



Report on an unannounced inspection of

HMP Highpoint

by HM Chief Inspector of Prisons

16–27 October 2023



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Introduction

Highpoint is a large category C training and resettlement prison in rural Suffolk, holding just under 1,300 adult men. It is located at an old RAF station on two separate, adjacent sites, bisected by a main road. Many of the old RAF buildings remain, although newer accommodation blocks have been added since the prison opened in the late 1970s.

When we last inspected in 2019, we found a safe and respectful institution that provided a reasonable regime, but which needed to do more to support prisoners as they progressed through their sentence toward release. At this inspection, our findings were similar, despite the challenges of recent years. Outcomes in our healthy prison test of safety remained reasonably good, and they were good for respect. However, the regime and provision of education, training and work had deteriorated, and we judged purposeful activity to be poor, while outcomes in preparation for release had remained not sufficiently good.

Highpoint is a challenging prison to manage. The large, rural campus is difficult to supervise, and most of its prisoners have been convicted of offences connected to drugs or violence and are held a long way from home. Despite this, we found a competent, well-led establishment that was orderly and safe. Much of this was predicated on stable and settled leadership that was both visible and approachable. It was clear that leaders had prioritised the maintenance of standards and getting the basics right, and that this had had a positive influence on staff, most of whom appeared capable and committed, despite some inexperience. Staff-prisoner relationships were a strength and there were good consultation arrangements with prisoners. Despite the aging infrastructure of the prison, it was well maintained. There was a commitment to promoting positive behaviour and making use of the benefits of the extensive estate to help prisoners willing to engage to make progress. Many prisoners, having established a measure of trust, were able to live in near semi-open conditions. Collective rewards, such as for the maintenance of standards on the units and in cells, were appreciated and fostered a sense of community and collective obligation.

Drug supply and demand remained a problem, and the prison had identified a link to incidents of violence and coercion. It needed to develop a more coherent and robust approach to tackling this problem. A considerable number of men were self-isolating out of fear for their safety and needed more support.

Our biggest concern, however, was that the prison was not fulfilling its core purpose. Prisoners spent much more time out of cell than at comparable jails, but not enough were attending purposeful activity or receiving adequate education or training. Our colleagues in Ofsted judged the overall effectiveness of provision as inadequate, their lowest assessment. Work to support resettlement, including offender management, key work and public protection arrangements, was also not good enough, despite the population posing a significant risk of harm.

Overall, this was a reasonably good inspection. The fundamentals of leadership, competence and vision were evident, and leaders had established a strong platform from which to improve outcomes for prisoners, particularly in terms of the regime. We identify several priorities in our report which we hope will assist that process.

Charlie Taylor

HM Chief Inspector of Prisons

November 2023

What needs to improve at HMP Highpoint

During this inspection, we identified nine 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. **Highpoint was designated a training and resettlement prison but fell short of its stated aim and purpose.** Too few purposeful activities were available, and there was not enough support given to prisoners to help them get employment on release. There was, similarly, not enough offending behaviour work, and the delivery of resettlement services was poorly coordinated.
2. **Drugs and other illicit items were easily available in the prison.** The evidence indicated that this problem was linked to violence, debt and bullying, but that steps taken to address risks were neither comprehensive nor well-coordinated.
3. **The quantity and quality of key work were not good enough.** Prisoners had too little support and, for example, over the last six months, only a third of sessions had been delivered. Records also suggested a lack of focus on sentence progression.
4. **Leaders had not implemented a reading strategy to improve literacy.**
5. **Too much teaching in English and mathematics was of poor quality and too few prisoners achieved external accreditations.**

Key concerns

6. **A significant number of prisoners were self-isolating in their cell because they felt unsafe but received little support or encouragement to reintegrate.**
7. **Support for foreign national prisoners was too limited.** Professional telephone interpreting services were rarely used and there was no access to free independent legal advice. Reasons for denying prisoners a move to an open prison were not always defensible.
8. **Prisoners did not receive effective careers information, advice and guidance throughout their sentence.**

9. **The application of some public protection measures was weak.** Communications monitoring was not used effectively, child contact restrictions were not enforced consistently and not all MAPPA management levels were confirmed within eight months of release.

About HMP Highpoint

Task of the prison/establishment

HMP Highpoint is a category C training and resettlement prison for adult men.

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

Prisoners held at the time of inspection: 1,284

Baseline certified normal capacity: 287

In-use certified normal capacity: 1,308

Operational capacity: 1,308

Population of the prison

- Almost half of the population was assessed as presenting a high or very high risk of harm to others.
- 240 prisoners were foreign nationals.
- In the last year, 1,446 new prisoners had been received at the prison and, on average, 53 prisoners were released each month.
- 42% of prisoners were from a black and minority ethnic background.
- 352 prisoners were receiving support for problems with substance use.

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 Service Community Interest Company

Prison education framework provider: PeoplePlus Group

Escort contractor: Serco

Prison group/Department

East of England

Brief history

A former Royal Air Force base and refugee camp, the site opened as a prison in 1977. Originally, there were two prisons, one holding women and the other holding men. In 2005, the women's prison became a men's prison and in 2011, the two prisons merged to form HMP Highpoint, with a north and south site.

Short description of residential units

South site: 10 units (1–10). A number of units are reserved for prisoners on the enhanced level of the incentives scheme, others enable prisoners to spend more time out of their cells. A segregation unit is also included.

North site: five units (11–15). A number of units are reserved for prisoners on the enhanced level of the incentives scheme, others enable prisoners to spend more time out of their cells. The incentivised substance-free living unit programme is housed on unit 11.

Governor and date in post:

Nigel Smith, 5 September 2013

Changes of governor since the last inspection

None

Prison Group Director:

Simon Cartwright

Independent Monitoring Board chair:

Carol Thompson

Date of last inspection

12–23 August 2019

Section 1 Summary of key findings

Outcomes for prisoners

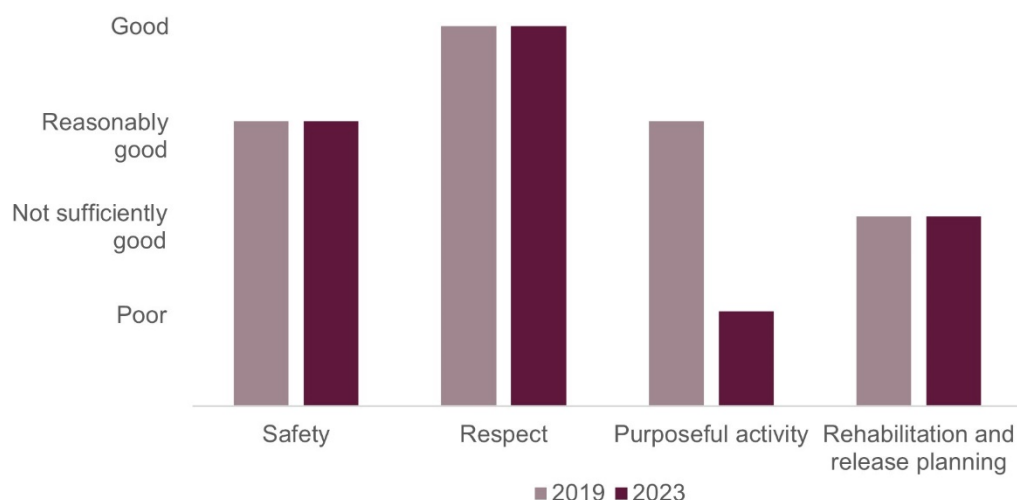
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.1 At this inspection of HMP Highpoint, we found that outcomes for prisoners were:

- reasonably good for safety
- good for respect
- poor for purposeful activity
- not sufficiently good for preparation for release.

1.2 We last inspected HMP Highpoint in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

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



Progress on key concerns and recommendations

1.3 At our last inspection in 2019 we made 27 recommendations, nine of which were about areas of key concern. The prison fully accepted 20 of the recommendations and partially (or subject to resources) accepted five. It rejected two of the recommendations.

1.4 At this inspection we found that two of our recommendations about areas of key concern had been achieved, one had been partially achieved and six had not been achieved. The recommendation made in the area of safety had not been achieved. One of the recommendations made in the area of purposeful activity had been

achieved, one had been partially achieved, and one had not been achieved. One of the recommendations made in preparation for release had been achieved and four had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.5 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.
- 1.6 Inspectors found one example of notable positive practice during this inspection.
- 1.7 There was an excellent approach to incentivising good behaviour, underpinned by strong and extensive use of peer workers, which encouraged positive community living, cooperation and motivation. Prisoners could aspire to live on a variety of enhanced and semi-open units, and there were regular wing-based rewards and other schemes to recognise effort and good work. (See paragraph 3.12)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had been in post for several years, he had a deep understanding of the institution and was personally driven and ambitious for the prison. He also remained committed to maintaining a good level of decency, delivering a reliable regime and giving opportunities to prisoners to change their day-to-day behaviour. Most staff we spoke to were familiar with his vision and priorities. The self-assessment report was clear and priorities were relevant, but more concrete measures of success, to demonstrate progress made, were needed. Reducing the availability of drugs and other illicit items did not hold a high enough profile in the self-assessment, despite this issue posing a critical risk to safety, stability and well-being.
- 2.3 Highpoint's core functions as a training and resettlement prison were, however, still not being delivered in full. Leaders made sure that most prisoners had a good amount of time out of cell (see Glossary) but there were too few purposeful activity places, a lack of offending behaviour work, and the delivery of resettlement help was uncoordinated.
- 2.4 Leaders had taken several steps to reduce the supply of and demand for drugs and other illicit items and had recruited a dedicated manager to take forward implementation of a more robust strategy and action plan. However, not all staff were proactive in supporting the delivery of these priorities or the work to promote safety as a whole.
- 2.5 The more effective functions had robust oversight and accountability arrangements in place. These included health care, use of force, and the segregation monitoring and review group. However, there were clear weaknesses in other areas, notably education, skills and work, self-harm prevention and early days support.
- 2.6 Consultation with prisoners was good and leaders were very visible around the prison. Many staff completing our survey thought that leaders and managers were approachable and said that they set high standards. Decency checks undertaken by members of the senior management team were embedded into day-to-day oversight and went a long way to promoting this standard.
- 2.7 Leaders maintained a very good commitment to delivering incentives to promote positive behaviour amongst prisoners. These included the

possibility of a move to the semi-open units, which provided a clear progression route, as did the wings for enhanced prisoners. The regular awards made by leaders meant that prisoners could be recognised for their efforts. The cleanest wing awards, for example, issued each week were meaningful and included extra gym sessions, exercise bicycles and cooking equipment.

- 2.8 The health care team was well led and, despite longstanding staff vacancies, care continued to meet patient need. The safety team and prison offender managers suffered from cross-deployment to operational duties, which limited their efforts to deliver the priorities.
- 2.9 The number of officers available for duty had improved in the last 12 months, but 20% had been in post for less than a year. The middle manager group had increased in size, but many of them were also new and not yet fully effective in their role – for example, our staff survey showed that far too few officers were receiving regular supervision and support sessions from them.

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 Support for prisoners in their early days at the prison was reasonably good. Our prisoner survey results, including treatment on arrival and the cleanliness of first night cells, were better than in similar prisons.
- 3.2 The reception area was spacious and clean, holding rooms were functional and contained information promoting available services. New arrivals were not locked into these rooms and did not spend long in reception.



Reception desk (left) and holding room 1

- 3.3 Staff welcomed new receptions and dealt with them efficiently. Interactions between staff and prisoners were polite. Prisoners were met by a residential governor and received support from dedicated peer supporters, which was appreciated by prisoners, as it gave them time to ask questions and get a better understanding of what to expect and what would happen in the next few days.
- 3.4 Property was processed immediately, which enabled prisoners to take it with them to the induction unit. An advance of £25 was available, so that prisoners could buy additional items from the small stock held in reception, which helped reduce potential debt issues.

- 3.5 Prisoners had a private and comprehensive safety interview with an officer in reception, but interviews taking place on the induction unit were not always held in private. Prisoners received well-being checks three times during their first night, to make sure that they felt safe and had settled in.
- 3.6 In our survey, 98% of respondents said that they had received an induction and 70% said that it had been useful, both of which were much better than in similar prisons. Peer supporters were an integral part of programme delivery, which started on the next working day after arrival. However, a lack of recording of the actual delivery of early days support and induction made it difficult for managers to provide oversight.

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 environment felt safe and was well ordered. In our survey, only 19% of respondents said that they currently felt unsafe, which was similar to the percentage at other category C prisons and at the time of the previous inspection.
- 3.8 Levels of recorded assaults between prisoners were similar to those at other prisons and had remained stable across the previous year. There had been 196 recorded prisoner assaults in the year to September 2023, but we found that some additional incidents had taken place that had not been formally reported.
- 3.9 There had been 110 recorded assaults on staff in the last year, which was above the average for similar prisons, but very similar to the number in the year before the previous inspection. Although the number of assaults on staff had increased sharply since the start of 2023, few incidents were serious.
- 3.10 Managers understood that the cause of much of the debt and bullying was the supply of drugs and other illicit items (see also paragraph 3.28), alongside the lack of purposeful activity places (see section on education, skills and work activities) and low wages, against the backdrop of the rising cost of prison shop items (see also paragraph 4.15). However, work to reduce violence and debt was not yet driven by a clear and well-coordinated action plan involving all functions across the prison. Most of the safety team were very new in the role and were often cross-deployed to run the daily regime, which limited their ability to deliver this work.

- 3.11 In the last six months, 48 prisoners, across both sites, had been isolating in their cell because they were in fear of being victims of violence or bullying. There were no reintegration plans to enable them to address their fears and return to mixing with the wider population. Their day-to-day management was also poor. We spoke to all those isolating during the inspection, who told us that, while they received weekly visits from a safer custody officer, they did not get a reliable daily regime and one of them had not left his cell for nearly a month. They were not offered daily exercise, and those without in-cell facilities sometimes went several days without a shower. Some had run out of telephone credit.
- 3.12 A very good approach to incentivising good behaviour had been sustained since the last inspection. Senior leaders encouraged prisoners to keep high standards with regular cell and wing inspections, and there were several enhanced units on both sites that prisoners could aspire to live on. Conditions and time out of cell (see Glossary) on the three semi-open units on the north site were especially desirable and encouraged prisoners to behave well. There were also regular rewards that encouraged community living and cooperation, whereby wings which achieved high levels of cleanliness and engagement in work could win rewards such as an extra gym session or a better meal. Staff and prisoners also continued to nominate each other for the 'amends' awards ceremony, where they celebrated their achievements.
- 3.13 Challenge, support and intervention plans (CSIPs; see Glossary) for perpetrators of violence and bullying too often lacked clear targets. Some prisoners had been managed under a CSIP for six months or more and it was no longer obvious what they were supposed to achieve. Most wing staff we spoke to did not know who was currently on a CSIP and did not understand their role in the process.
- 3.14 There were a couple of constructive interventions to help perpetrators address their behaviour or to support victims, but, overall, provision was too limited. In 2023, 50 prisoners had completed the Sycamore Tree victim awareness course, and the introduction of the Choices for Change programme (a resource pack to promote maturation in young adults) was very positive (see also paragraph 4.26). Trained prisoner mediators were a useful asset, but they were not used often enough, with only 12 sessions held in the last six months.

Adjudications

- 3.15 There had been 3,724 adjudications in the last year, which was similar to the number in the year before the previous inspection, but the number had started to increase in the last six months, from an average of about 270 a month to nearly 350. This reflected a steep increase in the number of prisoners found under the influence of drugs, an increase in assaults on staff and a rise in protesting behaviours such as cell fires (see also paragraph 3.29).
- 3.16 The adjudications process was well managed and an average of only 15% of charges were dismissed or not proceeded with. However, about

two-thirds of offences referred to the police were not taken forward to prosecution.

- 3.17 In the sample of adjudication records we checked, awards were proportionate and not unduly punitive. Governance was reasonably good, but there was no analysis of the awards given out by different governors, to identify longer-term inconsistencies or disproportionate responses.
- 3.18 Leaders were about to introduce 'unpaid work' as another punishment available to adjudicators. This was a positive plan and would involve prisoners maintaining and cleaning the prison grounds or undertaking other restorative work.

Use of force

- 3.19 In the last six months, force had been used against prisoners 368 times, which was double the number in the six months before the previous inspection. We saw evidence of good de-escalation of incidents and little use of full or prolonged restraint. The use of PAVA incapacitant spray (see Glossary) and batons was relatively infrequent, and properly justified. Of note, unfurnished cells had not been used since 2017.
- 3.20 The rise in the number of times that force had been used was largely attributable to the introduction of rigid-bar handcuffs. We found that these were used appropriately, including while escorting prisoners safely around the expansive prison grounds. Positively, physical force was not used routinely when responding to self-harm by individual prisoners.
- 3.21 Body-worn video cameras were carried by most uniformed staff. While generally activated during or when responding to incidents, it was positive that leaders continued to encourage earlier activation, both to de-escalate the situation and achieve a better understanding of what led to force being used.
- 3.22 Oversight of the use of force was strong and scrutiny of all incidents was robust. Weekly and monthly meetings provided good assurance and often resulted in appropriate, supportive action to address any learning or poor practice.
- 3.23 Footage and paperwork we reviewed indicated most situations were dealt with professionally and were quickly brought under control. There was evidence of staff showing patience and compassion in some challenging situations.

Segregation

- 3.24 In the previous 12 months, there had been a total of 583 uses of segregation (433 on the segregation unit and a further 150 on the residential units), which was similar to the number in the year before the last inspection. Reintegration was usually effective, with two-thirds of prisoners returning to one of the residential units.

- 3.25 Governance of the use of the segregation unit was thorough and a wide range of data was monitored each month. The number of prisoners segregated under Rule 53 (waiting for adjudication) on the residential units was unusually high. Staff told us that most instances lasted only a night or a weekend, until an adjudication hearing could be arranged. However, oversight of these prisoners was insufficient, with no data to show how many days each one had spent locked up or whether a regime parallel to that offered on the segregation unit had been given.
- 3.26 Stays in the segregation unit were short, at an average of 8.2 days. The unit was exceptionally clean and well ordered, with experienced orderlies on hand throughout the day. It had a small library and two medium-sized exercise yards, and prisoners could collect their meals from the servery on the unit. The two yards were bleak, and one lacked exercise equipment. As the unit was rarely full, staff typically allowed prisoners more time in the open air each day, and a weekly session in the main gym gave them time away from the unit. Education department staff did not visit segregated prisoners regularly, which was a missed opportunity to engage with them.
- 3.27 Staff on the segregation unit were supportive of the prisoners in their care, knew them well and made sure that they received a reliable regime. The staff group received regular supervision from a forensic psychologist.

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.

- 3.28 The prison felt safe and stable, but managers understood that there was a significant threat from the availability of drugs and other illicit items. In our survey, the numbers of respondents saying that it was easy to get hold of drugs (40%) and alcohol (34%) were comparable to those at similar prisons and at the time of the last inspection.
- 3.29 The average mandatory drug testing positive rate for the previous six months was 21%, which was slightly higher than at the time of the last inspection but comparable to the levels at other category C prisons. However, most requested suspicion drug tests were not completed, which undermined security. Psychoactive substances were the most common cause of a positive test and the prison had had the most finds of fermenting liquid of any category C prison over the last year. The number of prisoners found under the influence of substances had steadily increased over the last six months, from 18 in April to 70 in September 2023.

- 3.30 Leaders recognised that their drug strategy needed strengthening and had recruited a dedicated manager in the previous year. Several steps had been taken to try to reduce demand and supply. For example, incentivised substance-free living units were being developed on both sites (see also paragraph 4.64). Letters sent into the prison addressed to individual prisoners were photocopied before being issued to avoid drug impregnated paper getting into the hands of prisoners and the body scanner was used on all new arrivals to detect secreted items. Most requested cell searches were completed. When staff corruption was identified, robust action was taken to intervene, but there was no enhanced security at the prison gate to detect items being brought in by staff and there had been only seven large-scale random searches of staff so far in 2023.
- 3.31 There had been a lack of investment in physical security. Netting (used to prevent drugs and illicit items being thrown over the fence) that had been damaged four years earlier had still not been replaced. Telephone and mail monitoring was not well used to gather intelligence (see also paragraph 6.17), and at the time of the inspection no prisoners were subject to intelligence- or offence-related monitoring, which was unusual, given the large population of high-risk prisoners.
- 3.32 A huge volume of intelligence, about 1,000 reports, was submitted by staff every month. However, because of the lack of trained staff in the security department, there was a backlog of reports waiting to be analysed and actioned, although managers triaged for immediate threats.
- 3.33 Managers had introduced community engagement peer workers to help address potential conflicts caused by gangs in the prison. The prison held about 160 members of organised crime gangs, which was similar to the number at the time of the previous inspection, and, aside from the delays in intelligence gathering, managers had a good overview of these individuals. They also had an awareness and understanding of prisoners suspected of promoting extremist views, through a monthly multidisciplinary meeting aimed at managing the risks.

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

- 3.34 During the previous 12 months, there had been 499 self-harm incidents, involving 152 prisoners. The level of self-harm had increased in recent months, but, overall, was similar to that at the time of the previous inspection and lower than at comparable prisons. There had

been very few serious incidents and a small number of prisoners accounted for a large proportion of the incidents. Internal investigations were completed promptly, and learning points identified, but lessons learnt were not shared widely enough among staff to raise their awareness.

- 3.35 There had been three self-inflicted deaths since the previous inspection and a fourth a few weeks after our inspection. The death in custody action plan was not reviewed often enough to make sure that implementation of all Prisons and Probation Ombudsman recommendations was being maintained in practice.
- 3.36 During the previous 12 months, 303 assessment, care in custody and teamwork (ACCT) case management plans for prisoners at risk of suicide or self-harm had been opened. At the time of the inspection, 26 prisoners were subject to ACCT monitoring, including some self-isolating prisoners. Staff were knowledgeable about those in their care, but prisoners we spoke to described variable levels of care and support. The safety team was active in supporting prisoners who were at most risk, and provided some quality assurance of the ACCT process, but the frequent cross-deployment of staff to operational duties limited their impact.
- 3.37 Most ACCT documents we reviewed had good assessments, but care plans and the recording of risks and triggers were often incomplete. Case coordinators were deployed inconsistently, and reviews were rarely multidisciplinary. Leaders were aware of this, and work was under way to address the issues involved.
- 3.38 Constant supervision of those in crisis had been used 27 times, on 18 individuals, in the previous 12 months. One constant supervision cell was located in the segregation unit, which was an inappropriate environment. It had been used six times in the last year, but this had been when the remaining constant supervision cells had not been available or when a prisoner had also needed to be segregated because of their poor behaviour.
- 3.39 There was an active group of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to other prisoners), who received good support and supervision from the Samaritans. Concerns raised by the Listeners about the availability of suitable rooms for use during their sessions had recently been addressed. Some prisoners reported difficulties in accessing the Samaritans from their in-cell telephones and also said that there was no other phone they could use when they were locked in cell.
- 3.40 Oversight of suicide and self-harm prevention by managers was limited as the monthly strategic safety meeting was not always well attended. Some analysis of data had taken place, but this was not being used well enough to drive improvements across all prison functions. Attendance at the weekly safety intervention meeting to discuss individual men and how best to support them was often poor and up-to-

date information regarding individuals was not always discussed which undermined its purpose of reducing risks.

Protection of adults at risk (see Glossary)

3.41 While a local safeguarding strategy was in place, the nominated prison lead had no links with the local authority safeguarding panel. Some staff said that they would refer safeguarding concerns to the safer prisons team or through the intelligence reporting system. However, staff were not always aware of the potential risks that some vulnerable prisoners might face, which limited their ability to spot concerns. Safeguarding training was not being completed by staff.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Relationships between staff and prisoners were positive. Leaders were highly visible around the prison and well known to prisoners across both sites. In our prisoner survey, far more respondents than in similar prisons said that they could talk to managers and governors if they wanted to (67% compared with 25%) and far more said that they had been helped by them (57% compared with 35%). Most prisoners we spoke to were positive about their treatment, and we saw supportive and helpful interactions between them and staff. The most consistent issue raised with us concerned the perceived lack of knowledge and/or inexperience of some staff. Prisoners told us that this led to frustrations when issues or requests were not dealt with quickly, if at all.
- 4.2 Some staff failed to challenge low-level rule breaking, such as openly vaping on the wings. Leaders were supporting a few staff who lacked the confidence to deal with poor or challenging behaviour.
- 4.3 In our survey, three-quarters of respondents said that there was a member of staff they could turn to if they had a problem, but only about a third of required key working (see Glossary) sessions had taken place in the last six months. Recording of the content of sessions was limited and did not show a focus on sentence progression.
- 4.4 We found a clear community focus on some units, particularly where enhanced prisoners, life sentenced prisoners or those serving sentences for public protection lived together. There was strong and extensive use of peer supporters across the prison. They helped with key processes, including reception, induction, and diversity and inclusion. Although not always trained, they were generally clear about what their role entailed and were accessible and helpful to other prisoners.

Daily life

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

Living conditions

- 4.5 Living conditions were generally good. Our survey responses about living conditions were much better than at similar prisons and most of those we spoke to were positive. The external areas were well maintained.
- 4.6 Leaders set high expectations of cleanliness, responses to cell call bells and access to equipment, and followed this up through a process of regular inspections which made sure that standards remained high. However, there were ongoing issues with the infrastructure on the south site, including a large number of broken boilers for hot water that had only been addressed temporarily. While all cells had in-cell telephony, there was a lack of the other digital technology that we often see in other prisons.
- 4.7 Cleaning materials were provided, to enable prisoners to keep their cells clean. Most prisoners lived in single cells and the shared cells on the north site were of a suitable size and contained sufficient furniture for two. However, on the south site, around 50 prisoners shared overcrowded cells designed for one occupant.



Overcrowded cell

- 4.8 An impressive feature of the communal areas on each unit were the self-catering facilities. We saw prisoners preparing their own food throughout the day, often in collaborative groups, which contributed to the community ethos.



Self-cook area

- 4.9 Many cells included a shower, and communal showers elsewhere were in good order. Some communal showers had been refurbished to a

decent standard, but others, especially on units 3 and 4, needed refurbishment or replacing. With the reasonable amount of time out of cell (see Glossary and section on time out of cell), almost all prisoners could shower daily and this was supported by the responses to our survey, with 93% of respondents saying that they could do this.

- 4.10 Each house unit had a well-equipped laundry. There was a good supply of prison-issue clothing for those who needed it. However, access to stored property was poor and only 16% of respondents to our survey said that they could get their stored property promptly if they needed it. This was often the result of insufficient staff being available or their property not arriving with them from other prisons.



Wing laundry

Residential services

- 4.11 Access to self-catering facilities were excellent, which mitigated, in part, our survey results about the prison-issued food, which showed that only 41% of respondents said that this was good or very good. However, in a comparison between the two sites, the results were far better on the north site, where 64% responded positively to this survey question, compared with only 27% on the south.
- 4.12 Meals were served too early, especially at weekends. Some prisoners complained about portion sizes, but we considered these to be adequate if all available options, such as the vegetable choices, were taken. However, breakfast packs were meagre.
- 4.13 Both kitchens were clean, but the large number of appliances out of action in the south kitchen was causing problems and needed to be addressed.

- 4.14 Most serveries were reasonably clean and the prison's 'decency team' made sure that that food trollies were kept to a high standard of cleanliness. However, few prisoners wore appropriate clothing when they were serving food to others and there was no recognised food safety training qualification completed.
- 4.15 Newly arrived prisoners could wait up to 14 days for their first full shop order, which was too long. Delivery of orders from the prison shop was managed by an external company. There were ongoing problems with incorrect deliveries and delays in issuing refunds or making corrections. Many prisoners complained about the high prices of goods and poor wages, which meant that they often had to choose between buying telephone credit or other very basic items. Catalogue ordering was also problematic as many suppliers had moved to online ordering only, which prisoners could not access easily.

Prisoner consultation, applications and redress

- 4.16 There were lots of opportunities for prisoners to voice their opinions about life at the prison and suggest improvements. In our survey, more than elsewhere said that consultation arrangements were good (61% compared with 45%). Prison council meetings were held regularly and it was positive that prisoner representatives also attended some key meetings, including those for diversity and inclusion.
- 4.17 The applications process was weak. Those received were not always logged by the administration team, which meant that they could not be tracked to see if they had been dealt with. Responses often took too long and there was no arrangement for quality assurance.
- 4.18 The number of complaints submitted, 3,402 in the last 12 months, was similar to that at the time of the previous inspection, but higher than at many similar prisons. Too many responses were late, but they were polite in tone. While the prison's records showed that, in the year to date, just under 75% of complaints had been responded to within five working days, this did not include a breakdown of how many had only received a 'holding' response to tell the prisoner that someone would get back to them. Timeliness of the full response to address the issue raised was not monitored. Quality assurance was not sufficiently robust.
- 4.19 Legal visits were available on Tuesday afternoons and Thursday mornings. They were held in the main visits halls, which lacked privacy for confidential discussions, although this was mitigated by the low numbers, which allowed greater space between tables. In our survey, 57% of respondents said that it was easy to communicate with their legal representative, which was better than at similar prisons. The prison libraries held a collection of up-to-date legal texts for prisoners' use.

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.

- 4.20 Attention to meeting the individual needs of prisoners from protected groups was developing well. The appointment of the diversity and inclusion lead was positive and they were enthusiastic in driving improvements. They prioritised reasonably regular forums for prisoners from protected groups, to capture their voice and experiences, and attempted to address any ongoing issues or concerns.
- 4.21 In our comparator surveys, prisoners from almost all protected groups reported similarly to their counterparts. However, it was of note that more respondents with disabilities and mental health issues than those without felt unsafe. These perceptions were not well understood by leaders and more work was needed to explore the issues causing this.
- 4.22 Our biggest concerns centred around the experience of foreign national prisoners, of whom there were 240, from 53 different nationalities. Leaders did not know how many of them did not speak English and professional telephone interpreting services were rarely used. Most staff told us that they relied on other prisoners who spoke the same language to interpret, including for confidential meetings such as key work sessions. Some prisoners we met had never been spoken to directly by staff in a language they understood, which left some feeling extremely isolated. However, opportunities for prisoners who spoke little or no English to engage with English for speakers of other languages classes were good and appreciated.
- 4.23 The establishment was a designated centre for foreign national prisoners, which meant that Home Office officials were permanently on-site to deal with the issuing of relevant documentation, including deportation orders. However, prisoners were still not able to access free and independent immigration advice. Very few foreign national prisoners were moved to an open prison and, in the cases we looked at, we found that progression was sometimes unnecessarily delayed or denied without good reason (see paragraph 6.12).
- 4.24 Prisoners from a black and minority ethnic background formed 42% of the population and most we spoke to were content with their treatment. However, some raised the issue of their under-representation in better-paid jobs. We found this to be the case as, of the 211 jobs believed to be the more sought-after, only a third were allocated to prisoners from this background. The prison had also highlighted some

disproportionality in those selected for cell searching but had done nothing to explore or address either issue satisfactorily.

- 4.25 Prisoners with disabilities received some good support from staff and their peers. While individual adaptations to cells were generally provided quickly, a minority of needs took too long to meet, such as providing adaptations for hearing-impaired prisoners. A personal evacuation plan was in place for prisoners who needed one, but not all staff were aware of the content or individual needs – particularly at night, when they worked on units, they were less familiar with.
- 4.26 The recent appointment of a custodial manager to support and develop provision for young adults was positive. There was a commitment to engaging younger prisoners in team sports and other targeted activities, alongside interventions tailored to their needs, such as the Choices for Change programme (see also paragraph 3.14).
- 4.27 We found no major problems for older prisoners. Those beyond retirement age were not required to pay for their television and were unlocked during the working day. A range of PE sessions was open exclusively to older prisoners, which, alongside the monthly social club gathering, was appreciated by those who chose to attend.
- 4.28 Specialist support for neurodivergent prisoners was relatively new and not yet well enough integrated within the diversity and inclusion provision. There was more scope to improve support for prisoners and to share appropriate information with prison staff to help them to have a better understanding of individual needs.
- 4.29 The management of discrimination incident report forms (DIRFs) was improving and was generally good. The diversity and inclusion lead provided some oversight of the process, and Ipswich and Suffolk Council for Racial Equality provided robust quality assurance of a 10% sample of replies. There had been attention to improving confidence in the system, and recently more complaints had been upheld.
- 4.30 Prisoners had submitted 82 DIRFs in the previous 12 months. Although these related to a cross-section of protected characteristics, most concerned race. Those we reviewed had generally been investigated adequately and most replies had been timely.
- 4.31 A senior leader was meant to take responsibility for each protected group, although some were more proactive than others in making progress. While regular, the diversity and inclusion action team (DIAT) meeting was not always attended by all the necessary leaders and staff. More positively, there was always good prisoner representation at the DIAT meeting. A range of data was considered but was not always acted on robustly when there was evidence of potential disparity of treatment. However, the diversity and inclusion lead manager was developing the overarching action plan well.
- 4.32 A group of well-trained diversity and inclusion peer supporters had relatively free access around the prison and supported the manager in

improving the experience of prisoners from protected groups. An inclusive and full calendar of cultural events was celebrated and appreciated by prisoners from different backgrounds.

Faith and religion

- 4.33 Faith facilities on both sites were pleasant and well used. In our survey, respondents were generally positive about provision for their faith needs, and far more than at similar prisons said that they could access religious services if they wanted to (96% compared with 76%).
- 4.34 The chaplaincy worked hard, not only to complete their statutory duties, including visiting new arrivals and those in segregation, but also to provide invaluable pastoral support, which was much appreciated. The team was visible, proactive and properly focused on meeting the spiritual needs of prisoners.
- 4.35 However, because of staffing difficulties within the team, some minority faiths were not well served and faith-based classes did not run as regularly as needed. It was anticipated that the arrival of a new coordinating chaplain would start to address some of these shortfalls.
- 4.36 Two bereavement counsellors attended the prison weekly and provided good support to prisoners, but this was not enough to address the level of demand, so the waiting list to see them was long. The chaplaincy had also run three Sycamore Tree courses in the year to date (see also paragraph 3.14).
- 4.37 Good attention was paid to celebrating a wide range of faith and religious events throughout the year, However, we were told that the quality of food provided for some celebrations had deteriorated very recently, although we were unable to verify this.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

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

Strategy, clinical governance and partnerships

- 4.39 Practice Plus Group, Health In Justice ('PPG') provided health care services, supported by several separately contracted services, such as the Community Dental Service Community Interest Company, which provided dental care.

- 4.40 Relationships between health care staff and prison managers were good. Partnership working was effective and met most patient need. Virtually all services, including medicines administration, were delivered from the health care centres on the north and south sites. Patients on the south site had to be escorted by prison officers to appointments in the main clinical hub. Delays in organising escorting officers led to some prisoners missing their appointments.
- 4.41 As a result of gaps in staffing, there was an over-reliance on agency cover. Despite these pressures, we saw a committed, well-led team, which worked flexibly and collaboratively to deliver decent care. Some prisoners expressed concerns about prescribing practice and the curtailment of certain treatments, but we found that clinical decisions were undertaken through a multidisciplinary approach which was consistent with existing national guidance in providing safe care. All staff that we spoke to felt well supported, and there was good access to training, professional development and supervision.
- 4.42 There were well-established governance arrangements, which made sure that learning and new developments were shared, and service risks highlighted and managed effectively. Incident management was good and the incident review group drove improvements, with recommendations monitored and actioned, including those generated by the Prisons and Probation Ombudsman following any deaths in custody, although there was scope for better integration of these with the prison. A scheduled audit programme was in place, although there was scope to undertake local improvement checks – for example, to look at clinical records, as those we sampled were of mixed quality.
- 4.43 Patient consultation was weak. Although the service had plans to build up a stable cohort of health care champions, it was some way off from achieving this. Complaints were generally well managed, with face-to-face resolution encouraged. However, recording of written responses was not consistent and we found other gaps in the quality assurance arrangements. These concerns were largely addressed during the inspection.
- 4.44 Both health care centres provided adequate environments, but some treatment rooms needed refurbishment. They were mostly used to deliver primary care, with limited capacity to support mental health work, which relied on trying to find space on the wings. The emergency response arrangements were proportionate, with registered staff, trained to immediate life support level, who had access to regularly maintained resuscitation equipment positioned at key locations across the sites.

Promoting health and well-being

- 4.45 The prison did not have a joined-up, prison-wide strategy for health promotion. However, PPG staff used the NHS national calendar of campaigns, such as for prostate cancer and urology, to raise awareness. Liaison with the kitchen staff took place to address patient

dietary needs, and collaboration with gym staff had resulted in the introduction of fitness and weight management programmes.

- 4.46 There were limited health promotion materials displayed across the prison, but staff provided a range of information through leaflets and the monthly newsletter, and there were plans to train health care representatives to signpost, refer and support patients with their applications.
- 4.47 Prisoners had access to age-appropriate immunisations and there was a plan to make sure that all patients had the opportunity to be provided with any missing childhood vaccinations where appropriate. In addition, planning for autumn influenza vaccinations was currently under way. Preventative screening programmes, including retinal screening, were available and all new arrivals were screened using NHS guidance for particular age groups. In addition, blood-borne virus testing was offered. All new prisoners needing treatment were seen and treated appropriately. The support package developed by PPG for prisoners wishing to stop vaping had not yet been rolled out.

Primary care and inpatient services

- 4.48 All new arrivals were seen in reception for an initial health care assessment, to determine any immediate or ongoing health or substance misuse needs, and this resulted in a referral to an appropriate clinic if needed. Nursing staff then saw new prisoners within two days, to carry out a more comprehensive screening, undertaking physical examinations and screening tests. There was a good range of primary care staff, including advanced nurse prescribers, which made sure that patients had prompt access to medicines. The GP cover was good, with clinics running four days a week. There was an 11-day wait to see the GP for a routine appointment, but any urgent requests were seen promptly.
- 4.49 The management of long-term conditions had improved since the previous inspection. All patients had a care plan and/or were booked for a full comprehensive review. PPG had recently rolled out the use of a template for planning care, using national guidance, and there were plans to make sure that staff used these effectively. Managers arranged care with external providers, such as physiotherapy, optician services and specialist hepatitis treatment. Waits for all other primary care clinics were reasonable.
- 4.50 There were robust arrangements for prisoners needing to attend outside hospital appointments. All appointments were overseen by a clinician and prison leaders were trying to make sure that patients left the establishment on time, which had sometimes been a problem. Although, during the inspection, there were no patients needing end-of-life care, staff were working to the gold standards framework and arranged for appropriate specialist care, when needed, with support from community services.

- 4.51 Patients received a discharge letter on release and all records were shared with a community GP. Referrals to ongoing specialists were made in time for their release, which made sure that access to care was prompt.

Social care

- 4.52 The prison and health provider had established links with Suffolk County Council (SCC). There was a memorandum of understanding and advocacy services were available if needed.
- 4.53 All staff could refer via an online portal, but prisoners were currently unable to self-refer. Referrals went directly to a social worker, who triaged, prioritised and conducted assessments in a timely manner, supported by an occupational therapist if necessary. Patients received copies of their assessments.
- 4.54 At the time of the inspection, no prisoners were in receipt of a social care package (see Glossary). There had been 35 referrals since January 2023, but most did not need a care package. The SCC social worker was looking at ways of improving understanding of social care for all prison staff, to make sure that more appropriate referrals were made. The prison did not monitor referrals or assessment outcomes and there was no information sharing agreement in place, an issue which should be addressed to improve communication.
- 4.55 Equipment was supplied by both SCC and the prison. Although the prison also fitted items such as grab rails, it did not provide personal alarms for prisoners with visual impairment or limited mobility to enable them to summon assistance in an emergency, which posed a risk. There were nine patients who were supported by peer support orderlies. They all had a compact and had received limited training from the diversity and inclusion lead (see also paragraph 4.25).

Mental health

- 4.56 PPG provided specialist mental health services in the prison every day, supported by Forward Trust, which delivered talking therapies. Forward Trust was located on the north site and, although we saw evidence of collaboration, there was scope for more integrated working, including with Phoenix Futures, which delivered psychosocial substance misuse support. The service worked closely with prison staff, offering some limited officer training to assist them in identifying prisoners needing support.
- 4.57 Referrals were made following the initial screening on arrival and prisoners could self-refer via written application. Prison officers and other professionals could also ask for an assessment to be undertaken. Applications were reviewed at a multidisciplinary team meeting, which also provided oversight and a review of caseloads. Referrals were triaged and allocated to a practitioner for assessment, and prisoners were seen within five working days. Urgent referrals were prioritised and seen promptly, including seeing every prisoner when an

assessment, care in custody and teamwork (ACCT) case management plan was opened.

- 4.58 There were several longstanding vacancies in the small PPG team, which meant that it was over-dependent on agency staff and the clinical lead had to manage a large caseload. Psychiatry sessions took place, but there was no clinical psychology input. Care included self-help, support for those experiencing acute ill-health and help for patients with chronic conditions. This included support for 20 patients with severe and enduring mental illness under the care programme approach.
- 4.59 Two prisoners had been transferred to hospital under the Mental Health Act in the last year and in both cases this had taken place promptly. In our survey, 59% of respondents said that they had needed help with a mental health problem. The greatest need was for talking therapies, both to provide coping skills and to deliver support for more common psychological conditions, such as depression and anxiety. There had previously been long delays in accessing provision and there were still gaps in the service profile, but there were viable plans to fill these, including for more joint group work with Phoenix Futures. Waits for an assessment currently stood at around a month and access to support was now taking up to three months, but this was a much improving picture.
- 4.60 Support for prisoners due for release was reasonable, with effective liaison with prison departments and community agencies.

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

- 4.61 PPG provided clinical services, with psychosocial support being separately commissioned and delivered by Phoenix Futures. We saw collaborative working and the team was closely involved in the development of the drug strategy, but the action plan had not been fully developed.
- 4.62 All new arrivals were screened for drug and alcohol issues and prescriptions continued. Thirteen-week reviews included physical health care checks and were completed with the patient and the psychosocial worker, which was good practice. Sixty-one prisoners were receiving opiate substitution therapy (OST) at the time of the inspection. Prescribing was in line with national guidance and suited to individual treatment need.
- 4.63 The psychosocial team was motivated and skilled, and delivered good outcomes. New receptions were seen promptly and given appropriate information. The team supported 237 patients (approximately 18.5% of the population) and provided a wide range of recovery-based group work programmes, short interventions and one-to-one work to address specific problems.
- 4.64 Units 6, 7 and 11 were designated as incentivised substance-free living units. Unit 11 was the most developed, with 66 prisoners residing there,

but there was still considerable work needed to have all facilities working effectively.

- 4.65 A recovery worker saw every prisoner suspected of being under the influence of illicit substances and all were given harm minimisation advice.
- 4.66 Phoenix Futures maintained a separate record system and did not make entries onto the clinical record system, which could have affected the continuity of care. However, the assessments and recovery plans we reviewed were individualised, updated regularly and written collaboratively with the patient. They were audited by managers during supervision.
- 4.67 There were three peer supporters, who were going through training to be able to co-facilitate groups. Monthly patient forums took place, and the team was responsive to patient feedback.
- 4.68 Coordination of care started three months before release, in association with the offender management team. Arrangements included advice on harm minimisation, throughcare with community drugs teams and continuance of OST if needed. Unusually, naloxone (an opiate reversal agent) was not provided for prisoners to take home, although we received assurance that these arrangements would be provided imminently.

Medicines optimisation and pharmacy services

- 4.69 Overall, the pharmacy delivered services in a safe and effective manner, with medicines supplied from the in-house pharmacy run by PPG. There was good leadership of the service, supported by experienced and competent pharmacy staff, with coherent plans to develop the service further.
- 4.70 Medicines were administered twice a day and there were limited provisions for three times a day or night-time administration. Officer supervision of medicines administration was mostly good, but we observed some crowding around the hatch in unit 8, which compromised patient confidentiality. Not all patients presented their identification cards when asked, but, overall, we observed competent medicines administration, particularly in the two main treatment rooms, with a good rapport observed between staff and patients.
- 4.71 Approximately 87% of patients receiving medicines were given them in-possession, following a risk assessment. These were reviewed annually, or if any concerns about mismanagement were identified. Medicines were collected from a secure location on the wings and prisoners had secure in-cell storage. Spot checks of medicines were undertaken at regular intervals. The prescribing of drugs with the potential for abuse was minimal and well controlled.
- 4.72 A range of emergency medicines was available, to allow prisoners access out-of-hours. Stock reconciliation procedures were good.

Controlled drugs were generally well managed and audited at regular intervals. Medicines were stored and transported securely, and cold-chain medicines (which must be stored at a particular temperature) were kept in suitable refrigerators, which were monitored appropriately.

- 4.73 Patients who did not attend for medication were followed up appropriately. Staff reported incidents on Datix, and reviews and learning points were identified. Pharmacy-led clinics had not yet been fully embedded.
- 4.74 Multidisciplinary team meetings, and drug and therapeutic meetings were held and the pharmacy team contributed to these regularly. Arrangements to supply medication or a prescription for prisoners being discharged or transferred were well established and ensured effective continuity of care.

Dental services and oral health

- 4.75 A full range of NHS treatments was provided, including oral hygiene and dental therapy via two days of clinic time on the south site and one day on the north site every week. This was supplemented by five days of cover from a dental nurse. However, waiting lists were long, with around 12- and 35-week waits on the north and south sites, respectively. Despite these pressures, those who needed urgent care were seen promptly and the dentist carried out on-site or telephone triage initially to determine the urgency of need.
- 4.76 The dentist prescribed pain relief and antibiotics as needed. Dental staff were supported with supervision, appraisal and a comprehensive package of training.
- 4.77 Both dental suites were clean and well maintained, and staff followed appropriate infection control and decontamination processes. The lack of a separate decontamination room in the north clinic caused a delay between appointments, which was not an efficient use of time.

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 The amount of time unlocked was better than we normally see, with most prisoners having more than eight hours out of cell each day. During our roll checks, about 15% of the population were locked in their cell during the working day, which, although slightly more than at the previous inspection, remained much less than we find in similar prisons. It was notable that about 20% of prisoners were never locked in their cells.
- 5.2 Respondents to our survey were far more positive than in similar prisons about the amount of time unlocked, the reliable running of the regime and access to the gym and libraries.
- 5.3 The amount of time allowed in the open air was very good. Exercise periods were provided routinely and prisoners generally had relatively free access out of their unit onto the yards and immediate surrounding area. All exercise areas had fitness equipment, which was well used.



Exercise area

- 5.4 The libraries on both sites were well stocked and had pleasant environments in which to spend time browsing and reading. In our survey, most respondents said that they were able to visit the library each week. However, while each house unit was allocated a weekly session, attendance was often poor, but this was mitigated by an efficient system to deliver books that prisoners had ordered.
- 5.5 There was little promotion of literacy and the prison's reading strategy was underdeveloped (see paragraph 5.21). However, support for non-readers was good and there were Shannon Trust (see Glossary) prisoner mentors on each site, helping others to learn to read.
- 5.6 The two gyms were busy throughout the day, with a range of structured activity and training. Attendance figures were impressive and there was clearly a focus on data to monitor and improve attendance, and evidence of a drive from senior managers to maximise the use of the facilities.
- 5.7 Both gyms were well equipped, but there was only a relatively small all-weather sports area on the south site and no outdoor provision on the north site. The timetable catered for all sections of the population, with targeted sessions for minority groups.
- 5.8 Some wings had small cardiovascular training rooms and the equipment was in good order.

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: Inadequate

Leadership and management: Inadequate

5.10 Leaders had not provided enough purposeful activity places to meet the needs of prisoners of working age who were fit for employment. As a result, more than one in six prisoners was unemployed. This deficit significantly limited the capacity of the prison to fulfil its role as a training and resettlement prison. As a result of staff shortages, vocational training in motor vehicle mechanics, plumbing, catering, digital skills, barbering and employability studies was not taking place at the time of the inspection. This meant that well-resourced training facilities were idle and prisoners could not develop these skills to improve their career and employment opportunities. Since the previous inspection, leaders had been successful in improving the help provided to prisoners with learning disabilities, which meant that they now achieved at the same rate as their peers.

5.11 Information, advice and guidance did not support prisoners well enough to determine the most appropriate choice of purposeful activities or plan their transition to the next stage and too few received advice and guidance about employment and education before their release. Staff

did not provide an effective induction into education and work. During this process, too much information was provided to prisoners without discussion and without checking their understanding. Prisoners told us that they had not found this information useful in deciding on education, skills and work activities. Attendance at induction was too low.

- 5.12 The local pay policy provided prisoners with a small incentive to attend education and training, but the lack of appropriate places prevented staff from allocating prisoners to activities which developed their knowledge, skills and behaviour to the full. Waiting lists for most activities were too long.
- 5.13 Too few prisoners had a personal learning plan, and those that were in place lacked sufficient detail and clear strategies to achieve identified career goals. Too few plans were reviewed, which meant that once prisoners had completed a course or spent time in one industry placement, an up-to-date assessment was not available to inform the next allocation.
- 5.14 Domestic work on the accommodation units was not sufficiently challenging. Managers had not provided sufficient training or, too often, enough protective clothing and other equipment to enable prisoners to be adequately equipped. These prisoners developed few new skills or knowledge that would have been of benefit when seeking employment on release.
- 5.15 Too few prisoners were able to study English and mathematics. Prison leaders rightly emphasised the importance of developing these skills in prisoners, but had not provided sufficient education spaces or trained industries and other prison staff to fulfil this ambition. Managers had recently introduced a successful but limited initiative to teach English and mathematics on an individual basis within industries.
- 5.16 Too much teaching in English and mathematics was of poor quality. As a result, too few prisoners passed their qualification. Teachers did not consider prisoners' starting points. Too few prisoners made good progress or developed their English and mathematics skills further. Teachers did not routinely check learning before moving on to new topics or activities. This meant that prisoners often did not fully understand key concepts and could not successfully complete more complex tasks. In vocational training, teachers often failed to correct spelling and grammatical errors, so that prisoners did not understand or learn from their mistakes.
- 5.17 The programmes and qualifications that leaders planned were appropriate. However, the lack of places available and staff absence were having a significant impact on most prisoners' ability to gain meaningful skills and qualifications. A small minority of prisoners benefited from leaders' use of discretionary funding to provide relevant vocational training, to enhance their employment opportunities. This training was of good quality and included construction site safety, forklift truck driving, personal trainer and data cable installation. Prisoners on a 'skills bootcamp' course in railway track engineering

developed advanced practical skills that enabled most of them to find related employment on release.

- 5.18 Most teachers planned learning carefully. They moved prisoners on to complex tasks only after basic knowledge and skills had been grasped. For example, in vocational training, prisoners studied a range of construction skills at a first level before specialising in a trade such as plastering or brickwork. In most cases, the standard of practical work in vocational training was good. As a result of staff vacancies and absences, managers relied heavily on temporary tutors. This meant that too many prisoners had frequent changes of tutor, which interrupted their learning. Moreover, they did not receive regular progress reviews, which reduced the effectiveness of target setting and therefore the progress they made.
- 5.19 Prisoners in education and industries with neurodivergent needs received helpful support. Those with an assessed need had detailed support plans, which indicated clearly to teachers and instructors the additional help required. Well-qualified and experienced support staff worked alongside peer mentors to make sure that prisoners did not get distracted or fall behind. Peer mentors played a proactive role in many lessons. They drew on their training to support prisoners with identified needs such as dyslexia and dyscalculia. In industries, specialist staff gave prisoners individual support which enabled them to work effectively in teams and contribute to workshop targets.
- 5.20 Leaders did not have good oversight of the quality of education, skills and work. While there were quality assurance arrangements in education, virtually none were in place in industries or other work. A leadership vacancy had resulted in the prison-wide quality improvement group not meeting for many months. This meant that leaders' progress towards improving identified weaknesses had been too slow. For example, managers recognised that the recording of employability skills in workshops was weak, but they had not taken sufficient action to remedy the concern.
- 5.21 Leaders and managers had been slow to introduce a reading strategy. They had a clear intent to enable those with few or no reading skills to develop these, and for others to widen their reading habits for both pleasure and employability. However, they had not made sure that key appointments to fulfil the strategy were in place. Managers had not done enough to improve the reading skills and habits of most prisoners. They had not produced an adequate implementation plan or clearly identified which member of staff was responsible for carrying out the strategy. Prisoners who had low-level English skills undertook a reading assessment, but this was often delayed and too few of those who needed help received it.
- 5.22 With few exceptions, leaders and managers had not planned a broad, rich personal development curriculum to help prisoners deepen their knowledge and understanding beyond the subjects they studied. For example, too few prisoners had a secure understanding of values of tolerance and respect. They could not articulate how these values

applied to themselves and others. Most prisoners did not have the opportunity to learn about managing their own money or how to be healthy when living independently and cooking for themselves.

- 5.23 However, in the gym, the instructors course helped prisoners to develop strategies to cope with stress. Within education, skills and work generally, prisoners worked collaboratively in diverse groups and both appreciated and respected others' differences. They did not benefit from planned enrichment activities to widen their horizons and discover their interests and talents. Other than an art course, there were few opportunities for prisoners to develop creative skills or explore new ideas.
- 5.24 Too often, especially on the south site, prisoners were slow to arrive at the education centre and then were casual in making their way to lessons, spending time chatting to others and showing no urgency. As a result, lessons regularly started at least 10 minutes after the expected time. These prisoners did not develop the work ethic and attitudes expected by employers. However, most of those who attended education, skills and work were well behaved, polite and had respectful relationships with peers and staff. Within vocational training and the skills bootcamp, they displayed positive attitudes towards their learning and demonstrated appropriate work-based behaviour. They attended well and punctually. They valued the opportunities that vocational training provided.
- 5.25 Too few prisoners benefited from the wide range of resources and information on the virtual campus (see Glossary). Staff and prisoners had very limited access to this, so they rarely used it during job search activities, and teachers did not use it to enhance and supplement learning.

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 Arrangements to help prisoners maintain contact with their family and friends were reasonably good. Ormiston Trust delivered some support, alongside staffing the visitors centre and the play area in the two visits halls. However, there were some gaps in the provision. For example, there was no family engagement worker or social work support, and there were no specific parenting or relationship courses. The Storybook Dads recording facility (by which prisoners record stories for their children) was used relatively infrequently, with only 31 sessions completed in the last six months.
- 6.2 The extensive range of family days was extremely well used. The current programme catered for prisoners with young and older children, adult family members, lifers/prisoners serving an indeterminate sentence for public protection (IPP) and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The sessions lasted longer than social visits and were far more relaxed. The programme was to be further extended in 2024, when family days would be available every week.
- 6.3 Prisoners had in-cell telephones which they could use at any time if they had sufficient credit. Secure video calls (see Glossary) were reasonably well used, but not to capacity, and were not available during evenings or weekends, which was a missed opportunity. Arrangements to book visits were good, the visitors centre was warm and welcoming, and sessions lasted two hours, which was appreciated by prisoners and their visitors.
- 6.4 Members of the safety team conducted welfare checks on those who did not receive regular visits and the support from a small team of approved prison visitors was appreciated by prisoners.

Reducing reoffending

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

- 6.5 Almost 80% of the population were serving sentences of over four years and 47% were assessed as presenting a high or very high risk of harm to others.
- 6.6 There were 65 prisoners serving IPP sentences. Most were over their sentence tariff date, some by many years. The psychology team was helping to train some key workers (see Glossary) to deliver sessions to these prisoners, but this was not yet fully in place. Other than IPP family days, there was too little specific provision for this group, and many of the prisoners we spoke to described feeling hopeless, with nothing to work towards.
- 6.7 There was only senior probation officer on-site, but, commendably, this individual provided good oversight, maintained a clear focus on the management of risk and prioritised this work well.
- 6.8 In the last five months, more probation officers had been allocated to the offender management unit (OMU) and the team was now almost full, which meant that caseloads were more manageable. However, prison offender managers (POMs) were too often taken away from their OMU duties and allocated to work on the wings. In the month before the inspection, about 25% of their OMU hours had been lost, which limited their ability to have contact with prisoners on their caseload.
- 6.9 Face-to-face contact between POMs and prisoners was too limited. Some prisoners we spoke to said that they had met their POM only two or three times in the last year. There was also a lack of good-quality key work to mitigate against this (see also paragraph 4.3). Despite the lack of face-to-face meetings, POMs were appropriately focused on managing the higher-risk prisoners by actively completing referrals and setting up release planning meetings with the community-based probation officer.
- 6.10 However, this was often hindered by the late allocation of the community-based probation officer and/or frequent changes in the individual undertaking this role, which meant that release plans were difficult to confirm. Some prisoners we spoke to described making unsuccessful efforts to contact their community-based probation officer and were very anxious about their lack of knowledge about what they would need to do on release.
- 6.11 At the time of the inspection, about a quarter of prisoners who should have had an offender assessment system (OASys) assessment did not, which meant that they did not have a sentence plan setting out how they could reduce their risk of harm. Many prisoners told us that they felt unsupported and found it difficult to know what they needed to do.

- 6.12 In the last year, over 140 prisoners had transferred to an open prison, which was impressive. Recategorisation decisions were defensible, with security information and recent behaviour considered. However, the reasons for not approving suitability for some foreign national prisoners were not always clear. The prison was not proactive enough in seeking information from the Home Office about an individual's immigration status. As a result, some were denied a chance to move to open conditions, even when the Home Office had no intention to issue deportation paperwork.
- 6.13 Too many prisoners experienced long delays in being released on home detention curfew. There had been 105 releases in the last year, and around half of these had been released after their eligibility date. Reasons for this were beyond the control of the OMU and included late confirmation of the suitability of an address by the community-based probation officer and the lack of Bail Accommodation and Support Service places, particularly in London.
- 6.14 Leaders had completed a needs analysis which used information from OASys assessments to show the scope of needs among the population, but this had not yet been used to develop a reducing reoffending strategy or update the action plan.

Public protection

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

- 6.15 Around three-quarters of the population needed management under multi-agency public protection arrangements (MAPPAs), which was a substantial increase since the previous inspection. Leaders had developed the interdepartmental risk management team (IRMT) meeting very well. For example, the senior probation officer completed a review of all high- and very-high-risk prisoners at 12 months and then 4.5 months before release, which meant that they could prioritise and focus attention on the cases that needed additional oversight. There had been recent improvements in the involvement of community-based probation officers at the IRMT meeting, and information gathering and sharing in preparation for the meeting was good. The quality of reports written by POMs for the most complex prisoners subject to MAPPA was good and risks were analysed well.
- 6.16 Despite this, there were 30 prisoners who were within six months of their release date who did not have a MAPPA management level confirmed by the community offender manager. Processes to escalate this within the Probation Service were not being used well enough by prison leaders to resolve the problem.
- 6.17 Over the last year, there had been a large reduction in the number of prisoners who had their communications monitored to protect the public, and none were subject to telephone monitoring at the time of

the inspection. Even when the OMU had requested telephone monitoring, it had not always happened. We found empty call logs where staff should have been listening to prisoners' telephone calls, which meant that information which could have been critical to risk management might have been missed.

- 6.18 Child contact restrictions were not enforced consistently. For example, some staff in the mail room were not aware of those who needed to have their mail read before being posted.

Interventions and support

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

- 6.19 Opportunities to demonstrate a reduction in risk of harm through offending behaviour interventions or other activities, such as education, training or work (see section on purposeful activity), were far too limited. This made it difficult for many prisoners to demonstrate progression to inform a parole board hearing or show suitability for a move to open conditions.
- 6.20 Only two accredited programmes were available, the Thinking Skills Programme (to help prisoners develop cognitive skills to manage their risks) and Kaizen Interpersonal Violence (designed for prisoners who have committed violent behaviour in an intimate relationship), and there were far too few places on these to meet the level of need within the population. There had been a lack of trained facilitators, so only 55 prisoners had completed either course in the previous year. Completion targets for the current year were also likely to fall short, despite 87 prisoners being on the waiting list. Resolve (a moderate-intensity programme to reduce violence) had been decommissioned and the Kaizen General Violence programme was still not available, despite prisoners transferring to Highpoint to complete it.
- 6.21 The Sycamore Tree victim awareness course was used well (see also paragraphs 3.14 and 4.36).

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.

- 6.22 There was a high demand for resettlement services, with an average of 53 prisoners released each month, many of whom were judged to pose a high risk of harm to others. Resettlement plans we reviewed lacked detail and did not explore existing risks and needs well enough. In our interviews, many prisoners said that they were anxious and unclear about the plans for their release.

- 6.23 The current model for the delivery of resettlement services was complicated and poorly coordinated. For example, referrals to the London housing service available in the prison had to be sent to the community-based probation officer to approve before the team based at the prison could provide help. The difficulties in finding out who the community-based probation officer was and delays in hearing back from them were barriers to the delivery of good and timely resettlement help. The pre-release team based at the prison lacked on-site leadership and worked in isolation from other departments.
- 6.24 There was no longer any finance, benefit or debt support available. However, some good work was being undertaken by the strategic housing specialist to collect accurate data and monitor longer-term accommodation outcomes. This showed that around 20% of prisoners were homeless or in very short-term accommodation three months after release. We were told that, in the last six months, 13 high-risk prisoners had been released homeless or with only temporary accommodation. On checking, we found that three had secured an appropriate place to live, but another three had been recalled to custody and seven remained homeless or in temporary accommodation, which reduced their likelihood of successful resettlement in the long term.
- 6.25 As part of the HM Prison and Probation Service New Futures Network (which brokers partnerships between prisons and employers), a prison employment lead was now in post. They focused on developing relationships with a range of external employment partners, including those in building and construction services. Monitoring of outcomes looked at longer-term outcomes and had found that around 20% of all released prisoners were still in employment six weeks after release, which was reasonably good, and outcomes had been improving over the last year.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, reception and early days support had improved and was good. Reported levels of violence had increased since our last inspection. Despite this, most prisoners said they felt safe, which was significantly better than at our last inspection and compared with similar prisons. Data were used well and informed the prison's approach to managing behaviour. There was an impressive approach to encouraging positive behaviour, including through the use of the incentives and earned privileges (IEP) scheme. The use of force and segregation were well managed, but the management of adjudications required improvement. Security arrangements were sound overall, but drugs remained too easily available. The number of self-harm incidents had increased over the previous six months but was lower than at many other category C prisons. While the quality of care for those in crisis was good, case management recording was weak in some cases. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The prison should introduce additional measures to deal with drugs entering the prison and reduce the positive MDT rate.

Not achieved

Recommendations

All suspicion drug tests should be completed as requested.

Not achieved

More work should be done to determine why the number of ACCTs opened had increased dramatically and was now very high.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, staff-prisoner relationships and senior management leadership were excellent and promoted a positive community ethos, to which many prisoners actively contributed. Decency was a clear priority and living conditions had further improved and were now mostly good. The application and complaints systems were weak and formal consultation processes were not yet fully effective. Equality and diversity work was reasonably good overall. The food served and the prison shop facilities were reasonable. Health services had improved and were good, but prisoners waited too long for GP and dental appointments. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners should not share cells designed for one person.

Not achieved

Prisoners should have prompt access to their property.

Partially achieved

Responses to applications should be tracked to ensure they are all addressed.

Not achieved

Responses to all complaints should be timely, comprehensive and polite.

Partially achieved

Legal visits should be carried out in private.

Not achieved

Professional interpretation services should be used when needed particularly when dealing with sensitive or personal information.

Not achieved

Foreign national prisoners should have access to independent immigration advice.

Not achieved

Managers should ensure there is effective oversight of clinical appointments.

Achieved

The dental suite flooring on the South site must meet infection prevention control standards.

Achieved

Suitably trained and supervised peer workers should be available to provide health and well-being support and information.

Not achieved

All patients with long-term conditions should have a person-centred care plan.

Achieved

Patients requiring hospital admission under the Mental Health Act should be assessed and transferred expeditiously within current transfer guidelines.

Achieved

When appropriate, prisoners should have access to naloxone on release.

Not achieved

Sedating medication should be administered at a clinically appropriate time.

Partially achieved

Dental waiting times should be equivalent to those in the community.

Achieved

Purposeful activity

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

At the last inspection, in 2019, prisoners attending purposeful activity had a good amount of time out of their cells during the week and the regime was delivered reliably. We found very few prisoners locked up during the working day and those living on the enhanced wings were never locked in their cells, which was very positive. Prisoners could access a positive range of activities, which aimed to promote life skills and underpinned a strong rehabilitative culture across the whole prison. The library and the physical education (PE) provision were good overall. However, formal education, skills and work opportunities required improvement. The number of full-time activity places needed to be increased further and attendance and punctuality required improvement. Too few prisoners had their educational needs met. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Managers should ensure all prisoners attend sessions as planned and are fully employed so that they can gain the skills and qualifications they need for successful resettlement.

Partially achieved

Prisoners should be able to participate in high quality education sessions and receive appropriate support during all activities to help build their English, mathematics and/or personal development skills.

Not achieved

The support needs of prisoners with learning disabilities should be fully addressed to promote achievement and all prisoners should be able to gain appropriate accredited qualifications regardless of which activity they attend.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, work to maintain or build relationships with children and families was reasonable overall. The prison did not yet have a robust population needs analysis to inform its reducing reoffending provision. Despite holding a large population of high-risk prisoners, offender management work was weak and contact levels were poor. Home detention curfew (HDC) processes were managed appropriately at the prison, but too many prisoners were released late. Support for indeterminate sentence prisoners was good. Some important aspects of public protection work were not robust and there was too little evidence of pre-release risk management planning. Progression opportunities were too limited and there were not enough places on accredited programmes. Release planning work was reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All eligible prisoners should have an up-to-date OASys assessment to inform their progression and access to interventions.

Not achieved

All eligible prisoners should have regular contact with an appropriately trained offender supervisor to drive sentence progression.

Not achieved

The IRMT meeting should review all high-risk prisoners due for release promptly enough to address any gaps in risk management planning.

Achieved

The prison should ensure that its public protection processes are effective in managing prisoners' risks to the public while they are in custody.

Not achieved

The prison should have enough places on accredited offending behaviour programmes to meet the needs of the population.

Not achieved

Recommendations

Re-categorisation reviews for prisoners subject to immigration procedures who are eligible for open conditions should assess the prisoner's risk of absconding and where it is very low, consider granting them category D status.

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:

Martin Lomas	Deputy Chief Inspector
Sandra Fieldhouse	Team leader
Kellie Reeve	Inspector
Paul Rowlands	Inspector
Fiona Shearlaw	Inspector
Rebecca Stanbury	Inspector
Jonathan Tickner	Inspector
Dionne Walker	Inspector
Sophie Riley	Researcher
Emma King	Researcher
Jasjeet Sohal	Researcher
Alicia Grassom	Researcher
Steve Eley	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Noor Mohamad	Pharmacist
Lynda Day	Care Quality Commission inspector
Janie Buchanan	Care Quality Commission inspector
Allan Shaw	Ofsted inspector
Nicola Brady	Ofsted inspector
Viki Faulkner	Ofsted inspector
Rebecca Parry	Ofsted inspector
Paul Breheny	Ofsted inspector

Appendix II Glossary

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

Ormiston Trust

The Ormiston Trust provides support for children and young people affected by the imprisonment of a close family member.

PAVA

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Shannon Trust

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

Social care package

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

Time out of cell

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

Virtual campus

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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