



Report on an unannounced inspection of

HMP Bure

by HM Chief Inspector of Prisons

2–12 October 2023



Contents

Introduction.....	3
What needs to improve at HMP Bure	5
About HMP Bure	7
Section 1 Summary of key findings.....	9
Section 2 Leadership	12
Section 3 Safety	14
Section 4 Respect.....	21
Section 5 Purposeful activity.....	35
Section 6 Preparation for release	41
Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports	46
Appendix I About our inspections and reports	52
Appendix II Glossary	55
Appendix III Further resources	57

Introduction

Bure is a category C prison for male sex-offenders in rural Norfolk. At this inspection we were pleased to see that it remained a safe and respectful jail in pleasant, well-tended grounds.

Levels of violence at Bure were very low, although they were higher than similar prisons. At 9.6% the rate of positive, random drugs tests was surprisingly high, but this had not led to a deterioration in behaviour which was generally good. The prison had recently held a safety summit to understand the causes of violence and was in the process of putting into place an action plan. A small number of men accounted for most of the self-harm at the prison and good efforts were made to help them, although other prisoners received more variable support through the ACCT process.

High standards set by staff meant that the jail was kept very clean, and the grounds were full of flower beds and vegetables that were grown by prisoners. Unfortunately, there were hardly any on-wing cooking facilities which, for the many prisoners serving long sentences, was disappointing. Cramped wings meant there was not enough space for prisoners to dine communally, meaning that most had to eat on their own in their cells. Relationships between staff and prisoners were good and we were very pleased to find the comprehensive provision of key work, something we have seen recently in only a handful of prisons. Apart from some cramped double cells, most prisoners were in single cells which were well maintained and reasonably spacious, although many of the showers on the wings needed to be replaced.

The prison had a large proportion of elderly prisoners who were well cared for both by the prison and the well-led health provider. Other groups were also generally positive about their treatment, except for those from an ethnic minority background, particularly black prisoners. This was very disappointing because similar concerns had been raised at the last three inspections. The prison will need to consult more effectively with these prisoners, act on their concerns and make sure that the results are monitored and communicated effectively.

Our biggest concern at this inspection was the quality of purposeful activity on offer. Although prisoners were unlocked for most of the day, many were bored – particularly the younger men – and the jail was failing to fulfil its remit as a training prison. The analysis of prisoners' needs had not been comprehensive enough, meaning that provision did not always fit with what the prisoners required. While the quality of teaching was generally good, far too few prisoners were able to get to education, with long waits to get onto the English course. There was a comprehensive reading strategy but it was not well coordinated, particularly with the education provider, which was failing to identify or support those with the highest levels of need. The recruitment of a new lead for the Shannon Trust should help to provide more consistency which had been hampered by not having space from which to run the programme. Ofsted inspectors felt that there were credible plans to improve the education, training and work offer, but they also highlighted an ongoing lack of workshop and classroom space.

The prison had made some improvements since our last inspection to support the progression of prisoners, but there was widespread frustration with the offender management unit, often because prisoners did not know what to expect. Although the prison provided a range of accredited programmes, including three for those with learning difficulties, limited resource meant these were only available at the end of their sentences, which meant that many would not get the opportunity to finish their sentence in open conditions. An average of 12 prisoners a month were being released directly from Bure, making their transition into the community far more difficult, particularly those finishing longer sentences.

There was much to like about Bure. The conscientious governor and his team worked hard to maintain standards and keep the regime going despite some staffing pressures. They also recognised where progress needed to be made. It will take a committed and comprehensive focus of the leadership towards education, training and work if Bure is to fulfil its function as a category C jail with a focus on giving prisoners the sorts of skills that will help them to get work and avoid reoffending on release.

Charlie Taylor

HM Chief Inspector of Prisons

November 2023

What needs to improve at HMP Bure

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

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

Priority concerns

1. **Leaders had not done enough to understand or address the comparatively negative experiences of prison life reported by minority ethnic prisoners over several inspections.**
2. **Training needs analysis, achieving challenging strategy.** Leaders and managers did not have appropriate oversight of the effectiveness of the prison education framework contract. Leaders' recently completed training needs analysis was not fit for purpose. It contained too little relevant information or data to inform the curriculum.
3. **Meaningful learning pathways.** There were too few meaningful learner pathways, and the vocational offer was very limited. The learner pathways leaders provided was too narrow with too few, and generally basic-level, courses offered.
4. **Offending behaviour programmes were limited to prisoners within 18 months of potential release, reducing opportunities for parole and transfer to open conditions.**
5. **Many prisoners were frustrated at the lack of communication about what they could expect during their sentence.** Communication with prisoners about sentence progression was not good enough. Many did not know when they could expect to see their offender manager or start an offending behaviour programme, nor did they understand why these things took so long.

Key concerns

6. **There was no CCTV in accommodation and activity areas, which affected prisoners' feelings of safety and hindered investigations into alleged assaults.**
7. **During use of force, staff often did not activate body-worn video cameras until very late into an incident, which undermined their value as a deterrent and a means of assurance.**

8. **Leaders' efforts to reduce the supply of alcohol and drugs were not sufficiently comprehensive or rigorous.** Only about half of the tests requested by staff who had suspicions about prisoners using illicit drugs were actually carried out.
9. **Communal showers in the older residential units had poor ventilation and drainage.**
10. **There were too few opportunities for prisoners to cook for themselves or to dine communally.** This was a major omission for a training prison with many men serving long sentences.
11. **Insufficient paid activity spaces, low wages and high prices meant that many prisoners could not afford to buy basic items from the prison shop.**
12. **Health care complaints were poorly managed.** Staff did not follow the complaints process consistently and prisoners did not always receive responses. There was no oversight or quality assurance by health care leaders.
13. **Reading strategy.** Leaders' implementation of a reading strategy was poorly coordinated and had had limited impact. Prison managers did not have effective arrangements to support prisoners with no or low-level reading skills. While more prisoners were reading fiction or non-fiction as part of their working day, many areas of industries and work had yet to adopt all aspects of the reading strategy.
14. **Increased links with employers.** Leaders did not have sufficient links with employers. In the past eight months, prison managers had only placed a few prisoners on release into permanent full-time employment with a small number of local employers. Leaders' initiatives to increase the proportion of such opportunities and broaden the geographical locations were at an early stage of implementation and had had no impact yet.
15. **There was insufficient support for prisoners to develop or rebuild relationships with family or friends in the community.**

About HMP Bure

Task of the prison

HMP Bure is a category C prison for sentenced men 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: 641

Baseline certified normal capacity: 604

In-use certified normal capacity: 604

Operational capacity: 643

Population of the prison

- 310 new prisoners received each year (around 25 per month).
- 18.5% of prisoners from black and minority ethnic backgrounds.
- 56 foreign national prisoners.
- Average of 12 prisoners a month released into the community.
- 90 prisoners receiving support for substance misuse.
- Between eight and 18 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Phoenix Futures

Dental health provider: Community Dental Services CIC

Prison education framework provider: People Plus

Escort contractor: Serco

Prison group

Bedfordshire, Cambridgeshire, Norfolk

Prison Group Director

Gary Monaghan

Brief history

HMP Bure is built on part of the former RAF Coltishall site, seven miles north of Norwich. Constructed in 2009, the prison is a mix of new buildings and converted RAF accommodation and service buildings. A new unit, housing 120 prisoners, was constructed in September 2013.

Short description of residential units

There are seven residential units, mostly comprising single cells. Most units have only four double cells, but unit seven has 19. Residential units 1-6 have communal showers and residential unit 7 has integral showers in every cell. Residential unit 6 has one landing of 10 cells, used by new arrivals on induction.

The ground floor accommodation on unit 7 is allocated to prisoners with identified medical and social care needs.

Res 1 – general population

Res 2 – enabling community

Res 3 – enabling community

Res 4 – older population

Res 5 – general population

Res 6 – induction and resettlement

Res 7 – older population and social care

Name of governor and date in post

Simon Rhoden, June 2017

Changes of governor since the last inspection

None

Independent Monitoring Board chair

David Fairhurst

Date of last inspection

Full inspection: 27 March – 7 April 2017

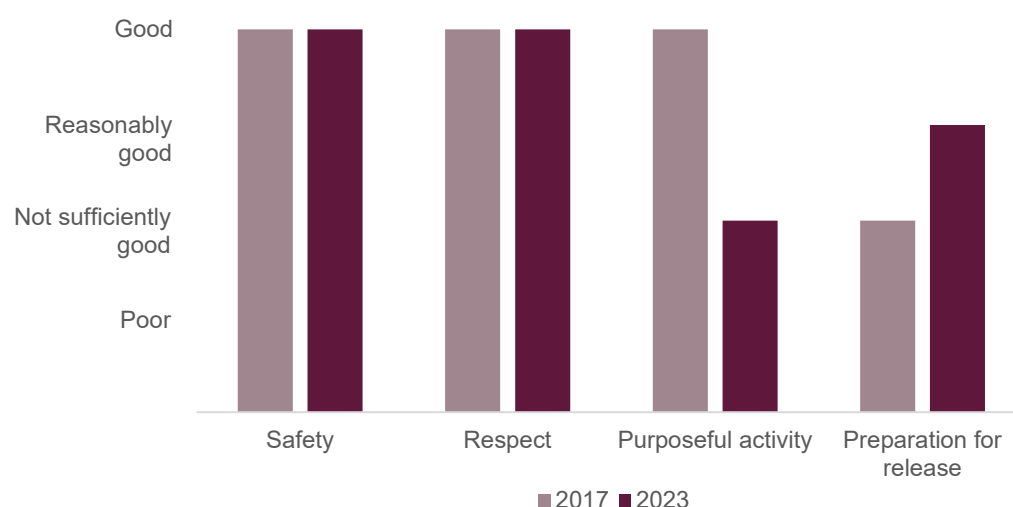
Scrutiny visit: 16 and 23–24 March 2021

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 Bure, we found that outcomes for prisoners were:
- good for safety
 - good for respect
 - poor for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP Bure in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Bure prisoner outcomes by healthy prison area, 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2017 we made 42 recommendations, three of which were about areas of key concern. The prison fully accepted 32 of the recommendations and partially (or subject to resources) accepted seven. It rejected three of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved and two had been partially

achieved. The key concern that was achieved was in preparation for release, while the two that were partially achieved were in safety and preparation for release. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

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

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found six examples of notable positive practice during this inspection.
- 1.10 During adjudications, prisoners were given information about the appeals process in an easy-read format, and the local tariff guide indicating what punishments could be considered following a finding of guilt. This helped to increase prisoner confidence in the fairness of adjudications. (See paragraph 3.15)
- 1.11 The external grounds supported prisoners' well-being; they were attractive, colourful and well maintained, largely by prisoners themselves. (See paragraph 4.4)
- 1.12 A wide range of peer-led groups brought together prisoners with shared experiences and helped to promote mutual support and responsibility. (See paragraph 4.2)
- 1.13 Health care staff provided a valued vaping cessation programme for prisoners, which was an initiative that we rarely see. (See paragraph 4.46)
- 1.14 The library provided an excellent range of activities to support literacy and encourage reading, including a series of locally developed reading challenges suitable for readers of all levels. (See paragraph 5.5)

- 1.15 Key working was effective and linked explicitly to the prisoner's progress through their sentence. Key workers received useful and regular training to give them the skills they needed to support prisoners' progression and release objectives. (See paragraphs 4.3 and 6.7)

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.
- 2.1 Following a period of declining outcomes, prison and regional leaders had taken a series of remedial actions resulting in notable progress over the previous year. This was reflected in prison data, which showed, for example, reductions in violence and self-harm, and an increase in the amount and quality of key working.
- 2.2 Leaders had an improving grasp of safety data, and a recent safety summit involving staff and prisoners had helped to advance understanding of the drivers of violence. Prison and regional leaders had also improved the quality of support provided through the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm, although they had not ensured consistently robust investigations into self-harm incidents or adequate ongoing oversight of recommendations following deaths in custody.
- 2.3 Our survey and discussions with staff suggested that most understood and supported the prison's priorities and wanted to work at Bure. However, many reported low morale, usually because they felt senior leaders did not understand their concerns or take them seriously. The governor had taken action to refresh the leadership of some functions, resulting in more visible direction and stronger communication with staff, as well as better support for prisoners.
- 2.4 Leaders ensured clean residential units in generally good repair and a well-maintained external environment that supported prisoners' well-being.
- 2.5 There was generally good support for most minority groups, but leaders had not done enough to respond to negative experiences reported by minority ethnic prisoners over several inspections, nor had there been any significant focus on the needs of foreign nationals or younger prisoners.
- 2.6 Health care was led effectively and delivered a good all-round service. Health care leaders encouraged and supported staff to develop a wide range of skills.
- 2.7 Prison leaders delivered a consistently good regime, despite some pressures on staffing. However, they had failed to make sure that Bure

was sufficiently fulfilling its role as a category C training prison. Leaders had not provided enough meaningful education, training or work for the population, nor had they made sure that existing spaces were fully used. As a result, prisoners were unable to fill their time purposefully during long sentences and many said they were bored with not enough to do. While leaders had accurately evaluated weaknesses in the education, skills and work provision, remedial action was at a very early stage.

- 2.8 The offender management unit was well led and provided more consistent support to prisoners than we usually see. However, communication with prisoners was not strong enough to manage unrealistic expectations and subsequent frustration. Leaders had made relatively recent but good progress in improving resettlement support for prisoners, but national leaders had not yet ensured sufficient availability of programmes or the prison spaces needed to enable progressive transfers to resettlement prisons.

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 There were about 25 new receptions a month. Prisoners reported positively about their experiences on arrival at the prison. In our survey, 89% said they were treated well in reception and 91% felt safe on their first night.
- 3.2 The reception area was spacious, clean and welcoming, and processes were completed without delay. Holding rooms were comfortable and contained information and posters promoting the opportunities and support services at Bure.



Reception (left) and holding room

- 3.3 Reception staff were welcoming, efficient and polite. Prisoners were met in reception by peer supporters, which gave them the chance to ask questions immediately. New arrivals were strip-searched only following risk assessment, which was appropriate given that they had already been searched when leaving the sending prison (see paragraph 3.24). Most prisoners received a full body scan on arrival, but this was not always the case as there was a shortage of trained staff to operate the scanner.
- 3.4 Health care and induction staff carried out thorough private interviews and established any concerns and vulnerabilities. Prisoners' property

was processed quickly and this meant they could take most of it with them to the induction unit.

- 3.5 On arrival at the induction unit, prisoners were allocated clean, well-prepared cells and offered a shower. Each cell had a booklet containing useful information about the prison and details of what to expect over the next few days. Prisoners were not offered a free telephone call in reception, and only those with existing phone credit could use the reception phone to let their families or friends know they were in Bure. All new arrivals were supposed to be checked three times a night during their first 72 hours, but we saw the final checks being completed before 1am, which was far too early.
- 3.6 The induction programme was reasonably comprehensive and started the day after prisoners arrived. It was delivered by enthusiastic peer workers, under the supervision of a member of staff, and took place in a pleasant room on the unit. In our survey, 98% of respondents said that they had received an induction and two-thirds said that it covered everything they needed to know. Induction usually lasted two weeks, after which prisoners moved to other units.



Induction classroom

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 prison was calm and well ordered, and it was impressive that prisoners from all residential units shared the same large open space safely during exercise periods. Prisoners were motivated to behave well in a range of ways, including access to some recreational activities inside and outdoors (see paragraphs 5.6 and 5.8), effective key work, a range of peer support schemes and well-maintained outside areas that promoted wellbeing (see paragraph 4.4).
- 3.8 The formal incentives scheme played a limited role in promoting positive behaviour. Most prisoners were on enhanced privileges and very few were managed through the basic regime. It was positive that staff routinely made entries in prisoner case notes that recognised and recorded their good behaviour.
- 3.9 Although in our survey the proportion of prisoners who felt unsafe was broadly similar to the previous inspection, minority ethnic and Muslim prisoners were more likely to report victimisation by staff than other groups. The level of violence was higher than at the last inspection and compared to similar prisons, but it had been reducing over the previous year and very few incidents were serious.
- 3.10 Some prisoners told us that intimidation and bullying were increasing as a result of drug use and debt. There had also been an increase in allegations from prisoners about sexual assaults from their peers. Prisoner accommodation and activity areas lacked CCTV, which heightened the concerns of the more vulnerable prisoners and made it more difficult for the safety team to evidence the validity of allegations relating to sexual assault. Leaders responsible for safety were aware of these concerns, and robust action was taken to investigate all allegations and provide support for victims.
- 3.11 A number of peer supporters were attached to the safety team, and the prison had invested in training 12 prisoners as mediators. While these prisoners delivered some useful work, neither group had regular meetings with the safety team and there was no oversight of their work (see paragraph 4.2).
- 3.12 Challenge, support and intervention plans (CSIPs, see Glossary), were used with perpetrators of violence and to support victims. They were monitored through the weekly safety intervention meeting (SIM) and quality assurance had been effective in promoting improvements. Although some investigations took too long, the quality of CSIP plans we saw was good and prisoners subject to them were supported well.

- 3.13 The prison had recently held a useful safety event, with support from the HMPPS regional safety lead. It involved a variety of forums where staff and prisoners discussed what made the prison more or less safe. The forums highlighted concerns such as prisoner debt and allegations of sexual assaults, and had provided data that were used to update the local safety strategy and associated action plan.

Adjudications

- 3.14 The number of adjudications had reduced since the last inspection. Hearings were dealt with promptly and very few were outstanding. Most charges concerned the possession of unauthorised articles or disobeying staff instructions.
- 3.15 The sample of adjudications we viewed showed a reasonable level of inquiry. Hearings were held in a relaxed environment and adjudicators made sure that prisoners understood the process. It was positive that all prisoners were given an easy-read guide on how to appeal and the local tariff guide indicating the possible punishments if they were found guilty.
- 3.16 The sample of adjudication hearings that we examined were dealt with appropriately and proportionately. However, many staff told us they had little confidence in the process because they felt it was unduly lenient. Leaders were beginning to increase the quality of communication with staff involved in incidents to address such concerns, but this was not yet sufficiently consistent or effective.

Use of force

- 3.17 Use of force remained low, with 53 reported incidents during the previous 12 months, which was similar to the last inspection. Most incidents were spontaneous and involved low-level guiding holds to return prisoners to their cells. In the incidents that we reviewed, there was effective use of de-escalation.
- 3.18 A monthly meeting reviewed all cases involving force. However, not all identified actions were tracked, and data presented to the meeting were limited and not routinely analysed, adding little value. A quarterly strategy meeting reviewed similar data more effectively, leading to some low-level actions.
- 3.19 Most staff carried body-worn video cameras, but in many cases they did not activate them until very late into the incident, undermining their purpose as a deterrent. Leaders ensured that staff statements following uses of force were completed promptly. There had been no reported use of batons, the PAVA incapacitant spray or unfurnished accommodation during the previous 12 months.

Segregation

- 3.20 The use of segregation had increased since our last inspection, but average stays were relatively short at around three days. The segregation environment was bright and clean, and cells were large

and reasonably equipped, including with in-cell telephones. There had been notable efforts to improve the two exercise yards to make them less austere, and both contained exercise equipment for prisoner use.



Segregation unit (top row) and the unit's exercise area

- 3.21 Segregated prisoners we spoke to generally reported good treatment and it was positive that, subject to risk assessment, they could engage in activities outside of segregation, such as PE and faith services.
- 3.22 Governance of the unit was overseen by a quarterly segregation, monitoring and review group (SMARG), but attendance was inconsistent and many actions took too long to be sufficiently addressed. These included concerns that a disproportionate number of minority ethnic prisoners were segregated (see paragraph 4.22).
- 3.23 Reviews of prisoners segregated for reasons of good order were timely, but reintegration planning for those segregated for longer

periods was inconsistent. Individual plans were not always completed adequately or had meaningful targets to support safe reintegration.

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.

- 3.24 Security measures were proportionate, and it was positive that new arrivals were no longer routinely strip-searched (see paragraph 3.3).
- 3.25 There was a good flow of intelligence into the security department and it was managed well. Over 6,000 intelligence reports had been submitted in the previous year, from a range of sources in the prison. They were analysed, prioritised and disseminated efficiently, and usually led to swift actions. Intelligence-led searches were conducted by wing staff and on occasion by the regional dedicated search team; only just over a quarter resulted in the find of illicit items, indicating that the intelligence reports were not always of a good quality.
- 3.26 In our survey, about a third of prisoners said it was easy to get hold of drugs, compared with 19% at similar prisons. Leaders had taken positive steps to tackle the problem by, for example, testing mail for drugs and using the body scanner. However, mandatory drug testing targets were not always achieved and the random positive test rate averaged 9.6% for the previous 12 months, which was higher than at similar prisons. Suspicion-based tests were based on good intelligence and two-thirds produced a positive result, but only about half of those requested by staff were then carried out.
- 3.27 The security department was well-organised and maintained good oversight of current and emerging threats. Links with the police were good and efforts to tackle staff corruption had been effective.

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

- 3.28 Since the last inspection in 2017, there had been 19 natural cause and two self-inflicted deaths (both in 2020). Most of the subsequent Prisons and Probation Ombudsman (PPO) recommendations had been

achieved, especially those relating to health care (see paragraph 4.38), but implementation was not always effective or subject to ongoing review to make sure that changes were properly embedded.

- 3.29 Self-harm was on a downwards trajectory. While it was still higher than at the previous inspection and at most similar prisons, 65% of the 312 incidents in the previous year related to seven prisoners. While the weekly SIM (see paragraph 3.12) discussed prisoners who had self-harmed, but did not focus enough on the specific causes of incidents or how they could be prevented. However, all those identified as having significant vulnerability were referred to 'management plan' meetings, which ensured good support for prisoners.
- 3.30 Support for prisoners through the assessment, care in custody and teamwork (ACCT) case management process had improved overall. However, while assessments were usually good, care plans, risks and triggers were often incomplete, case coordinators were not consistent, and case reviews were rarely multidisciplinary. Leaders were already aware of and taking action to address the issues. Prisoners we spoke to who were or had been subject to an ACCT reported variable levels of staff support.
- 3.31 Data analysis to identify concerns and help improve outcomes was underdeveloped, and the safety strategy did not include reference to the detailed analysis of the causes and drivers of self-harm. Internal investigations into serious injuries due to self-harm were not sufficiently robust to allow lessons to be learned, and one serious self-harm incident had not been investigated at all. Suicide and self-harm awareness training for many staff had lapsed.
- 3.32 Constant supervision had been used only once in the previous year. Although there was still a constant supervision cell in the segregation unit, there was now another additional and much more suitably located cell on residential unit 7.
- 3.33 There was now a team of 25 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who operated on a 24-hour call-out basis. They told us they felt well supported by the Samaritans, who met them weekly. Prisoners could use wing phones to make free calls to the Samaritans. They were initially unable to phone the helpline overnight from their new in-cell phones, but this problem was resolved during the inspection.

Protection of adults at risk (see Glossary)

- 3.34 A local safeguarding strategy was in place, but the head of safety, who was the nominated lead for safeguarding, did not attend the local authority safeguarding panel; this role was now carried out by a regional manager. Staff had not completed safeguarding training.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Relationships between prisoners and staff from all disciplines were a strength, and we observed positive interactions across the prison. This was reflected in our survey, in which 87% of prisoners said that most staff treated them with respect and 88% that there was a member of staff they could turn to if they had a problem.
- 4.2 There was an impressive range of peer support schemes that engaged prisoners positively in the prison community and gave them appropriate responsibility. However, most staff were not aware of the full range of work that prisoners were undertaking nor were they adequately recognising their contributions (see also paragraph 3.11). This undermined efforts towards promoting positive citizenship and was discouraging to some prisoners.
- 4.3 All prisoners were allocated a key worker and entries in electronic case notes showed a much higher frequency of contact and better quality than we usually see. The quantity of key work delivered had been rising gradually and key workers continued to see prisoners who were segregated. Key workers were proactive in contacting other departments, for example, to support prisoners to access programmes or set up bank accounts in preparation for release (see paragraph 6.7).

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.

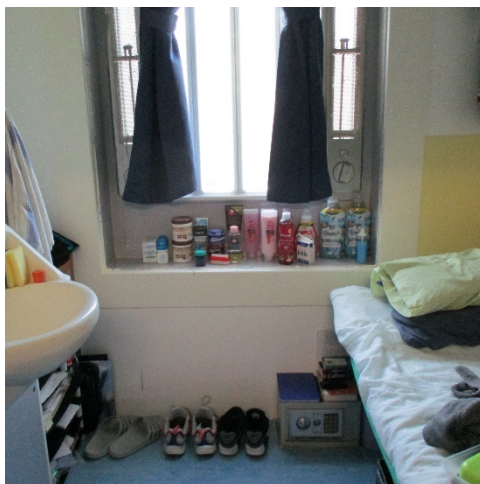
Living conditions

- 4.4 Outdoor areas were very attractive and well-maintained, and supported prisoners' well-being. Many gardens were positioned outside living units and prisoners grew a wide range of vegetables for use in the prison kitchen. Prisoners we spoke to were very committed to tending the gardens and maintaining a decent environment.



Internal grounds, including a vegetable patch (bottom right)

- 4.5 The residential units were very clean and every prisoner had a key to their cell. Cells continued to have little storage space, a few lacked screening of in-cell toilets and some had poor flooring. Many cells were poorly ventilated and some prisoners had to buy fans, although electric radiators were issued as needed.



Lack of storage in cells



A corridor and poor flooring in a cell (right)

- 4.6 The communal showers in the older residential units were in poor condition, with limited ventilation and drainage.
- 4.7 Prisoners on residential unit 7, which mainly housed older people, had in-cell showers and more spacious cells. However, 19 cells designed for one prisoner were shared by two. The cramped conditions meant that there was space for only one chair.



Single cell (left) and shared cell

- 4.8 During the inspection, cell call bells rarely rang and were answered quickly. There were quality assurance checks to monitor response times, but these were too infrequent to be effective.
- 4.9 Prisoners could keep their cells clean and had good access to a wing laundry to wash personal clothing. Bedding and towels could be exchanged weekly. All prisoners had daily access to showers and they could obtain enough clean clothes and sheets each week, as well as cell cleaning materials, although some complained that recent price rises had led to tighter controls on the availability of cleaning products.

Residential services

- 4.10 Prisoners had two hot meals a day. The menu was on a four-week cycle, with few planned variations or changes, and meals were plated in the kitchen to help ensure fair portions.
- 4.11 In our survey, only 35% of prisoners said they got enough to eat at mealtimes, a view supported by our observations of variable but generally small portions for lunch and the evening meal, and prisoners were still being issued with meagre breakfast packs in the evening for the following day. A lack of coordination between those working in the gardens and the kitchens meant that produce grown in the prison was sometimes wasted, which was disheartening for prisoners working in the gardens and a missed opportunity to increase and vary the fresh food available to prisoners.
- 4.12 The very limited cooking facilities comprised microwaves and toasters, and prisoners could not dine communally on most units. These were considerable shortcoming in a training prison housing so many long-term prisoners.
- 4.13 Consultation about the food remained good, and prisoners were able to give their views through surveys, wing comments books and forums. As a result of prisoner feedback, a sixth menu option (which would be spice-free and allergen-free) was due to be added.
- 4.14 Although the prison shop offered a range of products to meet the diverse needs of prisoners, many popular and basic items were increasingly unaffordable, and many were isolated from their families and so did not have any additional money sent in. Orders often arrived with items missing or damaged, which was a common source of frustration, although leaders were working proactively with the supplier, DHL, to address these issues.
- 4.15 Prisoners could also shop from a larger range of catalogues than we usually see, which was a result of consultation.

Prisoner consultation, applications and redress

- 4.16 The prisoner council was well-organised and allowed prisoners to raise concerns and grievances with leaders. Enthusiastic representatives sought the views of those on their wings and then discussed together the issues that they would present at council meetings. As a result, prisoners had been able to influence some positive changes, such as the provision of sunscreen during hot weather, the introduction of clothing parcels for prisoners on the enhanced level of the incentives scheme, and an increase in the number of video call slots available. However, some prisoners were frustrated that such relatively minor improvements had taken a long time to implement, while other ideas appeared to have been ignored. For example, the prison had not sufficiently explored or followed up detailed proposals from prisoners about help with cost-of-living concerns, including plan to introduce Fine Cell Work (a charity using needlework to help rehabilitate offenders;

<https://finecellwork.co.uk>) to increase purposeful activity and earning opportunities; this had elicited no response from the prison.

- 4.17 Outside of the council, prisoners were consulted on many areas of prison life, such as food, prison shop, catalogues, the library and the incentives framework, bringing about a small number of improvements.
- 4.18 Prisoners spent most of the days out of their cells (see paragraph 5.1) which enabled them to resolve many issues at the lowest level through speaking to wing staff or HUB ('helping understand Bure') peer supporters. Application forms were freely available and peer supporters helped prisoners to complete them.
- 4.19 Complaints were managed well overall, but it often took too long for prisoners to get a substantive, rather than an interim, response. The responses we reviewed were courteous and directly addressed and sometimes resolved the matters raised. Good quality assurance processes had led to some improvements in the quality of responses and, in reaction to prisoner concerns, non-operational staff now investigated and responded to complaints about officers.
- 4.20 As all prisoners at Bure were sentenced, demand for legal services was low. These were held only once a week, but very few slots were used. The library held a wide and up-to-date range of legal texts. There were no longer any 'access to justice' laptops at the prison, which would have been helpful to prisoners with ongoing cases.

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.

- 4.21 The culture of the prison was generally inclusive and respectful, and prisoners advocated for and supported one another. In our survey, older prisoners were more positive than younger ones, especially about their relationships with staff, feeling treated as an individual and access to health care. The large proportion of the population that was elderly, frail or disabled was well-supported and enabled to participate fully in the regime (see paragraph 5.8). Retired prisoners were unlocked for most of the day but, as with others, many struggled to use their time constructively (see paragraph 5.2).
- 4.22 In our survey, minority ethnic prisoners, who comprised around one-fifth of the population, reported a worse experience than white prisoners in some key areas of daily life. It was particularly concerning that only 41%, compared with 72% of white prisoners, said they had not experienced bullying or victimisation from staff. HMPPS monitoring

data showed that black prisoners were more likely to be segregated, have force used against them, be adjudicated, and be on the basic level of the incentives scheme. The prison's equality action plan included exploring and addressing the 'negative perceptions of staff' expressed by minority ethnic prisoners, but little had been done in response and the prison's self-assessment of progress in this area was too optimistic, particularly on the interrogation and communication of data and the effectiveness of prisoner forums.

- 4.23 Under 30s comprised 13% of the population and provision for this group was lacking, but improving. Younger prisoners told us there were too few activities targeted at their age group and they were often bored (see paragraph 5.6). Leaders had produced a new strategy to respond to the needs of younger prisoners; they had introduced additional equipment in the outdoor exercise area and planned to roll out Choices and Changes (a programme for key workers to use in one-to-one sessions with young adults identified as having low psychosocial maturity).
- 4.24 There were 56 foreign nationals (9% of the population). Most had their needs met reasonably well but support for the very few who did not speak English well was insufficient. There was very little translated material for them to understand daily life in the prison and very little use of telephone interpreting. In-cell phones were being installed at the time of the inspection, which would help this group to maintain family ties.
- 4.25 The work of a new neurodiversity manager was highly valued by prisoners, and there were some promising plans to help identify and better address the needs of neurodivergent prisoners.
- 4.26 Support for transgender prisoners was good, and those we spoke to told us they felt safe in the prison and were treated with respect by wing staff and most prisoners.
- 4.27 The recent recruitment of a permanent diversity and inclusion manager had brought some consistency to the work, allowing leaders to make long-term plans. There were now named members of the senior leadership team with responsibility for protected characteristics. This promoted prison-wide engagement and the forums they held gave prisoners opportunities to discuss their needs, although they did not always lead to action (see paragraph 4.16). Leaders had also started to engage external organisations to provide scrutiny, staff training and direct support for prisoners.
- 4.28 Discrimination incident reporting forms (DIRFs) were now freely available on each wing, and almost all prisoners we spoke to knew about them. Although prisoners expressed distrust in the system (see paragraphs 4.19 and 4.22), DIRFs that we reviewed were generally investigated well. All complaints were subject to external scrutiny, which was positive, although it was not clear what leaders did with the feedback they received.

- 4.29 Prisoners trained by the Zahid Mubarek Trust as equality advocates were passionate about their role and the personal development it provided, and they were respected by their peers. Peer-led support groups brought together prisoners with shared experiences, which was a welcome and positive initiative.

Faith and religion

- 4.30 Faith provision remained good. The chaplaincy represented most faiths but had been struggling to recruit a Catholic chaplain. As a result, Catholic prisoners received mass only fortnightly rather than weekly services, like those of other faiths.
- 4.31 Leaders actively encouraged prisoners to learn about and respect each other's faiths and prisoners were welcome to attend or observe services of other faiths, which was positive. The multi-faith room was accessible to those with mobility needs, and prisoners in the segregation unit could also attend services.
- 4.32 The chaplaincy facilitated other activities for prisoners of all faiths and none, including poetry groups, the lending of musical instruments and a bereavement course developed in-house. It also facilitated video calls to enable prisoners to attend the funerals of close family members remotely or to allow foreign nationals to speak to family abroad.



Multi-faith room

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.

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

Strategy, clinical governance and partnerships

- 4.34 Practice Plus Group (PPG) led health and social care services with Community Dental Services CIC directly commissioned to deliver dentistry. The contract was monitored reasonably well through quarterly performance and contract review meetings and regular strategic meetings, but there had been no recent quality review visits by NHS England. Partnership working was a strength with good collaboration between the health teams, prison staff and NHS England. An up-to-date health needs analysis had recently been completed and was due for publication.
- 4.35 Health services were well led, and leaders gave clear clinical leadership to an enthusiastic and committed staff team. A wide range of well-attended local and regional governance meetings provided good oversight of services.
- 4.36 Staffing of services was generally good with only minimal vacancies. Several staff had been supported to develop their clinical skills through apprenticeships and advanced clinical practice, and health services provided a learning environment for health care students from local universities. Mandatory training compliance across all services was good and clinical staff had access to professional development. Records demonstrated staff were accessing clinical supervision in line with professional standards.
- 4.37 Several patients told us they were frustrated at the health care complaint system and that they did not always receive a response. We found their concerns were justified: complaints processes were not always followed, responses were not subject to quality assurance and oversight was lacking in some cases we looked at.
- 4.38 Clinical incidents were reported and investigated if appropriate, systems for the dissemination of any lessons learned were robust, and leaders had good oversight of themes and trends. Responses to health care recommendations from Prisons and Probation Ombudsman reports were appropriate, and actions were tracked and monitored (see paragraph 3.28).

- 4.39 There was an established monthly cycle of clinical audit with results actioned appropriately. All staff (apart from psychosocial substance misuse staff, see paragraph 4.72) used the electronic clinical record (SystmOne). The records we looked at were thorough and entries clearly showed how patients' needs were identified and addressed.
- 4.40 Clinical health care rooms generally met infection prevention standards, but some had not been cleaned to the required standard. The provider was aware of the problem and working with the prison to make improvements.
- 4.41 Emergency equipment was well maintained and subject to regular checks. The necessary items for medical emergencies were available, and all registered nurses were trained to immediate life support level.

Promoting health and well-being

- 4.42 The prison did not have a coordinated, prison-wide strategy for health promotion, although the gym, kitchen and health care departments worked together for some events, for example, to implement a weight management programme. PPG staff also used the NHS national calendar of events to raise awareness of illnesses such as prostate cancer.
- 4.43 Health promotion material was displayed across the prison and in the health care centre. Health care peer supporters across the establishment were trained and helped to signpost, refer and support patients to complete any applications and collect feedback. Information was available in foreign languages and staff had access to telephone interpreting for non-English speakers.
- 4.44 Immunisations and vaccinations were offered, with a good uptake. Preventative screening programmes, including retinal screening and for aortic abdominal aneurysm, were available and every patient was screened using NHS guidance for ages.
- 4.45 Blood-borne virus testing was offered at the initial health care screening. Any patients needing treatment were seen and treated appropriately.
- 4.46 Through PPG, staff had developed and rolled out an innovative vaping cessation package that included one-to-one talking sessions alongside a person-centred action plan to assist prisoners to stop.

Primary care and inpatient services

- 4.47 All new arrivals received an initial health screening from a registered nurse and a more comprehensive secondary health screen within seven days, leading to appropriate referrals.
- 4.48 Regular GPs provided six sessions a week and patients could usually be seen within seven days, which was good. Three advanced nurse practitioners also ran clinics and prescribed medications, supported by the GPs. It was not a 24-hour service and prison staff used the NHS

111 telephone line and 999 for emergencies. Any health interventions were communicated to the health team the following day.

- 4.49 Prisoners made health appointments through paper applications, which were collected daily and triaged by health care professionals on the basis of clinical need. Individuals were added to the appropriate clinic waiting list or seen on the same day by an allocated nurse, who also responded to emergency calls with two other clinicians.
- 4.50 There was a range of visiting practitioners and allied health care professionals, including a physiotherapist, optician and podiatrist. Waiting lists were an acceptable length.
- 4.51 The nursing team managed patients with long-term conditions well. Lead nurses were allocated to support the identification and monitoring of patients, and offered a wide range of clinics, including wound care and lung function (spirometry). They liaised with the GPs and external services when needed. The care plans we viewed were generic and not always personalised.
- 4.52 There was effective administrative and clinical oversight of external hospital appointments, with four slots a day available for external officer escorts. The service used telemedicine for some hospital appointments.
- 4.53 A PPG nurse was working towards accreditation for a gold standard framework for end-of-life patients. All patients on the pathway were identified and resuscitation wishes were documented. This information was shared appropriately with prison colleagues.
- 4.54 Patients were seen one month before release and on the day of release. They were given a discharge summary, one week's supply of medication and could request condoms. Assistance to register with a community GP was also offered. Reconnect services (see Glossary) were available for patients with complex needs, and they could be supported for a period post-release.

Social care

- 4.55 The prison and health provider had established good links with Norfolk County Council and there was a memorandum of understanding for social care provision. PPG delivered the care packages for any patient requiring domiciliary care, and the county council and the health care occupational therapist worked well together. Advocacy services were available if required. The council supplied equipment, and the prison fitted any items such as grab rails.
- 4.56 Referrals for social care were discussed in the prison SIM (see paragraph 3.12). Prisoners were able to self-refer. The occupational therapist completed equipment assessments and forwarded all referrals to the county council, who triaged and completed assessments. Although there was no standardised timescale for these

assessments, PPG recorded and monitored referral to assessment times.

- 4.57 There was one patient in receipt of a social care package, and he had recently been moved to an adapted cell and told us he no longer required social care assistance. Anyone requiring out-of-hours personal care was transferred to a prison with 24-hour health provision. Patients with reduced mobility carried personal alarms to summon emergency assistance, which was good.
- 4.58 There were 11 Buddies and two peer coordinators to assist prisoners with social care needs. They all had a compact and had received training in how to push wheelchairs, but there was limited oversight of their role, which created unnecessary risks.

Mental health

- 4.59 PPG delivered a stepped care model that offered a range of interventions based on the clinical mental health needs of the patient at the time. The team supported patients seven days a week between 8.30am and 6pm.
- 4.60 The PPG team included a clinical lead, two registered mental health nurses and one trainee nurse associate, with one vacancy for a part-time mental health nurse. A psychiatrist attended one day a week and also provided off-site care on another weekday. There was around one week's wait to see the psychiatrist unless the need was urgent, where cover would be arranged. A weekly clinical team meeting ensured consistent care and management of all patients and new referrals.
- 4.61 There was a robust referral process for identifying new arrivals with mental health needs. Urgent referrals were seen within 48 hours and, after screening, the non-urgent within five days. Daily referrals were triaged based on concerns, needs and multidisciplinary team discussions.
- 4.62 Clinical supervision of staff was well embedded with staff having regular reflective practice sessions and opportunity for ad-hoc supervision, which was well received.
- 4.63 PPG provided few lower-level interventions, but had developed a scheme with gym staff that helped patients to build self-esteem and encouraged them to engage in activities. The team supported all patients who were in crisis or had a diagnosis, and they attended assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk. Six patients were supported through the care programme approach and all had regular care plan reviews. Care and treatment records were clear, comprehensive and included an explanation of the patient's presentation, engagement and risks.
- 4.64 Norfolk and Suffolk NHS Foundation Trust was commissioned to provide NHS talking therapies, offering a stepped care model of

therapeutic interventions. The team was supporting around 94 patients across all pathways, and patients could self-refer.

- 4.65 No patients had needed transfer to a hospital under the Mental Health Act in the last 12 months.
- 4.66 The mental health teams did not provide any awareness training to staff, although they did speak to staff and offered a range of advice on how best to support patients who were in crisis.

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

- 4.67 PPG delivered clinical substance use support and Phoenix Futures delivered psychosocial support. There was an up-to-date drug strategy, and collaborative partnership working between the services and the prison. The services saw all new arrivals; those requiring support were signposted, and all were given harm minimisation advice.
- 4.68 The demand for clinical support was low, with only three patients on opiate-substitution therapy (OST). Clinical support was very good, led by a senior nurse and skilled and experienced prescribers. Prisoners in receipt of OST were subject to regular reviews in line with evidence-based practice, undertaken jointly with the psychosocial team. The care plans we looked at were patient-centred, and patients we spoke to were happy with their care and treatment.
- 4.69 Phoenix Futures supported 90 prisoners with a blend of individual and group-based recovery plans. The service had been agile in its response to a recent staffing problem and was prioritising the caseload. A new recovery practitioner was due to commence.
- 4.70 The recovery plans we looked at were of a good standard and centred on individualised goals, and prisoners we spoke to were very complimentary about the service.
- 4.71 Prison officers knew how to make a referral to the team, but had had no recent training. Some external mutual aid was being delivered by Alcoholics Anonymous, and the service was negotiating attendance by Narcotics Anonymous.
- 4.72 Recovery practitioners still could not access SystmOne, even though funding for suitable terminals had been agreed. Leaders told us this was an issue with the supplier, which was being addressed.
- 4.73 Phoenix Futures supported two peer mentors who provided valuable peer support, and had trained a further six who were due to commence. Peer supporters told us they felt suitably trained and well supported for their role. Service user feedback was used to improve service delivery, which was good.
- 4.74 Joint working with prison and community services supported prisoners on release, and naloxone treatment and training (to prevent opiate overdose) was offered on an individual needs basis, which was good.

Medicines optimisation and pharmacy services

- 4.75 Medicines were supplied by an external provider promptly. Medicines were administered on the health care wing and residential unit 7, led by pharmacy technicians with support from nurse colleagues. A pharmacist was in the prison to support the health care team one day a week and available remotely a further day a week. The pharmacist did not always have time to screen all prescriptions clinically and had to be selective based on the risk, and also did not regularly carry out medicine reviews with patients. This meant their skills were underused and they did not give their full support and clinical oversight to patients and the wider health care team.
- 4.76 Prescribing and administration were recorded on SystmOne. Approximately 95% of prisoners prescribed medicines had them in possession. There was an in-possession policy. In-possession risk assessments were routinely completed at reception and recorded on SystmOne, and were routinely reviewed after 12 months. In-possession medicines were labelled appropriately but were often supplied in clear plastic bags, which did not provide adequate confidentiality. Prisoners had secure in-cell storage for their medicines.
- 4.77 Administration of not-in-possession medicines was supervised three times a day in both administration locations, at 8am, 11.30am and 4pm, with patients routinely asked for their ID cards at the medicines administration hatch. We observed inadequate supervision of medicines queues throughout the inspection, which increased the likelihood of bullying and diversion.
- 4.78 Medicines were stored securely in the treatment rooms, using baskets to separate each patient's medicines. Team members did not regularly reconcile the medicines held to remove unused medicines and reduce the risk that they were supplied to prisoners inappropriately; there was also one example where a medicine was supplied incorrectly.
- 4.79 The pharmacy had a robust process for ordering and managing repeat prescriptions. Errors were recorded and reviewed. There were well-attended regular medicines and therapeutics meetings. The prescribing of abusable and high-cost medicines was monitored, and the pharmacist had regular input into devising and implementing strategies to reduce the number of people prescribed these. The pharmacy managed controlled drugs properly.
- 4.80 The pharmacy provided a stock of medicines that could be accessed in an emergency. These were stored in a locked cabinet in the pharmacy and could only be accessed by pharmacy team members when the pharmacy was open. Team members kept a clear record of medicines supplied from emergency stock. Records were regularly reconciled against SystmOne to make sure the necessary administration records had been made. A suitable stock of medicines was available in the pharmacy to treat minor ailments without a prescription; however, these were stored alongside pharmacy-only medicines which created risks. There was appropriate provision of medicines for patients through

patient group directions (authorising health care professionals to supply and administer prescription-only medicine) to treat more complex conditions or to provide vaccines without a prescription.

Dental services and oral health

- 4.81 Community Dental Services CIC were contracted to provide six dental clinics a month. These ran for two full days one week and one full day another. The team provided a full range of NHS treatments, including oral hygiene and dental therapy.
- 4.82 Patients who needed urgent care were seen at the same or next clinic, which could be a four-day wait. Waiting times for routine appointments and follow-up treatments were around 20 weeks. The dental team carried out onsite triage initially to determine the urgency of need. There were plans to address the long waiting lists by arranging additional clinical sessions.
- 4.83 Patients were given oral health advice during appointments. The dentist prescribed pain relief and antibiotics as required. Dental staff were supported with supervision, appraisal and a comprehensive package of training.
- 4.84 The dental suite was clean, spacious and well maintained. There was a separate decontamination room, and current infection control standards were met. There were safe arrangements for disposing of waste materials. All equipment was maintained in accordance with current legislation.

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 In our roll checks we found 99% of prisoners unlocked during the core day. Most prisoners had at least 10 hours a day out of their cell Monday to Thursday, eight hours on Friday and seven hours at weekends.
- 5.2 Despite being out of their cell for most of the day, fewer than two-thirds of working age prisoners were engaged in purposeful activity and many of those were underemployed (see paragraph 5.12).
- 5.3 For most prisoners, time outside in the fresh air was limited to two 30-minute periods a day during the week, but increased to three hours on Fridays and at weekends. Those living on residential unit 3 had their own separate yard, which they could use freely all day.
- 5.4 Prisoners had very good access to the library and, in our survey, 81% said they could visit at least weekly, compared with 30% at similar prisons. Prisoners could borrow fiction and non-fiction from a wide range of genres, as well as magazines, newspapers, DVDs and video games. There was a very good selection of books for prisoners with additional needs, such as dyslexia-friendly books, large print, quick reads and easy reads.
- 5.5 Over 80% of prisoners were active library users and managers had plans to encourage more to attend, for example by hosting film nights for Black History Month. The library promoted literacy, reading and creativity through an excellent range of initiatives, including developing its own series of reading challenges suitable for readers of all levels. It was disappointing that these initiatives were not supported by the prison's wider reading strategy (see paragraph 5.11).



The library, with a Black History Month display (right)

- 5.6 Prisoners could take part in a wide range of activities in the gym and on the wing, including board games, pool, bingo and quizzes, as well as a popular role-playing game. However, many of these activities ran only weekly and usually in the evenings, leaving many prisoners bored during the day. Younger prisoners, in particular, felt that there was not enough activity aimed at their age groups.
- 5.7 Prisoners had good access to the gym, which was open on evenings and weekends to allow full-time workers to attend. Most prisoners could attend at least three times a week.
- 5.8 The gym offered very good facilities and there was a well-used outdoor multi-use games area. Prisoners could take part in a wide range of recreational activities, such as football, walking football or volleyball, play bowls or join in the 5k 'Bure Run' around the gardens on Saturday mornings. There were special gym sessions for elderly, frail and disabled prisoners and those in the segregation unit. There were also quieter sessions for those who did not wish to attend in large groups, for those engaging with the substance misuse service, and for those referred by health care while recovering from injury or requiring mental health support.



Cardio area (left) and outdoor exercise equipment

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.

5.9 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

5.10 Prison leaders had evaluated the strengths and weaknesses of the education, skills and work provision accurately. They had planned well

to build on existing positive practice and introduce much that was new to eliminate weaknesses. They were focused particularly on expanding the provision so that each prisoner could follow a meaningful, individualised learning pathway to support their life and career ambitions on release. New specialist prison staff had been appointed, albeit recently, to drive the improvement programme forward. However, leaders' many actions to improve were at an early stage and so far had had little impact.

- 5.11 Leaders faced several substantial obstacles and challenges in improving the provision, and there had been some false starts. For example, leaders recognised that their very recently produced training needs analysis (September 2023) was not fit for purpose and had to be revised using different parameters and analysis of a wider range of data. Leaders recognised that the prison's reading strategy, while being implemented currently, required greater focus and coordinated management to be fully effective, particularly for prisoners with low-level reading skills who had not been consistently well supported. New management arrangements were being introduced in the near future.
- 5.12 There were insufficient activity spaces compared with the number of prisoners onsite. This was partly due to a lack of physical spaces in which to offer the current, let alone an expanded, provision. There was little purposeful activity for those who were already well qualified. A small team of prisoners were employed in handyman roles around the prison and they welcomed the opportunity to use their pre-existing skills, such as carpentry, electrical installation and general DIY. The reintroduction of the bricklaying course was expected during the inspection week but had been delayed at the last minute due to staffing issues. In the absence of access to relevant purposeful activities, prisoners on some of the wings devised and ran their own recreational and personal development programmes which were constructive and made reasonably good use of prisoners' time. In our survey, too many prisoners (37%) reported that they were not encouraged by staff to attend education, skills and work and prison data showed that many also refused to attend. Not enough prisoners considered that the education, skills and work they attended provided them with skills of value on release.
- 5.13 The total available activity spaces were not being fully utilised, yet waiting lists for some activities, such as maths, English and horticulture, remained long. As a result, far too many prisoners were instead allocated to unproductive wing work or orderly roles and most had little to do. Too many prisoners on the wings were idle for much of the time. This led to some disillusionment and at best neutral or negative attitudes towards purposeful activity.
- 5.14 Leaders were unaware that not all prisoners working as wing cleaners, on wing serveries or as buddies had the relevant training to perform their roles safely. Appropriate training for these groups was immediately prioritised during the inspection. Prisoners who worked in the main prison kitchen were all suitably trained. Prisoners working as facilitators in industries and education were also well trained, having

completed a level 3 peer mentoring course which included useful neurodiversity training.

- 5.15 Low local pay rates for prisoners on education courses had been a disincentive to their participation in education. Leaders had very recently introduced an improved local pay scheme, but it was too early to gauge its impact.
- 5.16 Prison managers had some recent success in placing a small number of prisoners (12 in eight months) on release into permanent full-time employment with some local employers. Leaders recognised the need to develop substantially more partnerships with employers to provide realistic and achievable employment-related opportunities for prisoners, but this was only at the planning stage.
- 5.17 Managers had linked the training in industry workshop one so it was complementary to workshop two. This embodied the learning pathway approach planned for the rest of the prison because it provided a practical progression route for the prisoners involved. These prisoners collaborated well with managers to ensure the effective running of workshops. Orderlies and facilitators in industries had a positive impact on supporting prisoners' learning and development. Progress in work booklets had been introduced in all industry settings to record prisoners' acquisition of work skills which were relevant to future employers, but instructors did not always complete the booklets with sufficient detail.
- 5.18 While the education curriculum offered was too narrow, most of the prisoners who did attend courses had a positive learning experience.
- 5.19 People Plus staff provided education and vocational training in the prison. The courses offered reflected the prison's original curriculum requirements, but not the plans for the future. People Plus managers used the limited physical resources available as best they could to provide academic and vocational skills courses. The provider had recently requested a change in contract to provide additional hours for English and mathematics teaching, and this was under consideration. However, the curriculum was still not broad enough to develop prisoners' knowledge and skills beyond a basic level.
- 5.20 Most teachers were appropriately qualified for their roles. Most teachers determined prisoners' starting points and carefully planned individuals' learning programmes and support needs. Teachers gave constructive feedback, which helped prisoners understand how they could improve their work. Most teachers used a variety of teaching aids well. They used mentors effectively to support learning during lessons. Prisoners with additional support needs generally received effective support and made good progress. Prisoners learned new and useful skills in computer-aided design, cleaning and horticulture. Most prisoners who completed an accredited course ultimately achieved their target qualification.

- 5.21 Prisoners' behaviour in education and work sessions was respectful and purposeful. Prisoners who worked in prison industries demonstrated tolerance and considerate behaviour towards their peers. Prisoners felt safe in purposeful activity settings. They mostly demonstrated good health and safety practices at work. Prisoners' attendance at education activities was generally good during the inspection, but the number of prisoners sent back to the wings or absent from education sessions due to 'acceptable absences' was high, and the rationale being applied, or by whom, was unclear. Prisoners' punctuality at education and vocational sessions was not consistently good.
- 5.22 Teachers and instructors planned lessons so that prisoners could develop a better understanding of equality, diversity and inclusion and there was good support for transgender prisoners. Positive values were promoted well in workshops one and two. Men were able to discuss values and topics on a Friday morning where the workshop had sessions for open discussion topics. The men were also encouraged to evaluate the impact of these discussions. In portfolios in workshop 3 the language was used to promote positive values through word searches.
- 5.23 Skilful careers advisors provided prisoners with useful advice and guidance during induction and thereafter. However, prisoners' ability to achieve their agreed personal and careers goals was limited by the lack of education, work and skills options available.

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 The charity Ormiston had taken over the provision of family support work and had made some improvements for visitors. Only about a third of prisoners received visits and the provision was sufficient for the demand. The booking system was effective; Ormiston staff answered calls personally, which was helpful for visitors. Visits took place on Saturdays and Sundays, and the advertised timings were kept to. A subsidised bus service from Norwich was available to visitors on one Saturday a month. The visits hall now had a larger and better equipped area for food service, providing a wider range of items, including hot snacks. A good policy document for visits gave visitors, as well as others, a full and clear explanation of the processes.
- 6.2 Ormiston conducted regular visitor surveys and, following a survey of the many prisoners who did not receive any visits, they had introduced 'visits experience days'. These provided activities for prisoners who received no visits in the informal atmosphere of the visits hall, while Ormiston staff were on hand to speak to the prisoners about their relationships with families or friends. The days had good take-up and positive feedback. There were also quarterly family days, which were sufficiently frequent for the demand.
- 6.3 Video calling was well used: 24% of those responding to our survey said that they had a call in the last month, against 11% in similar prisons. Permanent, private booths had recently been created, and were a great improvement on the previous improvised arrangement in the open visits area.
- 6.4 Family support work was not adequate in meeting the needs of the population. Ormiston staff were now coming into the prison, speaking with prisoners on wings and doing some informal work with individuals, for the relatively short time provided for in their contract. However, in a population where there were many challenging situations with family

and friends, there remained a need for more work, including structured interventions, to support attempts to restore or strengthen family ties. The Storybook Dads programme, enabling prisoners to record a story for their children, had been restarted, and prisoners appreciated the work that Ormiston staff had put into providing attractive video backdrops for DVD recordings.

- 6.5 Prisoner communications were well organised and in-cell phones had just been installed, although at the time of the inspection many were not yet working.

Reducing reoffending

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

- 6.6 The backlog of initial OASys (offender assessment system) assessments of individual risks and needs had been considerably reduced to about 20 and, in our sample of cases, three-quarters had been reviewed in the last year. There was a sentence plan in every case, and most were of a reasonably good standard, as were most of the risk management plans. Progress against the targets set was generally good.
- 6.7 Prison offender manager (POM) contact with prisoners varied according to need, which was appropriate, and meant that while some prisoners were seen frequently, those serving a long sentence with no significant changes in the last year might be seen only once a year. Key work (see Glossary) mitigated this limited POM contact to some extent; it was of better quality than we usually see, and included positive examples of liaison with the POM on the direction of a prisoner's case (see paragraph 4.3). Key workers received good training, with a weekly half-hour training session for six to eight of them on most weeks.
- 6.8 Despite this, many prisoners were frustrated that they had little direct contact with the offender management unit (OMU) and felt they were not making progress in their sentence. Leaders had not ensured that prisoners understood what they could expect and why (see also paragraph 6.16). There were no longer any OMU support orderlies, who had previously been a useful additional channel of communication.
- 6.9 In other respects, OMU leadership was good, ensuring collaborative working across teams and good support of staff. Although better resourced than in most prisons at present, the OMU was short of 1.5 probation POMs, leading to heavy workloads averaging in the mid-70s. Leaders had taken a range of sensible measures to prioritise essential tasks; they had also negotiated probation service funding for a supervising officer to become an extra prison POM, with another officer due to start on the same basis.

- 6.10 Good support had recently been put in place for those serving indeterminate sentences, with one-to-one work and a bi-monthly forum. There was a particular focus on those serving an indeterminate sentence for public protection (IPP), of whom there were 34, as well as 29 serving a life sentence. A member of the psychology team was the point of contact for the IPP group.
- 6.11 Recategorisation decisions were made with careful attention to individual risks and needs. However, the written communication of decisions lacked detail and was not individualised, and there were no face-to-face explanations, which might have helped to manage prisoners' frustrations.

Public protection

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

- 6.12 Nearly all prisoners were assessed as posing a high risk of harm should they reoffend. Measures to protect the public were sufficiently thorough, with priority given to those approaching release.
- 6.13 Multi-agency public protection arrangements (MAPPA) were well supported, with reasonably good written contributions and consistent attendance at community MAPPA meetings for all those at the higher risk levels. Managers were now quick to escalate and resolve any delays in the setting of MAPPA levels by those responsible in the community, ensuring sufficient notice of those requiring more intensive management. In our case sample, all those within the six to eight-month window before release had these levels set.
- 6.14 A new system for monitoring telephone calls was working efficiently. POMs now had to present the evidence for monitoring each case, rather than including everyone with markers that might point to a need for monitoring. The numbers subject to monitoring were manageable, and those carrying out the monitoring seven days a week were always up to date. They also had sufficient training and were briefed on the individual cases and risk factors, which helped them to carry out the monitoring properly.

Interventions and support

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

- 6.15 A strong programmes team was due to deliver about 90 completions over six programmes in the current year. There was a good offer of three alternative programmes for those with learning disabilities and challenges. The well-led psychology team made a good contribution to

programmes, and to supervision and training for staff and managers across the prison.

- 6.16 However, prisoners who had come to Bure with the expectation of doing courses to address their offending behaviour were often frustrated at having to wait until 12-18 months before release to start such programmes. This reflected national policy on prioritisation of programmes, but a shortage of spaces meant that in practice most had to wait until close to their tariff expiry or conditional release date. In the meantime, there was insufficient offence-related work or other relevant purposeful activity to support prisoners in making progress towards reducing the risk of reoffending. This affected prisoners' likelihood of being released on parole or moving to open conditions.
- 6.17 A member of staff from the Department for Work and Pensions came in regularly to support prisoners with benefits claims and pensions. An OMU administrator facilitated prisoners approaching release to open bank accounts or to acquire a birth certificate or other ID. However, there was very little other provision for the many with finance or debt issues.
- 6.18 The great majority were released with accommodation confirmed for the first night. A strategic housing specialist had been working for two years in the prison and brought strong professional experience to the role. The specialist was actively investigating the cases of a few people who had been released with no fixed address to prevent a repetition in the relevant local authority areas.
- 6.19 Close cooperation between OMU staff, the resettlement manager leading on resettlement (see paragraph 6.21) and the information, advice and guidance (IAG) service in the prison had enabled some to find suitable employment, but the establishment of partnerships to support employment on release was in its early stages (see Education, skills and work section).

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.

- 6.20 Transfers of prisoners to resettlement prisons were limited by national population pressures, which meant that an average of 12 people a month were released directly from Bure into the community, although the prison was not designated or resourced as a resettlement prison. Local leaders were taking commendable steps to fill the gap created in resettlement provision, and the POMs played a large part in this. A resettlement unit was being developed on one of the residential blocks, with some resettlement peer supporters based there.
- 6.21 There had been considerable progress recently in building community contacts to support housing and employment on release, driven by an

energetic custodial manager who had relevant expertise and links to local organisations. A multi-agency board saw all those being released within 12 weeks of their release; this was often closer to the release date, when the post-release prospects for the individual were becoming clearer. Several statutory and voluntary local agencies were represented at these boards, giving scope to take realistic practical measures in a number of cases.

- 6.22 At the pre-release board, practical issues about the day of release were discussed, including washing clothing that was in stored property, and issuing donated clothing from a store in reception where necessary. The prisoner's mobile phone, also stored in reception, could be charged overnight in the reception area before release. There were arrangements for vulnerable prisoners and those needing practical assistance immediately on leaving the prison to receive support from partner agencies and charities.

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

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, prisoners experienced very good reception processes, followed by robust first night support and a comprehensive induction. The prison remained a very safe place to live but more attention needed to be given to the low-level bullying and victimisation. Levels of self-harm had reduced and were now lower than in prisons with a similar function but the care provided to a very small number of prisoners needed improvement. Strip-searching of all prisoners in reception was excessive but other elements of security were proportionate. Levels of use of force were low and drug availability was very low. Segregation conditions were very good. Substance misuse treatment was reasonably good. Outcomes for prisoners were good against this healthy prison test.

Key recommendation

The quality of assessment, care in custody and teamwork (ACCT) case management should be improved, including better and more accurate risk assessments, comprehensive care maps with clear goals, and support that continues until evidence shows that the prisoner's personal crisis has been fully managed and reduced.

Partially achieved

Recommendations

Prisoners on escort vehicles should be offered toilet breaks during long journeys.

Achieved

Induction orderlies should receive training and regular supervision.

Achieved

Outcomes of investigations into incidents of bullying or violence should be clearly recorded and there should be sufficient challenge and management of perpetrators, and support for victims.

Achieved

The constant supervision cell should not be located on the segregation unit.

Partially achieved

Listeners should have dedicated rooms to accommodate callouts.

Achieved

Comprehensive adult safeguarding procedures should be introduced and embedded throughout the prison.

Not achieved

Prisoners' pay should not be determined by their incentives and earned privileges (IEP) level.

Achieved

The use of force committee should scrutinise every use of force promptly and robustly.

Achieved

The segregation exercise yards should be re-modelled to provide a decent environment.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, the quality of accommodation and the general environment were impressive. Prisoners had good access to most basic items. Staff–prisoner relationships were generally strong and consultation with prisoners was excellent. Equality and diversity work was reasonably good and faith provision was sound. Health services provision was very good. The food provided was good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Discrimination incident report forms should be freely available on all residential units and the timeliness of responses should be improved.

Not achieved

Black and minority ethnic prisoner representatives should be trained and understand their role and responsibilities through regular meetings.

Achieved

Complaint forms should be readily available beside complaints boxes on all residential units.

Achieved

Newly initiated medicines should be ordered and supplied in a timely manner, to ensure that treatment begins promptly.

Achieved

Medicines requiring cold storage that are found to be kept outside the recommended range should be managed appropriately.

Achieved

The application of transdermal patches should be in line with manufacturer's instructions.

Achieved

Referrals from any health professional should be considered and assessed directly by the mental health team.

Achieved

All mental health caseloads, particularly those involving overlapping or shared care, should be reviewed regularly in a multidisciplinary and multiagency clinical forum.

Achieved

Prisoners should be able to buy items from the shop within 24 hours of arrival.

Not achieved

Prisoners should not be charged an administration fee on catalogue orders.

Not achieved

Purposeful activity

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

At the last inspection, in 2017, virtually all prisoners had a good amount of time out of their cell each day. The leadership and management of learning and skills had improved in some important areas. There were sufficient activity places but vocational training opportunities were too limited. Some work was mundane and too many of the large number of residential unit workers were not fully occupied in their job. Attendance and punctuality were very good. Retention and achievement rates were high. Both the library and PE provision were well used. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All prisoners should have the opportunity to spend at least 60 minutes in the open air each day.

Achieved

The prison allocations board should be provided with up-to-date information about the available activity places.

Achieved

More vocational training courses should be provided, with higher-level qualifications, and the work available should be purposeful and fully occupy prisoners throughout the day.

Not achieved

Areas used for training and work should have suitable facilities to be able to operate safely, hygienically and effectively.

No longer relevant

Detailed written feedback should be provided, to inform learners about how to improve.

Partially achieved

Individual learning plans should clearly state the prior learning and attainment of each prisoner and accurately record the development of their skills, progress and achievements.

Partially achieved

The strategies to help prisoners with learning support needs should be agreed, recorded, implemented and regularly reviewed.

Achieved

The employability skills attained by prisoners in work areas should be assessed, recorded and accredited.

Partially achieved

The sequencing of regime appointments should be modified, to minimise interruptions to education, training and work.

Not achieved

All learners should be suitably stretched and challenged to achieve to the best of their ability.

Not achieved

Prisoners located on the segregation unit should be provided with recreational PE which is supervised by qualified staff, and PE should not be cancelled owing to staff redeployment.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2017, too many prisoners did not have an assessment of their risk and needs, or a sentence plan to inform their transfer to the establishment. We saw some good work with prisoners at key sentence events. However, the quality of offender management in general was far too variable and usually reactive, with some prisoners receiving little ongoing support or offence-focused work. Basic public protection measures were sound but risk management planning for the release of prisoners was too limited. Too little was done to ensure that all resettlement needs were identified and addressed well enough ahead of release. Categorisation reviews were timely but it was often difficult to move prisoners on. Not enough was done to promote positive family ties and other support networks. Accredited offending behaviour programmes were well managed. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The quality of offender management should be improved, to ensure a proactive approach to risk management and the delivery of sentence plan targets. Offender supervisor contact, particularly with the higher-risk prisoners, should be regular and meaningful.

Partially achieved

All prisoners should have their resettlement needs addressed well in advance of their release. This should include a robust risk management plan which is developed in partnership with the community-based offender manager and, where relevant, multi-agency public protection meetings.

Achieved

Recommendations

Prisoners should not be sent to the establishment without a full risk assessment and sentence plan to inform the prison of their risk and treatment needs.

Not achieved

Offender supervisors should be trained and managers should have oversight of all their work, especially in high-risk cases.

Achieved

There should be effective agreements with receiving establishments, to ensure that suitable prisoners are transferred in a timely manner.

No longer relevant

Specific provision for indeterminate-sentenced prisoners should be developed, based on an analysis of their needs.

Achieved

All prisoners' resettlement needs should be assessed in good time for release and adequate support should be provided to them.

Partially achieved

Prisoners due to be released should be allowed to access the virtual campus for job search.

Achieved

Visits procedures should be improved, to ensure that all visits start on time.

Achieved

Provision to help prisoners to rebuild and maintain family ties, and wider support networks, should be improved.

Partially achieved

There should be adequate forensic psychologist resources to ensure that individual work and timely post-programme reports are provided.

Achieved

Recommendations from the scrutiny visit

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

Prisoners at risk of suicide or self-harm should receive effective support which delivers prompt actions to reduce their risk and continues until that risk has lowered.

Achieved

Response times to referrals for social care assessments should be monitored, to make sure that these are prompt and that prisoners are able to live independently.

Achieved

All prisoners should have access to in-cell telephones.

Achieved

COMs should ensure prompt communication and confirmation of critical information to the offender management unit, to enable timely risk management and release planning arrangements to be put in place before a prisoner's release.

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

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
Hindpal Singh Bhui	Team leader
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
Martin Kettle	Inspector
Fiona Shearlaw	Inspector
Alice Dawnay	Inspector
Emma Roebuck	Inspector
Sam Moses	Researcher
Samantha Rasor	Researcher
Joe Simmonds	Researcher
Jasjeet Sohal	Researcher
Shaun Thomson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Christopher Barnes	Pharmacist
Lynda Day	Care Quality Commission inspector
Nick Crombie	Ofsted lead inspector
Diane Koppit	Ofsted inspector
Sharon McDermott	Ofsted inspector
Allan Shaw	Ofsted inspector
Cliff Shaw	Ofsted inspector (shadowing)

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Reconnect

An NHS England programme being piloted across several prisons to improve health outcomes for vulnerable individuals released from prison; it aims to help individuals access all the health services they need after release and make sure that transfer to community services is effective.

Secure video calls

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

Social care package

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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

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

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