approach to supporting children who had been affected by their parents being imprisoned, by creating a network of champions. The prison had held networking events to enable ambassadors from different sectors, such as schools and voluntary sector organisations, to understand the prison environment.
- 6.7 There was a good range of other initiatives, including family days; Storybook Dads (in which prisoners record stories for their children) and children's book projects for those without child contact restrictions; official prison visitors; and pen pals for prisoners without family. Leaders used other opportunities to involve families in recognising prisoners' achievements, including post-programme reviews.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.8 Over half the population were serving sentences of over 10 years, and most described the prison as a positive rehabilitative environment. Prisoners we spoke to had a good understanding of their sentence plan and, overall, they were positive about their POM and their key worker (see Glossary).
- 6.9 Almost all prisoners had a sentence plan that had been completed within a reasonable timeframe. Those we reviewed were appropriate and included multiple targets; the most frequently seen were objectives linked with offence-related work. Prisoners made reasonable progress against sentence plan targets.

- 6.10 Contact between prisoners and POMs had improved since the previous inspection and was good. Contact was appropriately varied; prisoners approaching significant milestones, such as reviewing assessments of risk and need or nearing parole, had an increase in contact.
- 6.11 Key work was excellent (see also paragraph 4.3) and supported offender management, interventions and prisoners' progression. Ashfield had the second highest recorded level of key work in the last 12 months of all adult male prisons, with over 80% of the population having received weekly entries. The quality of entries was mostly good and there was evidence of liaison between key workers and the POM supporting progress made by individual prisoners. Key workers were incorporated into other areas of the prisoner's progression, including interventions, post-programme reviews and meeting family members as part of FACT (see paragraph 6.5) to support progression.
- 6.12 In stark contrast to the situation at the time of the previous inspection, the offender management unit was well staffed by a team of POMs consisting of fully qualified probation officers and prison staff, who were trained appropriately in managing the risks presented by the population. POMs each had a caseload of around 60 prisoners, which was reasonable.
- 6.13 A tenth of prisoners were serving indeterminate sentences, including 20 prisoners on indeterminate sentences for public protection. Leaders and staff from a variety of departments met quarterly to make sure that there were plans to progress these prisoners, and staff had a good knowledge of individual cases, but there was limited collective support available to understand if their needs were being met, such as through focus groups.
- 6.14 Parole processes were mostly timely and prisoners were supported well by their POM. There were sometimes delays that were beyond the control of the prison – for example, in the report contributions from community offender managers.
- 6.15 Recategorisation reviews were mostly timely, decisions were appropriate and prisoners were invited to provide input through written contributions. In the last 12 months, only two prisoners had been assessed as needing to regress to a category B prison. It was positive that over 80 prisoners had been recategorised to category D. Of these, 64 had transferred to open conditions; however, 11 had subsequently returned to Ashfield. In the cases we reviewed, the reasons for return had been based on a decline in behaviour.
- 6.16 As a result of national population pressures, transfers to other establishments for resettlement purposes and in the last 12 weeks of their sentence were rare. In addition, transportation for transfers for other reasons, often for prisoners who needed accredited interventions, was often cancelled, causing justifiable frustrations for those prisoners.
- 6.17 As a result of the offences and sentence length of the population, they were not eligible for home detention curfew. For similar reasons, only a

small number of release on temporary licence (ROTL) events had taken place, for medical reasons.

- 6.18 The strategy for reducing reoffending had recently been reviewed. However, this was not based on a full needs analysis, as it did not seek to understand the criminogenic factors of offending, to make sure that the provision met the needs of the population. Despite this, regular and reasonably well-attended reducing reoffending meetings offered good opportunities for collaboration, leading to some good work and action planning across areas of reducing reoffending.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.19 Three-quarters of the population were assessed as presenting a high or very high risk of harm. All prisoners had convictions for sexual offences, so public protection was particularly important, as all would be subject to multi-agency public protection arrangements (MAPPA) on release and were included on the ViSOR (the Dangerous Persons Database).
- 6.20 Two staff members were dedicated to public protection. There were good processes to make sure that the files for all newly arrived prisoners were reviewed, with a case summary compiled and put in a shared location to enable all staff to have access to risk-based information.
- 6.21 The interdepartmental risk management team meeting took place fortnightly and attendance was reasonable, but high-risk releases were not discussed routinely, which meant that opportunities to collect, discuss and share risk information as a multidisciplinary team was missed. Leaders had systems to make sure that issues relating to high-risk releases, such as confirmation of MAPPA management levels, were addressed. Written contributions to MAPPA panels were of good quality.
- 6.22 During the inspection, there were no prisoners on offence-related monitoring, which was unusual, given the risks posed by the population. Prisoners had been subjected to these measures in recent months, and random telephone monitoring took place routinely.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.23 An appropriate range of accredited interventions was provided. The prioritisation of waiting lists, favouring those due for release, and the

allocation of prisoners to accredited programmes were based on national instructions. In our survey, 45% of respondents said that they had completed an offending behaviour programme, which was far better than in similar establishments (27%).

- 6.24 The intervention team and POMs communicated well with prisoners, explaining when programmes would be sequenced into their sentence, so that they had a clear expectation. However, some prisoners we spoke to were frustrated by delays and shared their concerns that a transfer to open conditions had been declined because they had not completed interventions.
- 6.25 Positively, key workers were invited to pre- and post-programme reviews, and the intervention team provided them with regular programme updates. This allowed key workers to support prisoners and their progress during and after the intervention.
- 6.26 Leaders had developed a short, unaccredited intervention called 'Making a Change', which was aimed at engaging and motivating prisoners who had not been assessed as ready to engage in programmes. Since its introduction in summer 2023, 12 prisoners had completed the workshops, and a further course was planned before an evaluation was to be conducted; preliminary feedback had been positive.
- 6.27 Leaders had designed and delivered workshops that provided information to prisoners about the next steps in their sentence, including on open prisons, approved premises, supervision and licence conditions. Guest speakers relevant to these topics would attend, such as staff from approved premises and the police. This provided an opportunity for prisoners to reflect on their next steps and ask questions to gain understanding.
- 6.28 The psychology team was well integrated into the prison. We saw many examples of the team working collaboratively with other departments, particularly in delivering training to staff in working with prisoners convicted of sexual offences, including offence paralleling behaviour (see Glossary), as well as holding regular clinics for key workers and delivering training to other departments.
- 6.29 Prisoners were able to access support to manage their finances. Staff from the Department for Work and Pensions attended weekly and routinely met prisoners due for release, and any prisoner who needed support with debt could access this through Citizens Advice. Facilities to obtain identification were available.
- 6.30 There was limited provision for employment on release, and over the previous 12 months only three prisoners had secured employment in the weeks after release.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.31 Despite not being a designated resettlement prison, around three prisoners were released each month. Handovers between the prison and the community were improving, but were not always timely and rarely took place in person.
- 6.32 There was insufficient coordination of resettlement planning in the final months before release. There was no pre-release service, and while leaders had put some limited resources into this area, prisoners were not routinely screened for their needs on arrival or pre-release, and there were no resettlement plans in place.
- 6.33 Practical arrangements on the day of release were good, including procedures for the issue of licence conditions and other paperwork. Prisoners were provided with travel warrants and transport to the local train station, if needed, and could charge their mobile phones. There was a supply of discreet black holdalls for prisoners to carry their possessions.
- 6.34 In the last year, four prisoners had been released without accommodation, despite efforts by the POMs, who were supporting prisoners with housing and other pre-release appointments because of the lack of resettlement provision.

Section 7 Progress on recommendations from the last full inspection report

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, arrival and early days procedures were good. Incidents involving violence or bullying were rare, but support for the few victims was poor. The incentives and earned privileges scheme was well managed. Adjudication processes were fair and the number of hearings was low. Force was rarely used but paperwork did not always fully justify its use. There was little use of segregation, and governance was good. Security arrangements were largely proportionate. There were few self-harm incidents, and prisoners in crisis were well cared for. Safeguarding arrangements were sound. Outcomes for prisoners were good against this healthy prison test.

Key recommendations

None

Recommendations

Prisoners not subject to child protection or harassment measures should be allowed to contact their family on arrival.

Achieved

All violent incidents should be thoroughly investigated, to address violent behaviour and support victims.

Partially achieved

The disparity between the low number of violent incidents and prisoners' perceptions of safety should be investigated and addressed.

Achieved

Managers should scrutinise all use of force documentation and video footage, to identify good practice and areas for improvement.

Achieved

Intelligence reports should be promptly collated and analysed, and used to identify current and emerging threats.

Achieved

The drug strategy should be informed by a comprehensive needs analysis and have a whole-prison approach.

Not achieved

Investigations into serious acts of self-harm or attempted suicide should be thorough and identify lessons for improvement.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, staff–prisoner relationships were good and prisoners found their key workers helpful. Outside areas, residential units and cells were very clean. The quality of the food provided was good. Prison shop arrangements were sound, and the availability of over-the-counter health products through the shop, with appropriate clinical oversight, was good practice. Consultation arrangements were thorough and led to practical change. Applications processes were effective. Fewer complaints were submitted than at similar prisons, and responses to these were polite and helpful. Despite a lack of senior managerial oversight of equality and diversity work, outcomes for protected groups were good. Faith and pastoral care provision was strong. Health and social care provision was good. Outcomes for prisoners were good against this healthy prison test.

Key recommendations

None

Recommendations

Emergency cell call bell data should be monitored and analysed.

Achieved

A senior manager should have personal responsibility for leading equality and diversity work. Monitoring data should be regularly scrutinised to identify discrimination in treatment and access to services.

Achieved

Older prisoners and those with disabilities should have multidisciplinary care plans that outline their needs and identify actions required to support them.

Achieved

There should be an up-to-date health and social care needs analysis.

Not achieved

Trained and supervised peer workers and health trainers should offer health information and support to prisoners.

Achieved

All prisoners with long-term health conditions should have a care plan.

Achieved

Trauma-informed psychological support should be available for prisoners.

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 was impressive, at over 10 hours a day during the week. Library and PE facilities were good, and access was excellent. The leadership and management of activities had improved and were reasonably good. There were sufficient activity places for the population. The quality of most of the teaching was good. Prisoners generally behaved well in education and training. Educational achievements were good overall, and practical work in workshops was excellent. Outcomes for prisoners were good against this healthy prison test.

Key recommendations

None

Recommendations

Prisoners should receive advice and guidance when choosing their activities, to ensure that they contribute to long-term resettlement goals.

Not achieved

Managers should thoroughly analyse course outcomes, to identify any underperformance by specific groups of learners.

Not achieved

Individual targets and progress monitoring should be used in all classes, to ensure that all prisoners can make the progress of which they are capable.

Not achieved

Teachers' feedback on written work should correct spelling and grammatical errors, and should clearly tell prisoners how they can improve their work.

Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, visits arrangements were good. Work to help prisoners to rebuild and maintain family ties was reasonably good. The reducing reoffending strategy did not clearly improve outcomes for prisoners. The number of prisoners without an up-to-date offender assessment system (OASys) assessment had increased and was too high. Offender supervisors had not received training to work with prisoners convicted of sexual offences and did not receive direct support from probation officers. Contact between offender supervisors and prisoners was often reactive. Public protection work was reasonably good. There were not enough interventions and programme places to address the offending behaviour needs of the population. Release planning was adequate for the small number of prisoners discharged directly from the prison. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All prisoners should have regular face-to-face contact with an offender supervisor.

Achieved

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

Achieved

Offender supervisors should receive specific training in working with prisoners convicted of sexual offences. In addition, they should receive ongoing supervision, advice and guidance from an experienced practitioner, such as a senior probation officer.

Achieved

A full range of interventions should be available to meet the needs of the population, including for those prisoners in denial of their offence and those with low-level cognitive skills.

Not achieved

Recommendations

A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending-related needs and supported by a detailed action plan which is monitored and updated rigorously.

Partially achieved.

All prisoner contacts should be logged and recorded on P-Nomis.
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.

Preparation for release

Preparation for release is understood as a core function of the prison. 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.

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Sara Pennington	Team leader
Natalie Heeks	Inspector
Donna Ward	Inspector
Nadia Syed	Inspector
Dawn Mauldon	Inspector
Helen Ranns	Researcher
Sam Moses	Researcher
Alicia Grassom	Researcher
Isabella Heney	Researcher
Maureen Jamieson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Lindsay Woodford	Pharmacist
Si Hussain	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Alun Maddocks	Ofsted inspector
Andy Holland	Ofsted inspector
Darryl Jones	Ofsted inspector
Jojo Kingsbury-Elia	Ofsted inspector
Shane Langhorn	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

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.

Kiosks

Communal electronic information touchscreens, enabling prisoners to access services at the prison, including selecting their daily meals, ordering items that they are allowed to buy and making applications. Kiosks are also used to communicate and share information with prisoners and conduct surveys.

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.

Offence paralleling behaviour

This is the relationship between current day-to-day functioning and the way an individual was functioning at the time of the offence. This information is used to inform risk assessment and intervention.

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.

PAVA

PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

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).

Second checker

When administering controlled drugs, a second member of staff who is appropriately trained should witness this process for safety reasons.

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.

Time out of cell

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

Virtual campus

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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