



Report on an unannounced inspection of

HMP/YOI Hindley

by HM Chief Inspector of Prisons

21 November – 8 December 2023



Contents

Introduction.....	3
What needs to improve at HMP/YOI Hindley.....	5
About HMP/YOI Hindley.....	7
Section 1 Summary of key findings.....	9
Section 2 Leadership.....	11
Section 3 Safety.....	13
Section 4 Respect.....	22
Section 5 Purposeful activity.....	39
Section 6 Preparation for release.....	47
Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports.....	54
Appendix I About our inspections and reports.....	61
Appendix II Glossary.....	64
Appendix III Further resources.....	66

Introduction

Located near Wigan, and almost equidistant between Liverpool and Manchester, Hindley is a category C training and resettlement prison for up to 600 adult and young adult men, of whom about a third are aged under 25. With approximately 60 new arrivals a month, the prison manages a considerable turnover of prisoners, although others are more established and serving significant sentences. The population includes a substantial number of prisoners on licence recall, as well as many with known links to organised criminal gangs.

This was our first full inspection of the jail since 2017, when we found outcomes to be not sufficiently good in our tests of safety and respect, poor in purposeful activity and reasonably good in rehabilitation and release planning. At this inspection our assessments remained unchanged against all four of our healthy prison tests. That is not to say that the leadership were not doing their best. On the contrary, we found that they were committed and passionate and there was no doubt that they were working hard to improve the prison, aided by important interventions from HM Prison and Probation Service. Our concern was that many of the fundamental weaknesses that we identified over five years ago had not changed: the environment was run down, the regime was poor, and the prevalence of drugs was at the heart of much that undermined safety for prisoners.

Dating from the early 1960s and extended in the late 1980s, the prison was showing its age. We were told that a planned expansion programme, that would add new accommodation and upgrade some prisoner facilities, had been delayed until at least 2027. This created something of a planning blight in terms of potential investment that might mitigate the immediate difficulties the prison faced. Leaders were not, however, helpless and to their great credit and that of the staff group, much was being done to keep the prison clean and to incentivise prisoners to support that endeavour. However, accommodation was cramped and often overcrowded, and many amenities, including the showers and the kitchen, were in a poor condition. Even facilities such as the gate lodge and the staff search area were not fit for purpose.

The prison was, in part, designated as a training prison, and yet far too little purposeful work, education or training was taking place. Our colleagues in Ofsted highlighted some positive aspects of the education and skills offer and judged the overall effectiveness of provision as 'requires improvement,' but nearly a third of prisoners were unemployed. During checks we found about half of all prisoners locked up during the working day, while a further 28% were only employed on a part-time basis. Leaders had introduced a new daily routine aimed at improving outcomes and predictability of the regime, but it was not yet embedded and, at the time of our inspection, was causing considerable prisoner frustration.

Overall, the prison was still not safe enough. Combined with the indolence, boredom and frustration created by the inactivity of the regime, a key causal factor was the near tsunami of illegal drugs in the prison. Mandatory drug

testing revealed a positive test rate of over 52%, meaning that well over half the population were active drug users while we were inspecting. Many prisoners arriving at Hindley already had a drug problem and organised criminality will have influenced these outcomes. The prison had been trying to combat the problem, but its approach was not working. Other concerning safety outcomes included very high levels of recorded violence and high numbers of self-harm incidents. Leaders could point to several creative and useful initiatives and partnerships aimed at improving outcomes, but the very high turnover of prison officers, the consequential inexperience of many staff and their general lack of capability and confidence in supervising prisoners were constraining progress. We saw numerous examples of staff diffidence and an inability to confront rule-breaking and delinquency among prisoners.

Despite our criticism and the obvious strategic challenges, there was no sense of helplessness at the prison. Some very good offending behaviour and resettlement work was taking place: the PIPE unit, providing psychological interventions, was impressive, as was the preparedness of leaders to try new ideas and work hard to make improvements. Serious investment cannot come soon enough, but in the meantime building staff capability and confronting drugs, as well as diverting prisoners into useful activity that will motivate them, must be the priorities.

Charlie Taylor

HM Chief Inspector of Prisons
February 2024

What needs to improve at HMP/YOI Hindley

During this inspection we identified 12 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **The prison's infrastructure was in a poor condition and investment was needed from HM Prison and Probation Service to deliver improvements.** Examples included the general environment and very cramped accommodation, the old kitchen, the physical security of the prison, and a need to increase workshop space.
2. **Levels of violence were very high, driven to a great extent by significant quantities of illegal drugs and a poor regime.**
3. **The availability and use of illicit drugs posed a critical threat to the security of the prison, contributing to prisoner debt, bullying and fear.** The positive drug testing rate at Hindley was the highest of all prisons in England and Wales, and work so far to tackle this crisis had achieved minimal impact.
4. **Prison officers were not maintaining effective relationships with prisoners.** There was a high level of inexperience, and too many staff lacked confidence in enforcing basic standards and did not challenge low-level poor behaviour. Not enough key work (see Glossary) was delivered, and for some prisoners it was not happening at all.
5. **Prisoners spent far too long locked up.** The regime offered too little time out of cell, especially for the unemployed. Many prisoners, particularly those in full-time employment, did not have sufficient time out of their cells for domestic routines, or to take part in outdoor exercise.
6. **Leaders and managers had failed to ensure there were sufficient work, skills or education places for the population.** This was compounded by a failure to make sure that those places that were available were all allocated.

Key concerns

7. **Self-harm was high and was increasing.** In the last 12 months, there had been 494 incidents of self-harm, which placed Hindley in the top three among comparable prisons.

8. **Many prisoners complained about the quality of the food, and in our survey, a quarter said they did not get enough to eat.**
9. **Arrangements to deal with prisoner applications and requests were weak and unaccountable.** The timeliness and quality of responses were not, for example, monitored effectively.
10. **Leaders and managers did not effectively ensure that prison work was of high quality.**
11. **There were few enrichment activities with which to engage prisoners.**
12. **Prisoners did not have sufficient access to offending behaviour interventions.**

About HMP/YOI Hindley

Task of the prison

A resettlement prison with a small training function for both young adult (18-25 years old) and adult males.

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

Prisoners held at the time of inspection: 593

Baseline certified normal capacity: 600

In-use certified normal capacity: 600

Operational capacity: 600

Population of the prison

- There were around 60 new arrivals and 45 releases to the community each month.
- Just over a third of the population were young adults.
- 30 foreign national prisoners.
- Almost 20% of prisoners from black and minority ethnic backgrounds.
- 27% of the population were licence-recalled prisoners.
- 31 prisoners serving life or indeterminate sentences.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Greater Manchester Mental Health NHS Foundation Trust

Substance misuse treatment provider: Change Grow Live

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison group

Greater Manchester, Merseyside and Cheshire

Prison Group Director

Paul Holland (acting)

Brief history

Originally opened as a borstal in 1961, Hindley became a youth custody centre in 1983. In 1997, two additional wings, E and F, were built, and in 2019, the Acorn unit reopened as a preparation psychologically informed planned environment (PIPE), following refurbishment. The establishment has undergone several population changes, but for the last six years has held young prisoners and adult male category C prisoners.

Short description of residential units

A wing: up to 83 sentenced adult prisoners

B wing: up to 75 sentenced adult prisoners

C wing: up to 84 sentenced adult prisoners
D wing: up to 84 sentenced adult prisoners
E wing: up to 131 sentenced adult prisoners
F wing: induction unit
Acorn preparation PIPE unit: up to 10 adult and young prisoners
Willow unit: segregation unit for up to 11 adult and young prisoners.

Name of governor and date in post

Natalie McKee, September 2020.

Changes of governor since the last inspection

None

Independent Monitoring Board chair

Maria Greenwood (acting chair)

Date of last inspection

Full inspection: December 2017

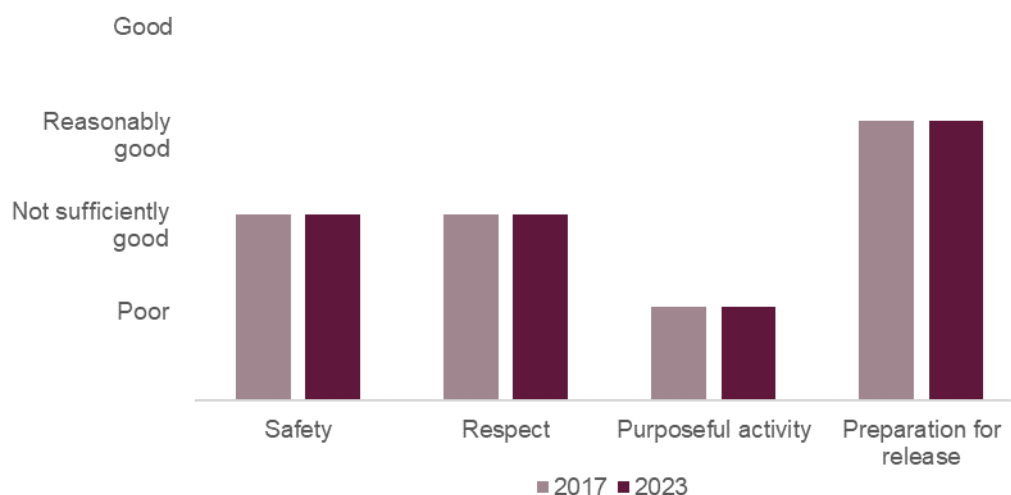
Scrutiny visit: December 2020

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP/YOI Hindley, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - not sufficiently good for respect
 - poor for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP/YOI Hindley in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Hindley healthy prison outcomes 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2017 we made 52 recommendations, four of which were about areas of key concern. The prison fully accepted 39 of the recommendations and partially (or subject to resources) accepted 10. It rejected three of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, one had been partially achieved and two had not been achieved. The recommendation in the

area of safety had not been achieved, one of the recommendations on respect had been partially achieved and the other had not been achieved, and the recommendation on purposeful activity had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In December 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made four recommendations about areas of key concern. At this inspection we found that two of the recommendations had been achieved, one had not been achieved and one was no longer relevant.

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found four examples of notable positive practice during this inspection.
- 1.10 The prison had developed a complex needs strategy to support prisoners with a wide range of vulnerabilities and risks. Leaders took personal responsibility for named individuals, thereby making sure that prisoners with the most complex needs had received excellent multidisciplinary support. (See paragraphs 3.8 and 3.33)
- 1.11 Chaplaincy staff had placed strong emphasis on creating a calming and empathetic environment, including developing gardens and a mini farm around the chapel. Prisoners in crisis or in the segregation unit were invited to spend time there and this had proved effective in reducing their tension and stress. (See paragraph 4.33)
- 1.12 The City in the Community twinning programme with Manchester City Football Club supported young adults through a mixture of football and employability coaching with a positive impact. (See paragraph 5.10)
- 1.13 Managers had introduced dedicated twice-monthly social visit sessions for prisoners with neurodivergent conditions, with lower visitor numbers providing more space and a quieter, more relaxed environment. (See paragraph 6.3)

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 committed and passionate senior leadership team had developed strategies and a wide range of initiatives with the good intention of creating a caring community that met the needs of the population. This included measures to support the large proportion of young adults. We found, however, a disconnect between the aspirations of leaders and delivery in the face of some considerable challenges, meaning these efforts were often failing to achieve the desired outcomes.
- 2.3 Fundamental weaknesses identified at our last inspection had not been addressed; drug misuse remained a very serious problem, there were still insufficient activity places and workshop space for the population, and the old residential accommodation was far too cramped.
- 2.4 Although HMPPS had provided support through the prison performance support programme in response to difficulties, this had not included much additional investment to upgrade, for example, accommodation, workshops, the kitchen and physical security, particularly to stop the entry of drugs. A large prison expansion project that included essential improvements had been delayed until 2027.
- 2.5 Leaders' efforts to tackle the enduring drug problem, which was at the crux of the prison's problems, had had minimal impact, and the mandatory drug testing (MDT) positive rate remained at over 50% - the highest for all prisons in England and Wales.
- 2.6 Despite efforts by leaders to strengthen the support for and management of a largely inexperienced officer workforce, the prison was struggling to retain staff, engage them with its challenging population and deliver key work (see Glossary).
- 2.7 More than 40% of prison officers had less than one years' experience, and 58% had less than two years. Over-recruitment to allow for subsequent redeployment to support other prisons had exacerbated the situation by increasing the proportion of inexperienced staff at Hindley, while some more experienced officers worked at other sites. The rate of attrition of prison officers was in the top 10 of prisons nationally, with a high number leaving in their first year. A need for improvements in the recruitment process had been identified. Supervisory officers had also been placed on each wing, and the

HMP/PS standards coaching team had been deployed for 16 weeks earlier in 2023 to provide additional support for new officers.

- 2.8 Although leaders had introduced interventions and some creative initiatives to promote positive behaviour, these had not been well promoted across the prison and violence remained high. A new regime rewarded enhanced prisoners with association each evening but left around a third of the population who were unemployed locked up for more than 21 hours a day, which was far too long.
- 2.9 Leaders' plans for development of the prison's education, skills and work curriculum were encouraging, but the current lack of purposeful activity was undermining the well-being of prisoners and the institution as a whole.
- 2.10 Implementation of a strategy for prisoners under 25 had been supported by a well-attended young adults conference, but the impact remained limited to small pockets of some positive practice. We found a disproportionate number of young prisoners unemployed and disengaged.
- 2.11 Leaders had implemented a range of initiatives to reduce the high number of self-harm incidents and took personal responsibility for the management of individuals with complex needs, providing a good level of care.
- 2.12 The offender management unit benefited from strong and effective leadership and was delivering continuous professional development for all prison offender managers.
- 2.13 Partnership working was a strength, including cooperation with the police and local community to try to tackle the supply of drugs. There was also good collaboration with a wide range of resettlement agencies to prepare prisoners for their return to the community.
- 2.14 Leaders had sourced external funding for violence reduction programmes and to purchase more vocational training courses, which was encouraging.
- 2.15 We found good use of data to tailor strategies and monitor performance, and leaders had given an honest and comprehensive assessment of the prison's strengths and weaknesses in their self-assessment report, identifying relevant priorities.

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 Approximately 60 prisoners were received each month, and most had relatively short journeys from local prisons. New arrivals were processed quickly by friendly reception staff and helpful peer workers. They all went through the body scanner to prevent the entry of illicit items into the establishment.
- 3.2 The general reception environment was grubby with ingrained dirt on the floors and walls, but a private interview with an officer was conducted in a more pleasant environment. We observed that peer workers were used well. They met all new arrivals, offered them a drink, and informed them of what would happen in the next 24 hours. However, during our observations, staff did not offer a free telephone call to new arrivals.



First night interview room

- 3.3 To prevent new arrivals from getting into debt in their first few days at the prison, they were all offered the opportunity to buy items from the

well-stocked tuck shop, and an advance of £25 was available. In our survey, 58% of prisoners said they had access to the prison shop in their first few days, compared with only 25% at our previous inspection. Personal property was checked in while the new arrivals were in reception so that they could take all items they were allowed to have in possession to their first night accommodation.



Tuckshop in reception

- 3.4 Prisoners received a first night pack that contained everything they needed for their cells, including a quilt, which they valued. However, in our survey, only 27% of prisoners said their cell was clean on arrival, against the comparator of 46%. We saw some first night cells on the dedicated induction wing that were worn, and the toilets and sinks were stained. All new arrivals could have a shower on their first night and they received a hot dinner.



Induction wing

- 3.5 All new arrivals received an induction on the next working day, jointly delivered by peer workers and staff. The peer-led aspects of the programme were well presented. In our survey, 93% of prisoners said they had received an induction, which was better than at similar prisons.

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

- 3.6 The levels of violence at Hindley remained among the highest of all category C prisons, with 304 recorded assaults in the previous 12 months. However, the proportion of assaults classed as serious was much lower than at the previous inspection (down from 27% to 12%). The rate of assaults against staff was increasing and now comprised around one-fifth of all recorded assaults, although again very few were classified as serious.
- 3.7 Leaders had a comprehensive understanding of the causes of violence. They had used data and consultation well to identify debt, substance misuse and frustration with the regime as the main drivers, and that young adults were disproportionately involved. The safety team investigated violent incidents promptly and in depth, and a new weekly

violence scrutiny meeting was a promising initiative that ensured appropriate action was taken after incidents.

- 3.8 Good joint working with external partners and organisations had secured funding for a range of non-accredited interventions aimed at reducing violence among young adults, and a small number of prisoners with the most complex needs had received excellent multidisciplinary support, overseen by senior leaders, aimed at changing behaviour (see paragraph 3.33).
- 3.9 In addition to these targeted interventions, leaders had recently introduced some innovative ways to encourage and incentivise prisoners to behave well, for example, occasional access to takeaway-style food that was made on site for those that conformed. A range of peer worker roles were also available to encourage good behaviour. These included a young adult representative who had earned trusted status after receiving support to change their behaviour away from violence, and who now provided valued support to other young adults.
- 3.10 However, despite these pockets of good work, the key drivers of violence remained largely unaddressed, and many elements of daily life on the wings did not encourage prisoners to behave well. The regime was poor, prisoners spent too little time out of their often very small cells (see paragraph 5.1), and few were engaged in meaningful purposeful activity which left them listless, bored and frustrated with staff. Drugs were rife throughout the prison, and inexperienced wing staff did not challenge poor behaviour effectively (see paragraphs 3.23 and 4.2).
- 3.11 The formal incentives scheme offered too little for enhanced prisoners and we also saw many examples of prisoners being demoted to the basic level for set periods of 21 or 28 days, followed by interim reviews that failed to acknowledge change or improvement.
- 3.12 Nine prisoners were currently self-isolating due to threats on the wings or because of bullying or getting into debt. The weekly safety interventions meeting (SIM) provided only limited oversight of these prisoners and there was little evidence that their issues were being addressed, with many remaining isolated until they were transferred to another establishment or released. Their regime was generally poor, and records did not always show that they had been offered time out of their cells, in the fresh air or to shower each day.

Adjudications

- 3.13 The number of adjudications was much higher than at the last inspection, with 4,200 in the past year. Most charges were appropriate, and the most serious offences were appropriately referred to the independent adjudicator. Written records we reviewed showed that hearings were generally timely, and it was positive that some resulted in referrals to the mental health team or substance misuse service.

- 3.14 The adjudication process was not, however, always used effectively to support the prison's priorities. For example, tariffs had not been reviewed, despite leaders identifying the need for greater deterrence in adjudication awards for those found with illicit drugs.

Use of force

- 3.15 There had been around 550 uses of force in the last 12 months, which was higher than at the last inspection and at similar prisons. Almost all use of force was spontaneous, and most incidents involved the full use of restraint techniques. About a third were more minor incidents involving, for example, the deployment of guiding holds. There had been 25 uses of PAVA incapacitant spray in 10 separate incidents.
- 3.16 The camera footage of incidents that we reviewed did not assure us that force was always used as a last resort or proportionately with, for example, limited evidence of de-escalation. PAVA, in particular, had been deployed without warning, contrary to HMPPS policy and bypassing its potential deterrent effect. We also observed footage of an incident where PAVA had been used on a prisoner who had self-harmed, without evidence that there was a serious or imminent threat to his life or to staff.
- 3.17 Governance of use of force was not good enough. Footage of incidents – including uses of PAVA – was often only reviewed at monthly meetings rather than being reviewed shortly after it had occurred, and senior leader attendance at these meetings had been poor. The frequent cross-deployment of the use of force coordinator meant there had been very little quality assurance of officers' written statements, and prisoners were not routinely debriefed following incidents. There were now credible plans, however, to make oversight more robust, including making sure a senior leader reviewed footage at least weekly, improving attendance at scrutiny meetings, and implementing a new tracking system to make sure prisoners were verbally debriefed after an incident.
- 3.18 There had been no uses of the unfurnished accommodation cell in the past 12 months, although three prisoners had been held in these conditions after items had been removed from their segregation unit cells following their repeated attempts to start fires. These cases were appropriately authorised and monitored, with items such as bedding and a radio returned to the prisoners gradually over the course of a few hours.

Segregation

- 3.19 Average stays in the segregation unit were long, at around 11 days, and nearly one-fifth were over one month. As a result, the unit was usually full, with many of the longest stayers either refusing or unable to return to the main wings because of threats or because they wanted to transfer closer to home.

- 3.20 The unit was clean, but cells were austere and the yards remained bare and cage-like. The regime was poor, with prisoners spending only up to an hour a day out of their cells. There was very little activity for prisoners, but they had in-cell phones, a well-stocked unit library and longer stayers could attend weekly art therapy sessions, which was an appreciated initiative.



Segregation unit cell (top), and yard

- 3.21 Unit staff understood prisoners' risks and needs, and prisoners we spoke to said that they were treated well by staff.

- 3.22 The governance of segregation had recently improved. There was now a new, dedicated manager based on the unit, and the quarterly multidisciplinary meeting, which monitored practice and use of segregation, was now chaired by the deputy governor. However, the analysis of data at these meetings had so far led to few actions or planned improvements.

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.

- 3.23 Illicit drugs remained widely available, in particular cannabis, which was a critical threat to safety. In our survey, 36% of prisoners said they had a drug problem when they arrived, compared with 25% at similar prisons. During our visit, we regularly smelled cannabis on the wings.
- 3.24 The positive drug testing rate for random mandatory drug testing (MDT) in the previous 12 months, 52.8%, had not improved since our last inspection and was now the highest of all prisons in England and Wales.
- 3.25 The prison held many prisoners linked to 'county lines' and around 20% of the population were identified as members of organised crime groups. Leaders had prioritised tackling the availability of drugs in their self-assessment report and were working proactively with partners to develop more robust responses to the risks.
- 3.26 There was good partnership working with HMPPS, police and others in MARSOC (multi-agency response to serious and organised crime) to disrupt illegal prisoner activity. The Northwest area search team and area designated search team regularly attended the prison to support searches. Leaflets posted to the local community had increased reports of suspicious activities, including drone sightings. All incoming mail was photocopied, and new arrivals and prisoners returning from escorts went through the body scanner in reception. However, the impact of these measures had still not been enough to prevent the entry of illicit items.
- 3.27 Although there was an up-to-date drug strategy, drug strategy meetings were intermittent and, due to staff shortages, suspicion drug testing based on intelligence was rarely carried out. Intelligence gathering and assessment meetings to inform security risk management were held more regularly than we usually see, which reflected the risks. However, the monthly security committee meeting to share intelligence objectives was poorly attended by departments across the prison, preventing an effective prison-wide approach.

- 3.28 Over 8,000 intelligence information reports had been submitted to the security department in the past 12 months and had been handled efficiently.
- 3.29 There had been some action to tackle staff corruption, including investigations into misconduct and staff information events to raise awareness of professional standards. Although there was no additional security equipment at the gate to tackle the smuggling of illicit items, regular staff and visitor searches were completed jointly with assistance from partners, including Greater Manchester police.

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

- 3.30 There had been one self-inflicted death since the last full inspection. Practice to implement recommendations from the Prisons and Probation Ombudsman was kept under regular review in the monthly safer custody meeting. However, during our night visit we were concerned to find that a member of staff was not carrying an anti-ligature knife, and we were not assured that staff would enter a cell in an emergency.
- 3.31 HMPPS data showed that rates of self-harm had increased considerably since our previous inspections. In the last 12 months, there had been 494 incidents of self-harm, which placed Hindley in the top three among similar prisons. Fifteen of the incidents had been assessed as serious, and the prison had conducted helpful 'learning reviews' following these.
- 3.32 The monthly safety meeting analysed a range of data, and leaders were aware that drugs, debt and frustrations with the regime were the main drivers for self-harm. The energetic safety lead was working hard to reduce the number of self-harm incidents and had implemented a range of initiatives. A safety summit involving all departments was held in February 2023 to better understand staff and prisoners' views and opinions on the reasons for self-harm. A full action plan had been developed and a prison-wide approach was being taken to implement actions that stemmed from this learning.
- 3.33 The weekly SIM (see paragraph 3.12) offered good support for prisoners at risk of suicide and self-harm. The prison had developed a complex needs strategy, and a small number of prisoners with the most complex needs had received excellent multidisciplinary support (see paragraph 3.8). A member of the senior leadership team managed each of these prisoners and held a multidisciplinary meeting to discuss

the individual, involving families wherever possible, and devised a shared plan for staff to manage, support and care for him. There was some evidence and considerable confidence among leaders that this management approach was leading to a reduction in individual self-harm, violence and substance misuse, and supported prisoners in preparation for release.

- 3.34 Although prisoners subject to assessment, care in custody and teamwork (ACCT) case management told us they felt well cared for by staff, there were deficiencies in the documentation we viewed. Assessors rarely attended the first case reviews, and many conversations, summaries and observations were not recorded. Those deficiencies were not always identified in the daily supervisor checks, but the safety team was aware of this and had recently implemented weekly meetings with supervisors and case managers to improve the quality of documentation.
- 3.35 The number of prisoners supported by ACCT case management who were held in the segregation unit was a concern. In the previous six months, 16% of open ACCTs were for prisoners held in the segregation unit; we found that daily defensible decisions to make sure that this location was appropriate were not always recorded.
- 3.36 In the last 12 months, constant supervision had been used 47 times, including 11 times in the segregation unit, which was an inappropriate location for prisoners in crisis. Following our feedback, leaders told us they would cease the use of constant supervision in the segregation unit with immediate effect.
- 3.37 Constant supervision also took place on A and E wings in designated cells. During our inspection, the cell on A wing was out of action due to fabric damage, and the cell on E wing was in a poor condition. Leaders responded quickly to our feedback to make sure the cell on E wing was improved.
- 3.38 Prisoners had good access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were available on a 24-hour call-out roster. Listeners told us prison staff and the local Samaritans coordinator supported them well and met them regularly.

Protection of adults at risk (see Glossary)

- 3.39 The local safeguarding policy was up to date. While there were links with the local authority safeguarding adults board, staff still lacked awareness in this area and were not clear about their responsibilities to protect adults at risk.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

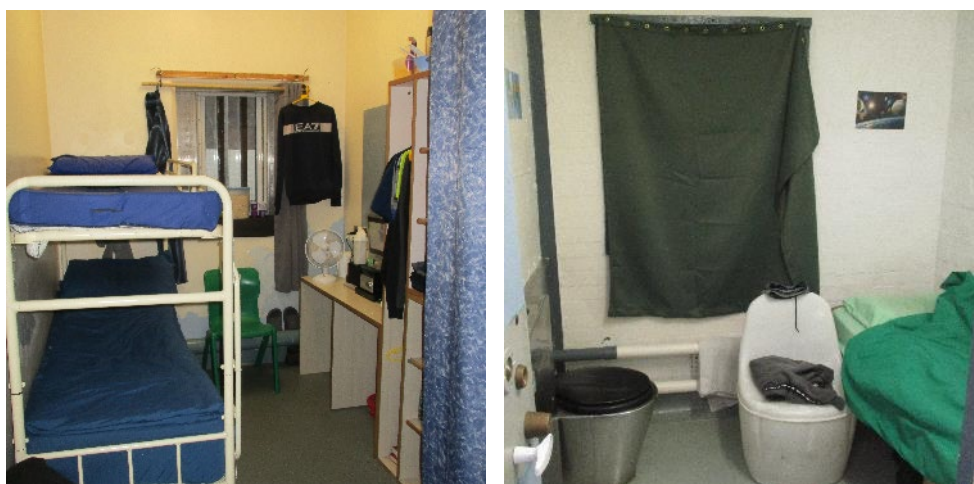
- 4.1 In our survey, 65% of prisoners said that most staff treated them with respect, but the response from prisoners under 25 was only 47% compared with 76% for prisoners over 25.
- 4.2 The prison had a high proportion of new and inexperienced staff (see paragraph 2.7), which had led to inconsistent treatment of prisoners. Many officers for example, lacked confidence in enforcing basic rules and standards. We observed many instances of poor prisoner behaviour going unchallenged by staff, such as vaping on wings, obstructed door observation panels and regular misuse of cell bells for non-emergency reasons. The prison had recently introduced dedicated supervising officers for each wing to help provide leadership, but it was too early to assess the initiative's impact. We did find some examples of positive relationships between staff and prisoners, and some prisoners reported that staff supported them effectively.
- 4.3 In our survey, only 64% of prisoners said that they had a named officer, compared with 78% at the previous inspection, and delivery of key work (see Glossary) was inadequate. Staff prioritised key work for some of the most vulnerable or complex prisoners, but only around 10% of planned key work sessions were delivered in a typical month (see paragraph 6.11) An exception to this was the pre-PIPE unit (preparation psychologically informed planned environment, see Glossary and paragraph 6.25). Staff had excellent relationships with the 10 prisoners held there and regularly completed key work with them to a high standard.
- 4.4 There were a range of posts for prisoners as peer mentors, prison information desk workers and representatives, with clear job descriptions and management oversight. Prisoners involved in peer work who we spoke to were positive about their relationships with staff.

Daily life

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

Living conditions

- 4.5 A fifth of the prisoner population lived in overcrowded conditions, with two prisoners sharing cells designed for one. The cells on the older A to D wings remained very cramped and unsuitable, especially the single cells which had insufficient room even for a table. During the inspection, we found that many prisoners had obstructed their cell observation panels (see paragraph 4.2).



Double cell on F wing (left) and cramped cell on A wing



Obstructed observation panel

- 4.6 Leaders had made considerable efforts to improve the cleanliness of the wings, especially in the cells. Decency checks had been introduced, with managers taking responsibility for their wings, and they were held accountable in their regular performance meeting with the head of residence. The senior management team also conducted regular prison decency tours, and competitions for the cleanest wing had seen positive outcomes.
- 4.7 Although some showers had poor ventilation, they were kept clean and were free from mould. However, communal areas were run down, with ingrained dirt and some damage to the floors and ceilings.



Mould in the D wing association room (left) and ingrained dirt on F wing stairs



Grubby chairs, Douglas communal area

- 4.8 Outside areas were generally pleasant and tidy, although cell window grilles in some residential wings were clogged with rubbish. A programme to remove window grilles to stop the build-up of rubbish was being carried out during the inspection.
- 4.9 Living conditions on the pre-PIPE unit (preparation psychologically informed planned environment, see paragraph 6.25 and Glossary) were much better, and accreditation had been received for an Enabling Environment award (given by the Royal College of Psychiatrists to acknowledge attempts to create and sustain a positive and effective social environment).
- 4.10 In our survey, only 69% of prisoners said they had enough clean, suitable clothes for the week, compared with 88% during our previous

scrutiny visit. Laundry facilities throughout the prison were good, but prisoners were not allowed to receive clothes parcels, in an attempt to reduce the entry of illicit drugs, which caused them frustration.

- 4.11 The prison monitored the promptness of responses to cell call bells, but many prisoners pressed their cell bells for non-emergency enquiries. During the inspection, records showed that bells were pressed 969 times in 18 hours, which put pressure on wing staff but often went unchallenged (see paragraph 4.2). In our survey, only 17% of prisoners said their cell bell was answered within five minutes.

Residential services

- 4.12 In our survey, only 17% of prisoners said that the prison food was good, which was much worse than the 41% response in similar prisons, and only 25%, against 36%, said they got enough to eat at mealtimes. Prisoners told us that portions at breakfast and lunch were too small, and some of those we saw were insufficient. The quality of the hot evening meal varied, and while some menu options were reasonably good, others were unappealing.



Weekday lunch pack

- 4.13 Managers had recently carried out food surveys and convened a kitchen forum to hear prisoners' concerns. They had made improvements to menu choices, and had started to deliver main course portions to the serveries in individual trays to make sure portions were fair. There had also been a slight increase in the food budget. Recorded complaints about food had declined in recent months.
- 4.14 Meals were served too early, from 4pm for the cooked evening meal, but prisoners in education or work did not return until 4.30pm and some

found the meals they had ordered had run out. Servery workers were trained in food hygiene, and food trolleys and serveries were clean.



Servery on F wing

- 4.15 The kitchen staffing team was a third below strength during our inspection. The kitchen employed around 28 prisoner workers who received basic food hygiene and allergen awareness training, but no other skills development or accreditation.
- 4.16 The kitchen was old and too small for the current prison population. There were persistent concerns about the fabric of the building, the flooring and the equipment, and constant maintenance was needed to meet food safety and hygiene standards. We were told that a planned new kitchen would not be available for at least three years.
- 4.17 Facilities for prisoners to prepare their own food were poor. All wings had microwaves and toasters, but many were broken.



Self-catering equipment

- 4.18 The prison shop list was extensive and included some fresh fruit and vegetables, although prisoners told us these were often delivered in poor condition. Prisoners told us that their ability to buy food had reduced because prices had risen but their wages remained low. New arrivals could obtain shop items in reception so did not have to wait for their first delivery, which was positive (see paragraph 3.3).

Prisoner consultation, applications and redress

- 4.19 Managers had recently introduced a prison council, made up of elected prisoner councillors, senior managers and officers. Each councillor worked in liaison with a senior manager and focused on a particular topic, such as safety or activities. Issues which they could not resolve went on to the agenda of the prison council and could be escalated to the senior leadership team if necessary.

- 4.20 Although this arrangement was designed to provide clear lines of accountability, it required considerable commitment, and neither councillors nor prison staff had received enough training for their role. Managers recognised that further development was needed for the council to be effective. Despite this, some issues raised in the council were progressed, for example better quality bedding, healthier refreshments in the visits hall, and an increased range of vocational training courses. Prisoner councillors appreciated the opportunity to attend part of the senior leadership team meeting to put their concerns directly to managers.
- 4.21 Applications were managed by prisoner information desk (PID) mentors on the wings, who helped to complete the forms and forwarded them to the relevant managers. However, there was no monitoring of the timeliness or quality of responses, and many prisoners told us that their applications went unanswered. In our survey, 63% said it was easy to make an application, but only 29% of those said they were responded to within seven days, compared with 63% at the previous inspection.



PID worker desk on F wing

- 4.22 There had been 1,520 prisoner complaints in 2023, which was a higher rate than at similar prisons. The management of complaints was efficient, and responses were quality checked by the complaints clerk before being sent to the prisoner. The deputy governor scrutinised all complaints involving staff. In all the cases we examined, replies were polite and answered the complaint reasonably well. In around a quarter of cases, the complaint was upheld and appropriate action followed.
- 4.23 The visits centre had good facilities for legal visits with capacity for up to 24 per week, but there was a waiting list of up to six weeks. There was no video-link facility, but prisoners could contact their

representatives by telephone from their cells. The library had up-to-date legal reference books, but no books on immigration law.

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.

- 4.24 There was an equality action plan for 2023 based on data reports to the equality action team (EAT). The EAT met regularly, was well attended, and included the governor, senior managers and prisoner representatives. The data showed outcomes for protected groups against a range of measures, such as incentive scheme status and adjudications, and indicated disproportionality in several areas, particularly for young, and black and Asian prisoners. For example, in September 2023, prisoners under 25 comprised 32% of the population, but accounted for 63% of adjudication charges, and 53% of those on basic incentives status.
- 4.25 Minutes of race equality meetings included complaints that black prisoners found it harder to get work and that staff were more likely to sack them for minor offences, such as arguing with staff. Those we spoke to said that some staff lacked understanding of their background and culture.
- 4.26 The equality action plan focused on practical measures and had been updated throughout the year. Many action points addressed outcomes for black and minority ethnic prisoners, such as holding a discussion group with officers, and arranging events where staff and prisoners ate and talked together. A training event to increase understanding of Ramadan had contributed to a more successful observance than in previous years.
- 4.27 In our survey, only 9% of prisoners under 25 said they had been treated fairly in the behaviour management scheme, and only 46%, against 76% of over-25s, said that staff treated them with respect (see paragraph 4.1). The young adult strategy was identified as one of the prison's key priorities. Managers had commissioned research into the needs of these prisoners and introduced measures to improve their outcomes. These included programmes offered by outside organisations to engage them through music, and to help them reflect on their behaviour. A recent staff training event delivered by relevant professionals aimed to improve staff understanding of young prisoners' experience and needs.

- 4.28 There was a range of consultation activities promoting equality and respect for diversity. Prisoner equality representatives from each wing met the equality officer regularly to discuss concerns, and each protected characteristic was overseen by a senior manager, who held regular forums with prisoners. Some forum meetings had a clear agenda and resulted in actions, but others were less well structured, particularly where attendance by prisoners was low. Forums were also held for care leavers, foreign national prisoners and veterans.
- 4.29 Despite efforts to increase the number disclosing protected characteristics at induction, only four prisoners had identified as gay, and the LGBT forum was poorly attended. However, Pride was celebrated, as were other cultural and religious events, including Black History Month and St Patrick's Day.
- 4.30 A neurodiversity support manager had recently been appointed, and there were good systems to identify prisoners with additional needs. Managers had introduced several measures to support autistic prisoners, such as providing ear defenders, fidget toys and books to help them cope with the prison environment.
- 4.31 There had been 49 discrimination incident reporting forms (DIRFs) submitted in the current year. Those we sampled were well investigated, although some responses were sent outside the time limit. Replies were polite and gave clear reasons for the outcome of the complaint. All DIRF responses were quality assured by the deputy governor and by an independent organisation.

Faith and religion

- 4.32 The chaplaincy building was surrounded by a small garden and mini-farm, including chickens and rabbits, offering prisoners a relaxed and empathetic environment in contrast with the rest of the prison.



Chaplaincy garden and mini farm

- 4.33 There were weekly services and classes for Anglican, Catholic and Muslim prisoners, and visiting chaplains provided care for prisoners from all the main faiths. Chaplains placed a strong emphasis on pastoral care for all prisoners. They had a high profile in the prison, visiting all wings daily, saw new arrivals and attended pre-release discharge boards, often offering extra support to prisoners approaching their release date. They attended almost all the ACCT reviews and offered support for prisoners in crisis, such as bereavement and family breakdown. This included those on constant supervision or in the segregation unit, sometimes inviting them to spend time in the chapel, where the calming environment and support of chaplains could help reduce their tension and stress.

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.

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

Strategy, clinical governance and partnerships

- 4.35 Partnership working between health service providers and the prison team was effective. The health needs assessment had been published in 2021 and required updating. We received a health needs assessment focused on prisoners under 25 that had no recommendations to support the implementation of any initiatives, which was a missed opportunity.
- 4.36 The recently appointed head of health care provided effective leadership and was supported by competent clinical leads. There was a positive culture and good joint working among the staff across health care and with prison colleagues.
- 4.37 Clinical governance had markedly improved. Leaders had oversight of key risks, and action plans had been implemented to address deficits. The action plans were underpinned by a programme of audits to scrutinise their effectiveness. Incident reporting had increased in every area except medicines management, where trends or risks to patient safety could not be identified.
- 4.38 The patient records we reviewed varied in quality, and some lacked detail and were not always completed contemporaneously. The head of health care had already noted this issue and there were plans to provide additional training and support to staff.
- 4.39 Primary care staffing was fragile due to sickness absence, but any gaps were covered by agency staff which, coupled with an experienced and skilled core team, limited the impact on patient care.
- 4.40 Not all staff mandatory training had been completed but dates had been booked to conclude outstanding elements. All staff received regular supervision, and further training was identified to make sure the service was sustainable.
- 4.41 From our observations, health care practitioners clearly knew their patients well and treated them with dignity and respect. Staff were committed to meeting the needs of patients, who told us they received good care.

- 4.42 Clinical rooms were clean and equipment well maintained, although there was insufficient space for all health care activity. The health care room in reception was not fit for purpose. A full list of clinical equipment had been bought up to date and all had been recently tested to make sure they were safe to use.
- 4.43 All staff were trained in immediate life support. We found an emergency bag that contained items and oxygen that were out of date; we raised this with staff and it was remedied that day. Responses to emergencies were prompt and there was regular use of NEWS (national early warning score) 2, a scoring system devised by the Royal College of Physicians to indicate the patient's overall state of health.
- 4.44 Not all health care staff we spoke to were confident about how to deal with safeguarding concerns but said that they would seek advice from managers, which was appropriate. Safeguarding supervision was provided quarterly by the physical health care provider.
- 4.45 The replies to the health care complaints we reviewed were formal, not in plain English or succinct, and lacked detail that would assist the patient to understand the response.

Promoting health and well-being

- 4.46 There was a prison-wide approach to improving the health of the population, underpinned by a local wellbeing strategy. There had been relevant focused promotion of health issues and a monthly national programme of events, as well as a recent health promotion event for young prisoners and a recovery session.
- 4.47 There was a dearth of accessible health information and advice throughout the prison. The health care department had a selection of easy-read documents and information in several languages.
- 4.48 There was a citizenship programme to train prisoners to provide peer support for younger prisoners. The aim was to engage them in specific health improvement initiatives, such as screening and vaccinations.
- 4.49 There was good oversight of the uptake of health protection measures, such as screening and vaccination. Areas where uptake was low had now improved by engaging directly with individuals. Retinal screening for prisoners with diabetes was in place and available every six months.
- 4.50 There was an up-to-date infectious diseases outbreak plan and good communication with the local health protection team when concerns arose. The advanced nurse practitioner screened all referrals for sexual health services and referred to secondary care services as required.
- 4.51 The substance misuse service was responsive to the continued chronic use of illicit substances, providing risk information and harm-reduction literature.

Primary care and inpatient services

- 4.52 All new arrivals received an initial health screen by a nurse, who made referrals to health services as required. A secondary health screen was completed, usually on the second day.
- 4.53 Applications for health care appointments were collected daily and triaged by a clinician, and some patients requested appointments while at the medication hatch (see paragraph 4.78). Waiting times for most services were short, with an advanced nurse practitioner seeing some patients who had requested to see the GP. A skilled primary team delivered a range of services, which included podiatry, physiotherapy and an optician. Waiting times were mostly reasonable, although the wait for the optician was higher at around 18 weeks.
- 4.54 Two GPs delivered six sessions a week, one of which was reserved for substance misuse patients, and visited the segregation unit three times a week. The waiting time for a routine GP appointment was around one week, with urgent need prioritised.
- 4.55 Primary care staff were on site from 7.30am to 8pm on weekdays and until 5.30pm at weekends. Prison officers used the NHS 111 service and 999 for emergencies out of hours, informing health care staff the following morning.
- 4.56 A practice nurse used the NHS England quality and outcomes framework to identify and support patients with long-term conditions, such as asthma. New arrivals with such conditions were offered an appointment to review its management. Annual reviews, and associated health checks were carried out promptly. The GP supported the practice nurse in dealing with some complex patients. Patient records included care plans, but these were generic and lacked any patient involvement.
- 4.57 There was effective oversight of external hospital appointments, assisted by good working relationships with local hospitals. Nine slots a week were available for officer escorts, and emergency escorts could be facilitated in addition. Prisoners were seen before their release to make sure they had an adequate supply of medication. Where required, arrangements were made for the transfer of ongoing care to community health providers.

Social care

- 4.58 No prisoner was receiving social care support at the time of the inspection and there was very low need for this provision. There was a memorandum of understanding with Wigan local authority for provision of social care packages, but this required review, and an established referral process. There was no information-sharing agreement.
- 4.59 Health care staff questioned new arrivals about social care needs during the reception screening and understood the referral process. The service was not well advertised across the prison, but this was

rectified during the inspection. The council's social worker or occupational therapist screened all referrals and completed assessments promptly. One prisoner had required mobility equipment in the past 12 months, and this was provided. There was no buddy system, as this was not required, but support could be arranged ad hoc.

Mental health

- 4.60 A well-led mental health team provided a comprehensive and effective service. A wide skill mix of clinical staff delivered a tiered model of care, which met the needs of the population.
- 4.61 In our survey, 63% of respondents self-declared a mental health problem, compared with 45% at the previous inspection. Services were configured to accommodate a large proportion of younger men, and interventions included integrated conflict resolution. Psychiatry and psychology services complemented the nurses and psychology support staff. Complex psychological interventions, diagnostics for neurodiverse conditions and prescribing were in place.
- 4.62 A fully staffed well-trained and supervised team were on site seven days a week, but not overnight. A duty worker was allocated each day to respond to crises, and any ACCT reviews and reviews in the segregation unit.
- 4.63 Joint working was evident across the prison, the pre-PIPE unit, mental health and substance misuse teams. Mental health staff also attended the prison safety, complex case and security meetings. The prison had recently employed a neurodiversity support manager who was well integrated across the prison (see paragraph 4.31).
- 4.64 Referrals were accepted in all forms and were managed promptly through a weekly multiagency meeting to discuss and allocate to pathways.
- 4.65 Medical records were written well. Care plans were in place and clearly identified the patient's needs, risks and progress. The format was focused on patient empowerment to manage their own conditions.
- 4.66 The few patients on the caseload who were released were managed well, with evidence of follow-up with the support of the Reconnect service (see Glossary).
- 4.67 One patient had been transferred under the Mental Health Act in the previous six months within the national good practice guidelines of 28 days, but was admitted to a regional prison inpatient unit while waiting.

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

- 4.68 Substance misuse services were well led and delivered by a skilled team working effectively with community providers who supplied some recovery group work.

- 4.69 Officers told us that they had some initial training, but none had specific training to work on the recovery or incentivised substance free living wing, which was a gap. This meant they lacked the knowledge to support patients effectively. Drug strategy minutes provided by the prison identified the substance free living wing as one of the two most problematic for drug use, and 48% of those on the wing said it was easy or very easy to get illicit drugs.
- 4.70 All new arrivals were screened promptly for alcohol and drug issues and were referred, if needed, for specialist assessment. Assessments were within target times and used evidence-based tools. The referral system was open to all.
- 4.71 At the time of the inspection, 43 patients were on opiate substitution therapy (OST) and 180 were on the caseload of the psychosocial team. All staff were up to date with their mandatory training, and told us that they received ongoing training to support service development and also had regular supervision. Staff used in-cell workbooks and group work to support patients in their recovery. Patients told us that they had found the service helpful and supportive.
- 4.72 The administration of OST met the expected standard; patients presented their ID cards promptly before receiving the medication. Treatments were evidence-based and well-integrated, with support by recovery workers, including regular joint reviews.
- 4.73 There were some peer support workers, but access to mutual aid groups was limited to Narcotics Anonymous, which left a gap for mutual support to those who misused a range of illicit drugs.
- 4.74 Recovery workers identified their patients leaving the prison and linked them with community drug services. They also advised them on harm minimisation, and provided training and supplies of naloxone (to reverse the effects of opiate overdose) as necessary.

Medicines optimisation and pharmacy services

- 4.75 Medicines were supplied by an external pharmacy and were dispensed safely and promptly. However, the plastic bags used as medicine containers were not sufficiently robust to protect the medicines from damage or provide sufficient privacy.
- 4.76 Medicines were administered by nurses and pharmacy technicians twice a day. We noted that not all medicines were administered at the most effective therapeutic time. There were systems to follow up non-attendance and, if necessary, the patient was referred to the GP for medication review.
- 4.77 Medicines administration hatches opened out on to the central walkway, which was not private. Officers were present at the hatches but supervision of queues was inconsistent, and there were limited steps to maintain confidentiality. Not all patients had secure lockers to

store their medicines safely, and cell checks to confirm compliance were infrequent.

- 4.78 All patients had an in-possession medication risk assessment at reception, but a software issue meant the clinicians did not have complete information about who had an up-to-date assessment. The health care team was reviewing those without a current risk assessment date.
- 4.79 There were no pharmacist-led clinics or opportunities for patients to speak to a pharmacist, which was a gap identified at previous inspections.
- 4.80 Patients could request some over-the-counter medicines without the need to see a doctor. Controlled drugs were managed appropriately, and were transported and handled safely within the prison.
- 4.81 Oversight was through a regional medicines management meeting which reviewed trends and prescribing effectiveness. There were few prescriptions for the most tradeable medicines. However, 25.8% of patients taking medicines were also prescribed mirtazapine (an antidepressant medication), and these prescribing practices had not yet been reviewed to make sure they met national guidance.
- 4.82 There was an effective process to make sure that medication was supplied for transfer and release. Patients on release received a month's supply of medication or provision of a prescription if necessary.

Dental services and oral health

- 4.83 Time for Teeth delivered five dental sessions and two dental hygienist sessions a week. The team provided a full range of NHS treatments, including check-ups, and offered oral health advice. Patients who needed urgent care were seen promptly. Waiting times for routine appointments were around two to three weeks, and follow-up treatments were carried out quickly.
- 4.84 The dental nurse triaged patient applications to determine the urgency and booked appointments. The dentist prescribed pain relief and antibiotics as necessary and, if required, the GP could also prescribe medication for dental issues. Some patients were supported to continue their community orthodontal treatment if they had braces when they arrived at the prison, which was good practice.
- 4.85 The dental suite was clean and well maintained, and equipment was checked regularly. Staff followed appropriate infection-control and decontamination processes, and had a separate decontamination room. Governance procedures were robust, and responses to complaints were timely and professional.

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 Prisoners were offered too little time out of cell and our checks found just under half locked up during the working day, which was far too many for a category C prison. In our survey, 42% of prisoners said that they spent two hours or less out of their cells on a typical weekday.
- 5.2 There were insufficient activity places for the prison population. Almost a third were unemployed, and a further 28% were in part-time jobs. During our roll checks, we found only around a third of prisoners had left the wing for education, work or training. Those with a part-time job were unlocked for up to 5.5 hours on a weekday, while unemployed prisoners typically had less than three hours a day out of their cell. Enhanced-status prisoners received an additional hour of evening association on Mondays to Thursdays and an extra two hours unlocked on Saturdays and Sundays. Other prisoners had only 2.5 hours a day unlocked at the weekend.
- 5.3 The prison had recently instituted a new regime which aimed to improve its reliability and encourage good behaviour from prisoners. However, staff and prisoners repeatedly expressed frustration that the regime disadvantaged prisoners in employment, who were left too little time out of their cells for domestic activities, association and gym. The prison were aware of this issue and a further review of the new regime was planned.
- 5.4 In our survey, only 34% of prisoners said they could go outside for exercise at least five times a week, against the comparator of 68%. Outdoor exercise was only available in the early morning and prisoners told us that, due to limited time out of their cells, they were often unable to make use of that opportunity.
- 5.5 The wings had table tennis and pool tables as well as some exercise equipment, although the lack of time out of cell limited prisoner access. There were few enrichment activities available in the evenings or on weekends.



D wing exercise equipment and bookshelves

- 5.6 The library was a welcoming space with a range of books for readers with different needs. Some reading groups were running, with a focus on emergent readers and those learning English for speakers of other languages, which was positive. There were bookshelves on wings and in workshops, although the number of books and their availability to prisoners were variable.



Library

- 5.7 The library timetable offered all prisoners an opportunity to attend weekly, but there was very little attendance outside of visits by prisoners from education or workshops. Many prisoners we spoke to were unaware of when sessions were available. Collection of data on library use was poor, limiting staff's ability to monitor the proportion of prisoners using the library, trends in attendance or identify areas of need.
- 5.8 The prison had two gyms, which were well maintained and equipped with facilities for weight training and cardiovascular fitness. A fully staffed team of eight physical education instructors provided a timetable that offered good access to prisoners, although recent attendance had been affected by the new regime. At weekends, several team activities were available, and a regular Parkrun (see Glossary).



Sports hall gym

- 5.9 Gym staff worked well across the establishment to deliver dedicated sessions for those with additional needs, such as for the pre-PIPE unit and prisoners who were isolating, as well as 'PE on prescription' via health care referrals.
- 5.10 The staff made good use of data to identify where there were shortfalls in attendance among specific groups and were acting to remedy issues as they emerged. They were delivering youth-specific initiatives to improve young prisoner engagement, including a Duke of Edinburgh's Award course and an effective twinning programme delivered with the Manchester City Football Club City in the Community charity. In this 12-week programme, coaches identified the needs of the individual participants and tailored the curriculum to support them through a mixture of football and employability coaching. The prisoners involved reported positively on the programme, highlighting its impact on their well-being, confidence and teamwork.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: requires improvement

Personal development: requires improvement

Leadership and management: requires improvement.

5.12 Leaders and managers had a clear vision for the education, skills and work curriculums to prepare prisoners for future employment or further education and training on release. They used labour market intelligence and feedback from prisoners to plan appropriate curriculums from entry level to degree level courses. They had designed vocational training in sectors such as construction and hospitality. However, leaders did not provide enough education, skills and work activity places to meet the needs of the prison population. A few of the available spaces had not been allocated. A small minority of prisoners were awaiting induction or being allocated to an activity place or were unemployed.

5.13 Leaders and managers had high expectations for most prisoners. They identified prisoners who had additional learning needs swiftly, and worked with tutors and instructors to devise and put in place effective support strategies for most prisoners in education and industries. For example, in workshops instructors broke down tasks into small steps. Prisoners completed the tasks they were set, such as stacking pallets,

confidently. In education and industries, prisoners with learning difficulties and disabilities made progress equal to their peers. However, leaders did not make sure that the prison work that prisoners carried out was sufficiently challenging. Wing work was particularly weak, with prisoners not having enough to keep them fully occupied.

- 5.14 The prison education framework (PEF) provider, Novus, had put in place suitable curriculums that met the needs of most prisoners. Most prisoners studying English and mathematics and vocational courses benefited from well-taught curriculums that were sequenced in a logical order. For example, in functional skills English, prisoners learned about punctuation and simple sentences before moving on to more complex sentences. Prisoners developed the written skills that they needed to carry out everyday tasks, such as writing shopping lists or letters to school. Leaders and managers used the weaknesses that they identified in evaluations of teaching and learning to plan and implement training, such as behaviour management. They worked with staff to improve the quality of teaching and learning.
- 5.15 New arrivals received clear and detailed information from experienced staff about the opportunities available to them in education, skills and work activities. They used the 'virtual campus' (internet access to community education, training and employment opportunities) to develop their personal improvement plans. Leaders effectively allocated most prisoners to activities, for example, the Railtrack course, based on their starting points and plans on release. They supported prisoners to apply for funding to complete distance learning courses and qualifications, such as counselling, and criminology degrees with the Open University. Prisoner pay was based on set wages in education and industries, but pay for those in work activities was slightly higher.
- 5.16 The majority of tutors and instructors planned learning that helped prisoners to develop new knowledge and skills. Tutors in functional skills mathematics gave prisoners time to reflect and check their answers. They provided clear explanations and useful diagrams to explain concepts such as graphs and values. Prisoners studying level 2 mentoring knew more and remembered more, for example, they described the different techniques that they would use in group or one-to-one mentoring sessions. Although prisoners completed assessments of what they already knew and could do during their induction, in a few workshops and vocational training courses tutors and instructors did not routinely use this information to plan challenging training or work activities. Consequently, prisoners did not always progress as quickly as they could.
- 5.17 Tutors and vocational instructors were suitably qualified. They benefited from training, for example, in neurodiversity and phonics. In vocational training, most tutors used their industry expertise well. They shared useful information that related theory to real work experience effectively with prisoners. For example, on the Railtrack course, tutors explained the length of time it took to take control of the track on large jobs.

- 5.18 Leaders had not ensured that instructors and tutors promoted English and mathematics systematically across education, skills and work activities. Prisoners attending the life skills course developed their mathematical knowledge when they learned about debt management and income in employment. Most prisoners used technical vocabulary confidently. Prisoners in the multiskills construction course explained techniques such as how to mark out, roll gauge and level an English bond wall accurately. In wing cleaning, prisoners explained accurately the impact of cross-contamination by using incorrect mops. However, instructors and tutors did not correct prisoners' spelling errors, and they continued to make the same mistakes.
- 5.19 Most prisoners benefited from calm and orderly learning and working environments. Mentors and orderlies supported their peers effectively in most classrooms and workshops. Orderlies were role models to young prisoners in employability sessions and the Duke of Edinburgh's Award scheme. In vocational sessions, mentors checked prisoners' work and identified improvements. Leaders had not ensured that prisoners developed their employability skills across activities consistently. While prisoners working in level 1 food preparation learned how to carry out good customer service in preparation for serving their peers in the servery and worked well as part of a team when packing boxes to send out to the wings, in gardening, instructors did not plan how, or which, employability skills prisoners were going to develop. As a result, a small minority of prisoners who had relevant experience or were mentors did not develop additional skills.
- 5.20 Leaders had suitable quality assurance arrangements that identified accurately the strengths and weaknesses in the quality of education, vocational training and industries. The governor received frequent and detailed information about the weaknesses. Senior prison leaders held leaders and managers to account for the quality of education, including those from the PEF provider. Leaders identified that most prisoners who completed their course achieved their qualifications, but too many left their course early. Senior prison leaders challenged leaders to improve the proportion of prisoners who completed their course, particularly in level 1 functional skills mathematics. Leaders had recently made changes to the curriculum so that prisoners could attend a bespoke number of mathematics sessions to meet their individual needs. It was too soon to see the impact of these changes. Leaders did not effectively monitor the quality of the skills that prisoners developed in prison work. They did not record the employment-related skills that prisoners developed or what they needed to do to improve, which had been a recommendation from the previous inspection. Leaders had successfully achieved five of the 12 previous recommendations and partially achieved five recommendations, but recognised that they had not yet improved the two action points on prison work.
- 5.21 Senior leaders monitored the attendance of prisoners in education, industries and work closely. Although records showed improvements in attendance, inspectors recorded low attendance in most functional skills lessons observed. Attendance in vocational education, industries

and prison work was generally high, and most prisoners arrived on time for their activities.

- 5.22 Leaders and managers had rolled out a strategy to improve reading across the prison, and had effectively implemented their approach to supporting the few prisoners who had particularly low-level reading skills. Prisoners were proud of the progress that they were making, which had enabled them to read to their children and grandchildren on family visits, and they could now confidently read safety signs across the prison, and enjoyed reading newspapers and autobiographies. Prisoners on education, training and industry sessions attended a weekly 30-minute reading slot in the library. However, leaders needed to develop the reading strategy further and better embed it across the prison. They recognised that they were slow to re-establish the support provided by Shannon Trust literacy mentors. Our inspection evidence showed that not enough prisoners used the books in the workshops or on the wings to improve their reading skills or to read for pleasure.
- 5.23 Prisoners had a basic understanding of democratic values, and most demonstrated tolerance and respect in education sessions, workshops and prison work. However, a few did not speak respectfully to their peers. In a very few sessions, staff did not challenge effectively prisoners who used inappropriate language.
- 5.24 Prisoners had access to a wider personal development curriculum, such as charity fundraising and Parkrun (see paragraph 5.8 and Glossary). Leaders organised events for prisoners such as a sports day, Pride event and celebration events. However, the majority of prisoners did not access activities beyond their education, workshop or prison work sessions, and too many were not aware of the wider enrichment curriculum. Leaders were working with colleagues in other prisons to create and implement a personal development curriculum, but this was in its infancy and had yet to be rolled out.
- 5.25 Managers had created an effective employment hub and strong links with employers that helped prisoners to achieve sustainable employment upon release. Prisoners received effective impartial careers education, information, advice and guidance from external agencies 12 weeks before release. They benefited from meeting employers at job fairs in the prison, and were supported to apply for jobs.

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 There was good support for prisoners to maintain family ties. The family support provider, Partners of Prisoners (POPS), employed an engagement worker who liaised with prisoners and their families to help them build and maintain family ties, and staffed the visitors' centre and visits hall. The managing chaplain led a 'family forum' of managers and prisoner representatives, which met regularly to develop this work.
- 6.2 In our survey, prisoners were more positive than at comparator prisons about most aspects of the visits experience, for example, 48%, against 36%, said their visitors were treated respectfully. POPS staff welcomed visitors at the visitors' centre and gave them information about support services, including a telephone number if they had concerns about their relative in the prison. Managers had recently produced a video guide to the visits process to help visitors understand it before their visit.
- 6.3 The visits hall was spacious and clean, with a play area for children and a small café; this only sold drinks and confectionary, but more healthy food was due to be introduced. A family room with more privacy and comfortable chairs could be booked for special occasion visits. Visits were held on six afternoons a week and lasted for 90 minutes. Prisoners could receive between two and five visits a month, depending on their incentive scheme level. There were special visit sessions twice a month for people with neurodivergent conditions. On these days, visitor numbers were lower, providing more space and a quieter, more relaxed environment. The success of this provision had led managers to increase their frequency from one to two sessions a month.
- 6.4 In addition to social visits, 16 family visits had been scheduled during 2023. These were very popular with prisoners and featured activities to encourage positive interaction with their families, including sport-themed days, and family visits to areas of the prison, such as the

chaplains and education. Three events were planned for the Christmas period, including one for Listeners (see paragraph 3.38) and mentors to acknowledge their contribution to the prison community.

- 6.5 POPS and the chaplaincy worked together to provide family intervention visits for families who were experiencing difficulties or needed help to reset their relationships. They were due to introduce a 'Fresh Start for Families' course, to support prisoners and families to reconnect after a period in custody.

Reducing reoffending

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

- 6.6 Hindley was a busy resettlement and training prison which held a diverse population of prisoners serving sentences of every length. Just over a third of prisoners were under 25, of whom about half were under 21. The population was mostly transient and many stayed for only a short period, posing challenges for effective offender management, public protection and release planning work.
- 6.7 There was good collaboration between various prison departments and external organisations delivering work to reduce reoffending, resulting in some positive outcomes for prisoners. Prison leaders used a range of data well to inform priorities and planning across most of the relevant pathways, but there were some important gaps, such as insufficient prisoner access to treatment interventions, key work (see Glossary), and specialist finance and debt support.
- 6.8 The offender management unit (OMU) was well led with a supportive team culture. The number of prison offender managers (POMs) had recently improved following a protracted period of staff shortfalls, resulting in more manageable caseloads. Staff showed reasonably good knowledge of cases and spoke respectfully about prisoners. There was a strong sense of conscientiousness and a 'can-do' attitude from many of the OMU staff we spoke to.
- 6.9 A dedicated OMU induction officer ensured all new arrivals were seen swiftly to identify their needs, and set out what they could expect from the unit and their time at Hindley.
- 6.10 Offender manager caseloads were allocated by wing, which was a good initiative to help improve joint working and relationships between prisoners, POMs and wing staff. All the prisoners we interviewed were able to name their POM, which was both positive and unusual, and many spoke highly about the support they received.
- 6.11 Levels of contact between POMs and prisoners varied, but were generally responsive to risk and need, and weekly OMU wing-based surgeries enabled prisoners to raise any progression-related queries as they arose. However, key work delivery was mostly inadequate (see

also paragraph 4.3) and did not support the work of offender management, leaving POMs to carry out tasks that could have otherwise been undertaken by key workers.

- 6.12 In the previous 12 months, about 70% of prisoners had arrived at the prison without an initial assessment of their risk and need. POMs worked hard to make sure all prisoners had one and, at the time of the inspection, nearly all did. About 82% of prisoners with an OASys (offender assessment system) assessment had had some review in the last 12 months, and nearly all (95%) had been reviewed in the previous two years.
- 6.13 The OASys assessments we looked at in detail were of at least reasonable quality, and illustrated appropriate analysis of offending behaviours and factors linked to the likelihood of reoffending. Sentence plans were usually relevant, realistic and mindful of prisoners' individual needs. Most of the prisoners we interviewed were aware of their targets.
- 6.14 There was good achievement against sentence plan targets relating to finding accommodation, regime compliance, engagement with mental health and substance misuse services, and participation in education, training and employment, despite the lack of activity places. However, offending behaviour objectives were not achieved by enough prisoners.
- 6.15 Pressures beyond the prison's control, such as receiving prisoners too close to, or past, their home detention curfew (HDC) eligibility date, meant that far too many were not assessed or released on time. Other challenges, such as delays by community offender managers in verifying suitable release addresses, compounded this issue, but the prison was active in progressing applications for HDC where it could.
- 6.16 Sixteen prisoners were serving an indeterminate sentence for public protection (IPP). Most had been recalled to prison following breach of their licence conditions. Leaders had recognised the lack of focus on this group and, in response to this, were in the early planning stages of opening a dedicated wing where these prisoners, and others serving sentences over five years or life, could receive more tailored support to aid with their progression and develop practical independent living skills.
- 6.17 In the previous 12 months, 42 prisoners had been released into the community on the direction of the parole board, and prison-led parole processes were managed well.

Public protection

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

- 6.18 The prison had addressed the deficits in the management and oversight of public protection communications monitoring that we identified in our scrutiny visit. The OMU undertook initial and secondary screening of all new arrivals to identify potential public protection concerns. Where relevant, contact restrictions were applied quickly and appropriately. At the time of the inspection, no prisoners were subject to public protection monitoring. The previous records where restrictions had been imposed showed that reviews were timely and thorough, prisoners' telephone calls and mail were screened promptly, and monitoring log entries were appropriately detailed.
- 6.19 The monthly interdepartmental risk management meeting was effective in assessing and managing risk, and routinely considered those who were subject to child contact restrictions, communications monitoring, and multi-agency public protection arrangements (MAPPA). The scope of the meeting had recently broadened to include oversight of all prisoners approaching release who presented the greatest risk, and unusually, but positively, all prisoners on IPPs.
- 6.20 In our case sample, information sharing between the prison and community probation teams was usually thorough and timely. We found sufficient evidence that MAPPA management levels for those to be released into the community were confirmed, although they were not always clearly recorded on prisoners' electronic case notes.
- 6.21 Risk management plans were well considered and contained appropriate analysis of prisoner risks, both in a custodial setting and in the community. The prison's written contributions to community MAPPA meetings were reasonably good. The best examples were comprehensive, informative and analytical. The weaker ones tended to be descriptive and included reams of extracts from NOMIS (national offender management information system) entries, which did not provide a helpful summary to inform risk and future compliance with licence conditions.

Interventions and support

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

- 6.22 The treatment needs of the population were not fully understood, which was a gap, although recent work had begun to address this. Some prison data indicated that a major proportion of the population had an unmet need for high-intensity interventions that the prison did not deliver, such as addressing domestic and general violence offences.

The transfer of prisoners to other establishments to undertake such interventions was rare.

- 6.23 The prison offered just one accredited programme – the Thinking Skills Programme (TSP - designed to help prisoners develop cognitive skills to manage their risk). There were not enough places to meet need, and due to staffing shortfalls in the programmes team, the number of places that could be offered for the current year had been reduced. Since April 2023, only 23 prisoners had completed the programme. The prioritisation of places on the TSP was based on national instruction, with preference to prisoners serving indeterminate sentences who were over tariff, or with upcoming parole hearings or closest to their release date. However, this disadvantaged those with longer left to serve who needed to demonstrate progression to be considered for open conditions; those we spoke to found this very frustrating.
- 6.24 We saw a few examples of POMs undertaking meaningful structured offence-related work. Different teams offered some other lower-level interventions to help prisoners begin considering their attitudes, thinking and behaviour. These included a mixture of in-cell work packs, one-to-one and group work covering topics such as victim awareness, violence reduction, managing impulsivity and relationships, restorative justice, and substance misuse recovery. However, only a relatively small number of prisoners had benefited from them and more were needed, including interventions to address the specific needs of young prisoners and those identified as having low psychosocial maturity.
- 6.25 The preparation-psychologically informed planned environment (pre-PIPE, see Glossary) unit was a national resource and offered valuable support and interventions for up to 10 prisoners with complex needs requiring intensive help to prepare for progression. The unit was staffed by trained officers who worked closely with the psychology team. Comprehensive and meaningful key work took place, and prisoners were highly complimentary about the staff and progress they had made while living on the unit (see paragraph 4.3).
- 6.26 It was positive that prisoners could now apply for recognised identification (ID) and open bank accounts before release. The Department for Work and Pensions (DWP) work coach offered support for prisoners with their benefits entitlements and claims. Since April 2023, the work coach had set up over 275 universal credit appointments for prisoners on their release, and had helped others serving sentences of under six months to sustain housing credits to keep their tenancies. However, there was no specialist finance and debt needs help for prisoners, which was a gap given that 61% of prisoners in our survey said they needed help with their finances for when they were released.
- 6.27 The employment hub was developing well and offered a valuable environment for prisoners to access a range of advice and support in person. There were some good initiatives to prepare prisoners for training and employment in the community, such as CV writing and criminal record disclosure workshops. A programme of ‘unlocking

potential' careers events had recently started, and the prison employment lead was developing some good links with employers. Prison data showed that in the previous 12 months, on average, 19% of prisoners had maintained their employment six weeks after release.



Employment hub

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.

- 6.28 Around 45 prisoners a month were released each month. In our survey, 74% of prisoners who expected to be released in the next three months said someone was helping them prepare for this, compared with only 41% at our scrutiny visit.
- 6.29 The probation pre-release team was responsible for ensuring prisoners serving sentences under 20 months had their resettlement needs met. They also supported community offender managers with release planning for all other prisoners 12 weeks before release. The team worked very well together with a wide range of resettlement agencies and other prison departments to prepare prisoners for their return to the community, resulting in generally positive outcomes.
- 6.30 Prisoners were invited to attend a pre-release board at about 10-12 weeks before release (or sooner if they had less time to serve). These boards offered an excellent opportunity for prisoners to speak to a range of services in person, such as the chaplaincy, DWP, banking and

ID administrator, probation and 'through the gate' support, to help address their practical release planning needs.

- 6.31 There was good work to support prisoners with their accommodation needs. In the previous 12 months, 93% of prisoners had an address to go to on their first night of release, of whom 49% were released to sustainable housing and 42% went to probation-approved premises. The prison had introduced sessions run by a local provider to prepare prisoners for their eventual move, which was positive.
- 6.32 Arrangements on prisoners' day of release were basic. In the case we observed, relevant discharge paperwork was not readily available or fully completed, and the prisoner's release was unnecessarily delayed while further checks were made about specific licence conditions.
- 6.33 There was a supply of discreet black holdalls for prisoners to carry their possessions, but only a limited stock of clothing was available. There were no designated facilities for prisoners to charge their mobile phones or make a telephone call on their day of release.

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

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, early days work had improved and the use of prisoner peer support was good. One in four prisoners felt unsafe and the level of violence was high. Reducing violence was a priority for the establishment and there was a promising strategy in place. Drug misuse was widespread and the prison was struggling to reduce both supply and demand. Prisoners who self-isolated were identified but more support was needed for this vulnerable group. The adjudication system was fair. The use of force was high but mostly low level and proportionate. Prisoners were positive about their treatment when segregated and stays in the unit were short. Levels of self-harm were high. The care provided to prisoners subject to ACCT monitoring was generally good and consistent case management provided important oversight. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Managers should address the problem of violence by reducing the supply of illicit substances into the establishment. Physical weaknesses in security should be rectified and all intelligence should be acted upon. Violence reduction processes, including challenge, support and intervention plans (CSIPs), should be integrated with other plans that prisoners have to follow.

Not achieved

Recommendations

Information obtained during first night and induction procedures should cover all protected characteristics and be shared with relevant departments to inform effective decision making and provide appropriate support.

Achieved

All new arrivals should be provided with a shower, telephone call, bedding and a kettle.

Achieved

Support for self-isolators should be improved to ensure that, as a minimum, they receive a shower, telephone call and an hour's exercise each day.
Not achieved

The incentives and earned privileges scheme should be revised to reflect the specific needs of the population at Hindley.
Not achieved

Oversight of the segregation unit should be improved to ensure effective reintegration planning for all prisoners.
Partially achieved

A separate strategy and smart action plan should be devised to focus work on reducing the supply of illicit substances.
Not achieved

All strip-searching should be intelligence led and closed visits should only be used for reasons related to trafficking contraband through visits.
Achieved

A Listener suite should be available and access to Listeners should be improved. Reasons for not using Listeners should be documented.
Achieved

A local safeguarding policy should be developed in conjunction with Wigan Adults Safeguarding Board and staff should receive training on their adult safeguarding responsibilities.
Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, a positive shift in culture had resulted in good relationships between staff and prisoners. To some extent this mitigated other weaknesses including some poor living conditions. Many of the prison buildings were not fit for purpose but efforts were being made to raise standards of cleanliness in certain areas. Peer mentor work was good and general consultation with prisoners had improved. Food was adequate but not popular. Applications and complaints were managed reasonably well. Equality work was weak and not enough was done to recognise and support diversity within the population. The chaplaincy provided valuable spiritual and pastoral support. Health care services were reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

HMPPS should make firm plans with a clear timescale for the replacement of wings A to D and the refurbishment of all living units at Hindley to contemporary standards.
Not achieved

Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met.

Partially achieved

Recommendations

Managers should ensure that cell call bells are routinely answered within five minutes.

Not achieved

The kitchen should be refurbished or replaced without delay. (Repeated recommendation.)

Not achieved

Serveries should be properly supervised during food service. (Repeated recommendation.)

Achieved

Dinner should be served no earlier than 5pm, and breakfast should be served on the day it is to be eaten.

Not achieved

Complaints should be monitored to identify and act on any common themes or trends to resolve problems and improve outcomes.

Achieved

Up-to-date legal material should be available to all prisoners in the library.

Achieved

Discrimination incident report forms should be available to prisoners on all wings. Incidents reported through a DIRF should be investigated appropriately and responded to promptly.

Achieved

The prison should investigate and address the poor perceptions of safety among disabled prisoners. (Repeated recommendation.)

Achieved

There should be a specific strategy to manage the younger population based on a proper understanding of the impact of maturity.

Achieved

Links should be developed with community groups to provide support for equality work, especially with gay and bisexual prisoners.

Achieved

All incidents should be reported and investigated and complaints should be appropriately analysed. Learning points and outcomes from patient engagement should inform service delivery.

Achieved

Cleaning and infection prevention and control arrangements should meet NHS requirements.

Achieved

There should be a whole-prison strategy and approach to support health promotion and well-being activities.

Achieved

Prisoners should have timely access to a GP for routine appointments.

Achieved

Prisoners should be able to attend all clinically necessary external hospital appointments, which should not be cancelled because of shortages of prison staff. (Repeated recommendation.)

Achieved

The prison should develop a memorandum of understanding with the local authority for social care assessments and provision, and awareness of social care arrangements in the prison should be raised.

Partially achieved

All prison officers should be trained to recognise when referral for mental health assessment is necessary, and to support those with mental health issues on the wings.

Not achieved

A drug recovery wing should be established as soon as possible, provided that the regime and prisoners' time out of cell improve. Staff working on the recovery wing should be specially selected and trained, and not regularly redeployed. (Repeated recommendation.)

Partially achieved

There should be regular pharmacist input into the prison, and prisoners should have access to patient counselling, medicine use reviews and pharmacy-led clinics. (Repeated recommendation.)

Not achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell remained poor for a category C prison. Managers of learning and skills activity had not prioritised improvements in this area and provision still did not meet the needs of the population. There were not enough relevant activity places for the whole population. The allocation process worked well. Teaching, learning and assessment were not consistently of a high standard. Attendance and punctuality in education and prison work were poor. Achievements in English and mathematics were low. There had been no library provision for some months. The National Careers Service provided a good service. Outcomes for prisoners were poor against this healthy prison test.

Key recommendation

The prison and Novus managers should develop a robust improvement action plan to address all the weaknesses identified at the inspection. The plan should have clear impact measures, firm dates and well-defined individuals for implementing actions. Effective arrangements to review regularly the implementation of the actions should be put in place to ensure swift and sustained improvements.

Achieved

Recommendations

All prisoners on standard IEP level should spend at least 10 hours a day out of their cell on weekdays, and all prisoners should have enough time out of cell every day to facilitate activity, showers, exercise and telephone calls.

Not achieved

All prisoners should have the opportunity for at least weekly access to the library.

Achieved

Data on gym attendance should be analysed to identify which groups of prisoners use the gym. The facilities should be promoted to those who do not attend.

Achieved

Access for prisoners to team sports and activities should be improved.

Achieved

Prison and Novus managers should develop and implement effective quality improvement arrangements for all aspects of education, vocational training and prison work.

Partially achieved

Prison and Novus senior managers should develop an accurate self-assessment report and a robust improvement action plan.

Achieved

Prison and Novus managers should review and develop the provision to meet fully the developmental needs of prisoners.

Partially achieved

National Careers Service and prison managers should collect and use information about prisoners' progression to jobs, education or training on release, to improve the effectiveness of the provision.

Achieved

Tutors should use information about prisoners' starting points to plan learning activities which reflect their abilities.

Partially achieved

Novus managers should ensure they equip tutors with the skills to teach younger and older prisoners effectively.

Achieved

Novus managers and tutors should ensure that prisoners with learning disabilities and/or difficulties have clear and detailed support plans which are reviewed regularly.

Achieved

Prison and Novus managers should increase significantly the number of prisoners who attend regularly and on time.

Partially achieved

Tutors should set clear expectations of good behaviour for prisoners and should support and challenge them to improve their conduct.

Achieved

Prisoners should receive sufficient support in prison work to improve their use of mathematics and vocabulary specific to the vocation.

Not achieved

Instructors in prison work should recognise and record accurately the personal and vocational skills that prisoners develop.

Not achieved

Novus managers should ensure that significantly more prisoners complete their courses in functional skills in English and mathematics and other low performing courses.

Partially achieved

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.

At the last inspection, in 2017, the resettlement strategy was based on a detailed needs assessment. There was good integration and information sharing between the OMU and the CRC and the roles of the different departments were clear. Efforts had been made to provide informal sentence plans but in many cases prisoners' ability to progress was undermined by the lack of an up-to-date OASys. Contact time with offender supervisors was not sufficient for some. Re-categorisation was managed well but too many prisoners were released after their HDC eligibility date. Public protection arrangements were sound. Work with families continued to improve. Pre-release planning was good and most prisoners were released to sustainable accommodation. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Release on temporary licence should be available for eligible prisoners to support contact with the outside world and to prepare for release.

Not achieved

All prisoners should have an up-to-date and comprehensive assessment of risk and need.

Partially achieved

The prison should be able to access data on employment, education and training outcomes.

Achieved

The procedures for the assessment of home detention curfew should be timely and failures in the process should be dealt with at the highest level.

Not achieved

Recommendations from the scrutiny visit

The prison should have a coherent strategy for managing violence, tailored to the population, and a local violence reduction policy, informed by an up-to-date and responsive action plan.

Achieved

The prison should adopt an integrated, strategic approach to the prison's drug problem, establish what the key operational priorities are to reduce the supply and demand for drugs and implement appropriate action.

Not achieved

Prisoners in the RCU and those who are isolating should have a regime that is equitable to the rest of the population.

No longer relevant

The telephone monitoring backlog should be eliminated urgently. Monitoring arrangements should be reviewed promptly, so that prisoners' risks are appropriately managed and the public protected.

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
Sara Pennington	Team leader
Martyn Griffiths	Inspector
Natalie Heeks	Inspector
Lindsay Jones	Inspector
Steve Oliver-Watts	Inspector
Jade Richards	Inspector
Rick Wright	Inspector
Alicia Grassom	Researcher
Isabella Heney	Researcher
Emma King	Researcher
Sam Rasor	Researcher
Sarah Goodwin	Health and social care inspector
Tania Osborne	Health and social care inspector
Craig Whitelock	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Alison Cameron-Brandwood	Ofsted inspector
Dan Grant	Ofsted inspector
Alison Humphreys	Ofsted inspector
Joanne Stork	Ofsted inspector
Suzanne Wainwright	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Parkrun

A non-profit organisation that supports almost 800 communities across the country to coordinate free volunteer-led events for walkers and runners.

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).

Psychologically informed planned environment (PIPE)

Specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

Reconnect

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

Social care package

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

Crown copyright 2024

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

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

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

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

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

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