



Report on an unannounced inspection of

HMP Wymott

by HM Chief Inspector of Prisons

11–21 December 2023



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Introduction

HMP Wymott in Lancashire is a category C training prison with a large mixed population of 1,182 prisoners, of whom over half were convicted of a sexual offence.

There had been a failure by senior leaders to invest in the prison. The kitchen was in a terrible state and the accommodation in house blocks A and B, which we criticised in our last two inspections, was now beyond repair. Some of the single cells that were holding two prisoners were unacceptably cramped, with an unscreened toilet in the corner and room for only one chair. Storm damage to the roof of one of the workshops meant that it was out of use, leaving too many prisoners without purposeful activity and subsequently high levels of boredom.

Wymott was failing to fulfil its remit as a training prison, with many prisoners on the main site limited to a part-time regime. Those who were unemployed were locked up for 21 hours a day and the regime at the weekend was poor for all. Ofsted colleagues assessed the quality of education as requiring improvement and there had not been enough direct oversight from senior leaders or a strong enough focus on the education and training function of the jail.

The strong staff-prisoner relationships, which we noted in previous inspections, continued to be a strength of this prison, where many prisoners reported more positive experiences than in other jails. Levels of staff sickness were far too high, leading to the cancellation or curtailment of activities; this needed to be addressed by leaders if the prison was to make progress.

Health care was not good enough, particularly the provision of mental health support for the many vulnerable prisoners at Wymott. With excessive waits of up to 39 weeks for psychological therapies and over a year to get counselling, neither the health trust nor commissioners were addressing the level of need within the jail at the time of inspection. This may have also explained why, in our survey, 20% of prisoners with mental health difficulties told us they had developed a problem with drugs since they had arrived at Wymott.

The influx of drugs remained a serious problem. It was a cause of debt that resulted in prisoners self-isolating and self-harming because of their fears of violence. There were limited resources available to keep drugs out of the prison with no scanners, systematic checks on staff or adequate technology to reduce the frequent arrival of contraband-laden drones over the large perimeter fence.

The provision of visits was good and there a number of family days were held over the year. Leaders had also put thought into supporting the many prisoners who did not get social visits. Despite staffing shortages there was some good work to support sentence progression and there was a wide range of accredited programmes available. Although not a resettlement prison, Wymott was releasing around 20 prisoners a month because of population pressures elsewhere. Despite not having the funding, staff worked hard to support those who were leaving the jail through some good liaison with external services.

Staff were rightly proud of much that went on at Wymott and leaders encouraged innovation – for example, the Haven Unit specialised in looking after some of the elderly and unwell prisoners who were a growing population within the jail. The new governor, supported by his experienced deputy, has the opportunity to build on the positives we highlight in this report. He particularly needs to focus on addressing the number of officers not available for duty and improving the provision of education, work and training which is not good enough for this type of prison. It will be a challenge however, if HMPPS does not fund the much-needed refurbishments that are now very much overdue.

Charlie Taylor

HM Chief Inspector of Prisons

January 2024

What needs to improve at HMP Wymott

During this inspection we identified 11 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. **A significant number of officers were not available for operational duty on the wings.** As a result, the regime was restricted, activities and appointments were cancelled or curtailed, and specialist work was adversely affected.
2. **Drugs were too easily available.** Not enough searching or suspicion drug testing took place, the body scanner was not always used, there was no enhanced gate security, and the prison lacked the technology often used elsewhere.
3. **Some parts of the infrastructure were in very poor condition and in need of significant investment.**
4. **The provision offered by the integrated mental health and substance misuse teams did not meet prisoners' needs.** Staff shortages meant that the range of psychological interventions was limited and waiting times were excessive.
5. **The prison was not fulfilling its role as a training prison.** There were insufficient education, skills and work opportunities for the number of men, particularly those living on the main wings.
6. **Prisoners did not always attend their education, skills and work activities and punctuality was poor.**

Key concerns

7. **Little action was taken to deter poor behaviour or promote good behaviour.** Staff often failed to challenge rule breaking, too many adjudications were either dismissed or waiting to be dealt with and prisoners did not feel motivated by the incentives available.
8. **Prisoners were dissatisfied with the food.** The lack of self-catering facilities alongside rising canteen prices made it difficult for prisoners to supplement their meals.

9. **There was a lack of governance in some key areas of health care.** For example, complaints were poorly managed, and staff training and supervision were inadequate.
10. **The education, skills and work curriculum did not meet all needs.** Leaders had not planned effectively to meet all knowledge and skills gaps or qualification needs, nor did they provide consistent support for those with special educational needs and disabilities.
11. **In education, skills and work, leaders and managers did not monitor the impact of their quality improvement actions effectively.** As a result, senior prison leaders did not have sufficient oversight of the quality of the provision.

About HMP Wymott

Task of the prison/establishment

A category C training prison for adult men.

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

Prisoners held at the time of inspection: 1,182

Baseline certified normal capacity: 1,180

In-use certified normal capacity: 1,182

Operational capacity: 1,192

Population of the prison

- About 65 prisoners a month had arrived over the previous year.
- About 18 prisoners were released every month.
- 32% of prisoners were aged over 50, including 5% aged over 70.
- Almost all prisoners were serving a sentence of over four years.
- 162 prisoners had been imprisoned for public protection.
- About 70 prisoners were referred to mental health services each month.
- 281 prisoners were receiving support for substance misuse problems.
- 53 foreign national prisoners were held.
- 16% of prisoners were from black and minority ethnic backgrounds.

Prison status and key providers

Public

Physical and mental health provider: Greater Manchester Mental Health NHS Foundation Trust

Substance misuse treatment provider: Greater Manchester Mental Health NHS Foundation Trust and Delphi Medical

Dental health provider: Smart Dental

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison group

Cumbria and Lancashire

Prison group director

Susan Howard

Brief history

Wymott opened in 1979 as a short-term category C prison for prisoners serving over four years. There was extensive damage to the prison following a disturbance in 1993, after which part of it was rebuilt and re-designated to hold prisoners convicted of sexual offences. The prison population was increased with the addition of two new wings.

Short description of residential units

A wing – Prisoners convicted of sexual offences and those in full-time work.

B wing – Prisoners convicted of sexual offences and older men.

C wing – General population.

D wing – First night/induction and general population.

E/F wing – General population, the segregation unit and a psychologically informed planned environment (PIPE) unit.

G wing – Prisoners convicted of sexual offences, induction unit and a PIPE unit.

H wing – General population and induction unit.

Haven wing – Older prisoners and those with a disability, social and palliative care unit.

J wing – Enhanced unit for the general population and those convicted of sexual offences.

K wing – Drug and alcohol therapeutic community.

Name of governor and date in post

Steve Pearson, 30 October 2023

Changes of governor since the last inspection

Graham Beck, 18 August 2018–29 September 2023

Nicki Smith, September 2016–August 2018

Independent Monitoring Board chair

Diana Kelshaw

Date of last inspection

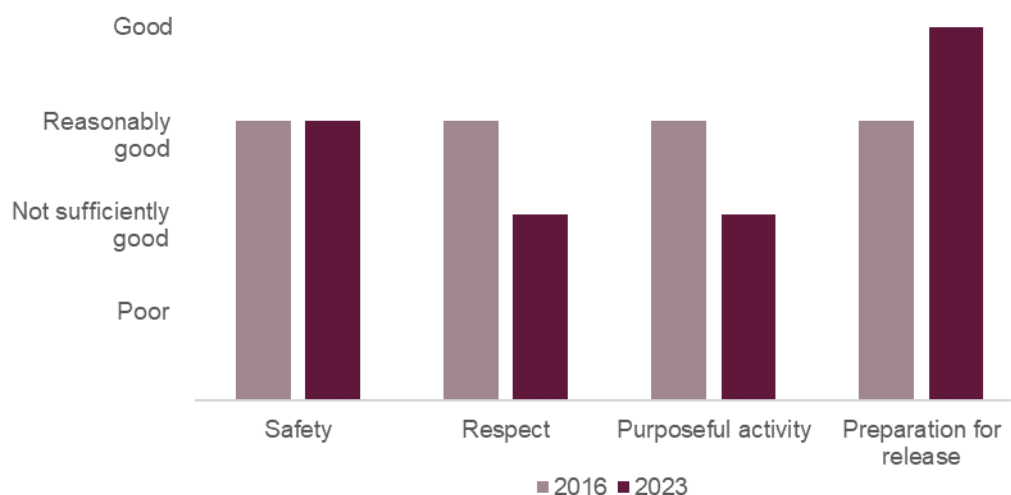
10–21 October 2016

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 Wymott, we found that outcomes for prisoners were:
- reasonably good for safety
 - not sufficiently good for respect
 - not sufficiently good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected HMP Wymott in 2016. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Wymott prisoner outcomes by healthy prison area, 2016 and 2023.



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2016 we made 43 recommendations, four of which were about areas of key concern. The prison fully accepted 37 of the recommendations and partially (or subject to resources) accepted three. 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, two had not been achieved and one was no longer relevant. The recommendation made in the area of safety had not been achieved. One recommendation made in respect had not been achieved and one was no longer relevant. The

recommendation made in preparation for release 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 August 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-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made eight recommendations about areas of key concern. At this inspection we found that one of the recommendations had been achieved, three had not been achieved and four were 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 Leaders had designed a bespoke three-tier scheme for prisoners held in segregation to promote good behaviour. As part of the scheme, a sensory room had been developed to help prisoners relax and manage their emotions. The room had adapted lighting, calming music and soft furnishings and prisoners who had used it were positive about how it helped them cope. (See paragraph 3.26)
- 1.11 There was a wide range of peer workers who were well trained and supervised. Peer workers in education, skills and work were particularly impressive and the buddy scheme provided support and care to over 150 prisoners with disabilities. (See paragraph 4.3.)
- 1.12 There were very good processes for wing managers to monitor and report to senior leaders each month. This included raising problems with living conditions, an update on essential procedures, such as assessment, care in custody and teamwork reviews for those at risk of suicide or self-harm and challenge, support and intervention plans (see Glossary). They also set out what consultation had taken place with prisoners. (See paragraph 4.8.)

- 1.13 Imaginative joint working between the prison, the charity Partners of Prisoners and Family Support Group, the education department and those leading the specialist units and other interventions had led to excellent family support provision. There was a rich variety of family events, particularly celebratory events for prisoners in specialist units, those who had completed offending behaviour programmes or who had achieved milestones in the education department's family pathway. (See paragraph 6.2.)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor, although new to the prison, was an experienced leader and the deputy governor knew the prison very well. Both had a clear vision and set out the values they wished to instil clearly. Most staff we spoke to understood and supported their priorities.
- 2.3 Good staff retention rates and successful recruitment meant that leaders had enough officers in post. However, they had not tackled the very high sickness rates, which left them with far too few staff available for operational duties on the wings. This had led to a very restricted regime for some prisoners, curtailments across the prison, redeployment of staff and cancellations of some of prisoners' key appointments.
- 2.4 Many senior leaders were relatively inexperienced but enthusiastic. Oversight they provided was excellent for the use of force, but too limited in health care and education. Despite their ambition, they had allowed some outdated practices to continue, such as prisoners having to wear prison clothing whenever they left the wing.
- 2.5 Despite no central funding for resettlement help, leaders had established a good range of provision and the outcomes achieved by leaders of offender management were good despite a severe shortage of probation officers.
- 2.6 Commissioners and senior leaders from the health care trust had not provided adequate oversight or funding, which resulted in a service that posed risks to patient safety. A lack of education, skills and work meant that the prison was not fulfilling its training role, and, while leaders had an ambitious vision for the curriculum, most of the new initiatives would not start for a few months.
- 2.7 HM Prison and Probation Service had not invested sufficiently in the fabric of the establishment, such as in some of the workshops, the main kitchen, and some wings. There were good procedures in place for wing managers to conduct regular checks on the condition of cells and report problems to senior managers, but rectification often took too long.
- 2.8 Leaders had created a positive culture of inclusivity and respect towards prisoners, including the most vulnerable. Staff showed care

and compassion, and leaders had enabled some prisoners convicted of sexual offences to live or work alongside prisoners from the general population which we do not always see.

- 2.9 Leaders had not restarted the delivery of a full training programme for staff, and officers we spoke to described a lack of opportunities to broaden their skills and knowledge, which could have enabled them, for example, to work with prisoners with mental health problems.

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 The reception process was comprehensive and, in our survey, 84% of prisoners said they were treated well. The area was pleasant, and staff were friendly and approachable, but prisoners were held there for too long without good reason.



Reception

- 3.2 Peer workers, including a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) offered good support to new arrivals. While in reception, prisoners saw a nurse and had an initial safety interview with an officer, which was thorough and explored potential vulnerabilities well. All prisoners should have received a second safety interview on the following working, day but some we spoke to said this had not happened.
- 3.3 The introduction of a £30 advance enabled prisoners to make a shop order straight away, which aimed to help them keep out of debt.

- 3.4 New arrivals from the general population were supposed to be located on D wing, while those convicted of sexual offences should have gone to H wing. However, due to the lack of available spaces in the induction units, this did not always happen and some prisoners were located on main wings, which prevented them from interacting with other new arrivals and induction peer workers.
- 3.5 Cells on the induction wing for prisoners convicted of sexual offences were clean and reasonably equipped, but those on D wing were less well prepared. For example, we saw new prisoners in cells with damaged furnishings.



New arrival cell

- 3.6 The induction programme was reasonable but, in our survey, only 49% of prisoners responding said it covered everything they needed to know. The programme lasted a week and involved attendance at a range of information sessions involving staff from several departments. However, prisoners did not get a basic introduction session to familiarise them with life at Wymott and induction orderlies were not well embedded in the process. Once a prisoner had completed their induction programme they had little to do during the day and some waited over a month before being allocated to education, training or work.
- 3.7 Record keeping was poor so we could not be confident that all prisoners received every aspect of the early days support. For example, some prisoners said they had not been allowed an initial phone call and in some cases, we could not find evidence of additional checks during the first night having taken place.

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

- 3.8 In our survey, 16% of prisoners reported feeling unsafe at the time of the inspection, which was similar to other prisons and to our last inspection. The recorded rate of assaults was lower than average for similar specialist prisons, with 110 against prisoners and 42 against staff in the previous 12 months. Most of the violence happened on the main wings but very few incidents were serious.
- 3.9 In recent months, leaders had completed a survey and held focus groups with prisoners to explore the causes of violence. Debt was identified as a considerable factor, often linked to the supply of drugs and other illicit items. However, the lack of purposeful activity and low wages alongside the rising cost of shop items (see paragraph 4.17) were also among the reasons why prisoners got into debt. An action plan had been developed and improvements made, such as providing new prisoners with a larger advance of money to help them avoid getting into debt in their first couple of weeks.
- 3.10 In the previous year, 44 prisoners had isolated themselves in their cell because they feared for their own safety, often linked to being in debt or under threat. Their regime was poor – they only spent half an hour a day out of their cell and received little support to promote their well-being, address their problems, or change their behaviour.
- 3.11 The effectiveness of challenge, support and interventions plans to support victims and challenge perpetrators was undermined by investigations taking too long to complete and often lacking detail. Objectives and action outlined in plans were often too generic and reviews lacked multidisciplinary input.
- 3.12 While prisoners had access to some opportunities to progress, such as peer working or gaining a place in an enhanced unit, our survey showed that very few prisoners felt incentives were applied fairly, and few felt motivated by them.
- 3.13 Prisoners we spoke to said there was very little difference between the levels in the local incentives scheme, which meant there were few rewards for behaving well. In addition, there were too few deterrents to tackle poor behaviour. For example, the adjudication system was not fully effective and insufficient action was taken in response to poor behaviour, which meant prisoners recognised they could behave badly potentially without facing consequences. (See paragraph 3.15.)

Adjudications

- 3.14 There had been just over 2000 adjudications over the previous 12 months. They were appropriate, with most charges linked to illicit items or refusing to comply with instructions. Charges we reviewed showed a reasonable level of inquiry, and sanctions were proportionate.
- 3.15 However, the impact of adjudications on poor behaviour was undermined by the fact that just under half had been dismissed or did not proceed in the previous year. In addition, hearings were too often postponed. During the inspection, almost 200 were waiting to be dealt with, which further undermined deterrence.

Use of force

- 3.16 Force had been used against prisoners 309 times in the previous year, but batons and PAVA (an incapacitant spray) had not been used, which was good.
- 3.17 Governance and oversight were excellent. The use of force coordinator screened each incident, and all relevant evidence was collected. Every incident was then scrutinised by a small panel led by the deputy governor, which we do not often see in other prisons. It was excellent that the panel scrutinised all available evidence, including documents and body-worn video, as well as footage from CCTV cameras. A monthly meeting took place, where a reasonable range of data was reviewed. Good practice and lessons learnt were shared with all staff via a monthly newsletter, which helped promote awareness.
- 3.18 In the incidents we reviewed, there was good evidence of de-escalation, and the use of force was justified and proportionate. While body-worn camera footage was available for most incidents, cameras were often switched on too late to capture the lead up to the incident.
- 3.19 The recording of the use of anti-ligature clothing had only started in May 2023 so it was difficult to see a longer-term pattern. Anti-ligature clothing had been used 13 times since May. While most prisoners were only in the clothing for a relatively short period, we were concerned that it had been used on some for several days at a time. While this may have been necessary, the documentation lacked detail, which made it impossible to demonstrate whether the decision had been justified.
- 3.20 The use of the unfurnished cell had increased since our last inspection – it had been used 12 times in the previous year. While prisoners were not held in the cell for long periods, it was not always used as a last resort. We found examples where alternative options for managing an individual were available but had not been tried.



Special accommodation cell

Segregation

- 3.21 In the previous year, segregation had been used 371 times. Most of those held in the unit were positive about how staff treated them. The average length of stay was just under two weeks, but a few stayed much longer while they waited for a transfer to a mental health facility. Reintegration planning had improved significantly since the last inspection with every prisoner having an individually tailored plan that considered the factors behind their behaviour. The standard of those we reviewed was good.
- 3.22 A quarter of prisoners held in the unit had been at risk of self-harm or were actively self-harming and, as a result, were managed under the assessment, care in custody and teamwork (ACCT) case management process, which was an unusually high proportion. There was a lack of documented evidence to show that the decision to place them in the unit was defensible and taken only in exceptional circumstances.
- 3.23 Prisoners being considered for placement in a segregation unit should have an assessment to determine if there are any health or well-being issues to consider and manage. During the inspection, we found some prisoners with vulnerabilities, but the paperwork did not show that these issues had been adequately considered. Leaders rectified this immediately.

- 3.24 The unit remained clean. Cells were reasonably well equipped but did not have plug sockets, which meant prisoners were unable to watch TV or use other plug-in equipment. The unit servery had been missing a hotplate for several months, and while it was positive that prisoners could leave their cell to collect their meals, they were sometimes served cold.



Segregation unit

- 3.25 The daily regime was limited, and most prisoners could only spend 30 minutes a day in the open air and could not take part in activities, such as work or education, in the main prison.
- 3.26 Leaders had implemented a three-tier behaviour management scheme for segregated prisoners to promote good behaviour. A sensory room had been developed for those on the higher levels of the scheme to help manage their emotions. The room had adapted lighting, calming music and soft furnishings, and prisoners who had used it spoke positively about how it had helped them. (See paragraph 1.10.)

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.

- 3.27 Drugs and the availability of other illicit items continued to be a significant risk to safety and well-being. In our survey, 45% of prisoners

said it was easy to get drugs, which was higher than in similar prisons (32%). It was a concern that far more prisoners with a mental health problem said they had developed a drug problem while at the prison. On average, over the previous year, one in five prisoners who had been tested were found to have been positive for drugs. Most tested positive for psychoactive substances, cannabis, and opiates.

- 3.28 Leaders were taking some steps to prevent drugs from getting into the prison, including joint operations with the police and regional search teams. However, this was undermined by a lack of technology to detect drugs and no enhanced gate security seen in many other prisons. In addition, the body scanner was not used as often as it could have been to detect secreted items.
- 3.29 Over 10,000 intelligence reports had been submitted in the previous year, which was good. They were analysed well but the lack of staff available for operational duties meant that not all required action was completed. For example, in the previous six months, requests had been made to undertake 730 searches, but less than a third had been completed and some were delayed by weeks. Similarly, only a third of suspicion drug tests had been completed.
- 3.30 Most security arrangements were proportionate and there were good individual risk assessments for external escorts. However, it was unusual, in a category C prison, that prisoners had to wear prison clothing whenever they left the wing. They also had to wear a prison-issue shirt and jeans for social and official visits. (See paragraph 4.10.)

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

- 3.31 Since our last inspection in 2016, there had been four self-inflicted deaths with two occurring in the three months before this inspection. Five deaths from non-natural causes had also been confirmed and most of them were linked to the use of drugs. Oversight for the implementation of recommendations made in reports published by the Prisons and Probation Ombudsman was reasonable and action taken was discussed jointly between prison and health care managers every month to support their continued delivery.
- 3.32 The rate of self-harm had remained at a similar level throughout the previous year with a total of 462 incidents carried out by 140 prisoners. While just above the average when compared with all category C trainer prisons, the rate was similar to the average for prisons that held a large proportion of prisoners convicted of sexual offences.

- 3.33 A wide range of data was discussed at the monthly safety meetings, triggers were identified and data about prisoners convicted of sexual offences were analysed and compared to the general population to determine if a particular response was needed. Yet leaders did not have a strategy to reduce self-harm and had not looked data over longer periods to identify trends and themes.
- 3.34 Although 44 prisoners had needed hospital treatment due to the seriousness of their self-harm, leaders had only investigated 11 of these cases, which meant potential lessons had not been identified fully. It was not clear how lessons learned from those investigated were being used to make improvements.
- 3.35 The quality of completed ACCT documentation was reasonable, but case reviews often lacked multidisciplinary input. Care plans were limited, which meant that an individual's triggers were not always addressed. It was positive that findings from the quality assurance of ACCTs was fed back to the safety meetings, where good practice was highlighted and the consistency of case management reviewed. However, in our survey, less than half (42%) of those who had been on an ACCT felt well cared for and those we spoke to were also very mixed in their views about the quality of care provided.
- 3.36 Constant supervision had been used 52 times in the previous year. The constant supervision cell on D wing was not in use, which meant those who needed this support had to move to the segregation unit, which was not always an appropriate environment for those in acute crisis. Those we spoke to on constant supervision during our inspection said they had very little to do and staff providing supervision did not interact with them.



Unused constant supervision cell

- 3.37 There was a large team of 28 Listeners who were well known to staff and prisoners. Our survey showed that far more prisoners than in similar prisons said it was easy to access a Listener (56% compared with 36%) but prisoners told us that access at night was not always arranged. Leaders were unable to provide evidence of the Listener provision being made available at night.

Protection of adults at risk (see Glossary)

- 3.38 Prison leaders did not have direct links with the local safeguarding adults board but had sought advice from the regional safeguarding lead about the management of some complex cases. Some staff were not aware of the range of safeguarding risks to look out for or what to do if they were concerned.

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 Staff-prisoner relationships were positive and, in our survey, 74% of prisoners said staff treated them with respect. Officers were visible and approachable, and we saw prisoners being well supervised and managed, for example when queuing at medicine hatches or collecting their meals from a servery. In some areas, such as in the therapeutic community and on the Haven wing, we saw particularly impressive and supportive relationships. However, on other wings, low-level rule-breaking, such as vaping on the landings, was not challenged.
- 4.2 Although 77% of prisoners responding to our survey said they had somebody to turn to if they needed help, the delivery of formal key work (see Glossary) was poor. Most (81%) said they had a key worker but only 53% found them helpful. Few met their key worker regularly and only 7% of expected key work sessions had been delivered in recent months.
- 4.3 Peer working roles were wide ranging, for example, there were prisoner information desk (PID) workers, education mentors, and intervention mentors, who assisted fellow prisoners suffering from emotional difficulties. In addition, more than 150 prisoners with disabilities were supported by prisoner buddies who received training from an external organisation to occupational standards similar to those of health and social care workers in the community. Peer workers received clear direction and good support, with many having completed accredited training. (See paragraph 1.11.)

Daily life

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

Living conditions

- 4.4 In our survey, more than three quarters of prisoners said that most communal areas were clean, but they were less positive about the

cleanliness of showers. We found very clean living conditions even in units that needed significant refurbishment. Accommodation blocks were surrounded by lawn and garden areas, which were pleasant and well maintained, and exercise yards were litter-free.



D wing exercise yard

- 4.5 The quality of residential accommodation varied widely. Many units needed refurbishment. This was particularly apparent on A and B wings, where the communal showers and toilets were in very poor condition with mould, flaking paint and missing floor tiles. The units were also infested with rats. Some of the showers on the upper landings of C, D and E wings were also in poor condition. Prisoners complained that in several units, particularly G and H wings, the heating and hot water systems frequently broke down.
- 4.6 Most prisoners lived in single cells but about 80 cells on C, D, and E wings had been equipped with bunk beds to accommodate two prisoners in a cell originally built for one. In many cases, the in-cell toilet was not screened, and conditions were cramped. For example, there was not enough room for two chairs, which meant one person had to sit on the bed or toilet to eat their meals.



Overcrowded double cell

- 4.7 Single cells were of a reasonably good standard. They were large enough and most were clean, but many had broken furniture and very few had lockable cupboards. The newest accommodation on J wing was excellent and provided good independent living opportunities and pleasant communal areas.



J wing cell with ensuite facilities



B wing single cell

- 4.8 There were good procedures in place to monitor the condition of prisoners' accommodation and report faults. Officers checked all cells every day and wing managers quality assured a sample each month and provided a report to senior managers. Wing managers used a workbook to provide a comprehensive monthly report, where they raised issues, provided an update on essential procedures, such as assessment, care in custody and teamwork case management reviews for those at risk of suicide and self-harm and challenge, support and intervention plans (see Glossary). They also set out what consultation had taken place with prisoners. (See paragraph 1.12.)
- 4.9 While we saw prompt responses to cell bell calls, in our survey, only 18% of prisoners said calls were answered within five minutes, compared with 36% in other similar prisons. This was a concern given an older population, two self-inflicted deaths very recently and the rate of self-harm.
- 4.10 The supply of clean bedding and clothing was good. Until very recently prisoners could not receive clothes parcels because of security concerns, but this was now allowed once a year.
- 4.11 Prisoners faced long delays in accessing their stored property due to staff shortages and redeployment of reception staff. In our survey only 12% of prisoners said they could access their stored property promptly if they needed it.

Residential services

- 4.12 Prisoners' views of the food were poor. In our survey, only 30% said the food was good or quite good and only 20% said they had enough to

eat, both of which were lower than in similar prisoners. Most of the food we saw was reasonably appetising, but some portions were small, particularly at lunchtime. Breakfast packs were very small and were distributed the day before they were supposed to be eaten. Consultation with prisoners about the food was limited.

- 4.13 Menu choices included Halal, vegetarian and healthy eating options, and the kitchen provided about 150 prisoners with special diets to meet their religious or health needs. Special meals were provided for cultural and religious festivals.
- 4.14 The main kitchen was poorly maintained and much of the essential equipment was out of order, including the main freezer, boiling pans, and fryers. The sinks were in a poor state and leaking water. Repairs had been delayed for too long, and the lack of cooking and storage facilities restricted the menu options on offer.



Broken sinks in kitchen

- 4.15 Food trolleys and wing serveries were clean, but some trolleys were in poor condition and items of servery equipment, such as dishwashers had been out for order for a long time. Servery workers had received food hygiene training, and food handling and safety procedures were well supervised. Most wings did not have facilities that allowed prisoners to eat with others outside their cells.



Servery on C wing

- 4.16 Self-catering facilities on the wings were far too limited. Most wing kitchens lacked food preparation facilities and were only equipped with microwaves and toasters. Exceptions were the therapeutic community on K wing and the semi-independent units on J wing, which had a much better range of equipment and good conditions.
- 4.17 The shop list was comprehensive, but prisoners told us that considerable price rises made it difficult to buy what they needed. Prisoners could order clothes and other items from catalogues but complained of long delays before the goods were delivered.

Prisoner consultation, applications and redress

- 4.18 About half (53%) of the prisoners in our survey said they were consulted on issues affecting them. Wing managers held regular wing forums, allowing prisoners to raise concerns, and most issues were dealt with at that level. Prison-wide issues were discussed at the council, which met monthly. Prisoners acted as chair and secretary, and there were representatives from each wing. Council members set the agenda and invited managers to attend. Minutes recorded wide ranging and useful discussions. Nevertheless, only 23% of prisoners in our survey said that things changed following consultation.
- 4.19 The complaints system was well managed. Nearly all were answered within the five-day limit, and the responses we saw were polite and helpful. Quality assurance was robust and included regular sampling of responses by the senior leadership team. An analysis was provided to the monthly prison performance meeting. Groups of prisoners were consulted through a meeting with managers where they discussed responses to recent, anonymised complaints.

- 4.20 PID workers on each wing supplied forms and helped prisoners complete applications and make complaints. However, prisoners told us that applications often went unanswered. In our survey 75% said it was easy to make an application, but less than a third (32%) said they were answered within seven days. Managers had carried out a rigorous analysis and were planning to introduce improved arrangements, incorporating more checks.
- 4.21 Arrangements for legal visits were satisfactory. Prisoners could meet their representatives in interview booths in the visits hall and there was no waiting list at the time of the inspection. The library held up-to-date reference copies of legal texts, and prisoners could book quiet study time to use them.

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.

- 4.22 The population was very diverse, with a wide range of needs and leaders had been trying to promote equality and inclusion. A new manager had recently taken up post to develop neurodiversity support. Leaders had encouraged prisoners from the main wings to work and live alongside those convicted of a sexual offence in a few areas, such as on J wing, which was a positive step to building an inclusive environment. Prisoners were able to celebrate a range of festivals and key events and there were many attractive information displays promoting diversity across the prison.



Diversity displays

- 4.23 Just under a third of prisoners were aged over 50 and a small proportion were over 70. Staff we observed were patient and caring, particularly on the wings holding those convicted of sexual offences and in the Haven unit, where many of the older and more infirm prisoners lived. A well-developed day centre, called Cameo, provided excellent support, including several activities that were highly valued, but not everyone we spoke to from the main wings knew about it. Despite some good support, our survey showed that far more prisoners aged over 50 said they had been bullied or victimised by other prisoners compared to those aged under 50 (45% compared to 26%).
- 4.24 There were 71 prisoners aged 25 and under. Consultation with this group had lapsed, and beyond the Choices and Changes programme little bespoke support was available.
- 4.25 Over half of prisoners (53%) who responded to our survey said they had a disability and 58% said they had a mental health problem. Social care provision was good, and there was a well-supervised buddy system (see paragraph 4.66). However, we found prisoners on the main units with unmet needs, such as wheelchair users who did not have the necessary in-cell adaptations to help them cope. Our survey showed that those with mental health problems were significantly more negative about several outcomes compared with those who did not have mental health problems – for example they were more likely to say that they had developed drug or alcohol problems while in the prison and less likely to say they could lead a healthy lifestyle.
- 4.26 Some staff could not always locate the emergency evacuation plans for individual prisoners who needed one. Some plans we reviewed were not very helpful as they lacked detail or were unclear about who was responsible in the case of an emergency, for example, one buddy was allocated to help evacuate several prisoners, which was not viable.
- 4.27 Our survey results showed gay and bisexual prisoners were more negative than their heterosexual counterparts. For example, 83% said they had felt unsafe at some point during their time at the prison and three quarters said they had been victimised by other prisoners. However, we could not understand why as prisoners we spoke to during the inspection described a culture that enabled them to express their sexual orientation, and celebration events such as Pride had been held. They had involved prisoners from the main wings alongside those convicted of sexual offences, which was good.
- 4.28 There were 10 transgender prisoners at the time of our inspection. They were able to attend regular forums and had an ordering service for gender specific items from the shop or catalogues. However, there was evidence of some unfair treatment. For example, transgender prisoners could only shower three times a week rather than every day, which was unacceptable, and they were not able to dress according to their female gender when they were away from the wing (see paragraphs 3.30 and 4.10) as they had to wear standard prison clothing for men.

- 4.29 Foreign national prisoners we spoke to wanted clarity about their status, but the Home Office immigration surgeries were not scheduled often enough with only two planned for 2023 and one of those was cancelled.
- 4.30 About 16% of prisoners were from a black and minority ethnic background and the experiences of those we spoke to varied. After noting the lack of prisoners from a black and minority ethnic background living on J wing, leaders had taken appropriate action to address this and make access fairer for all.
- 4.31 Prisoners had easy access to discrimination incident reporting forms as they were available on each wing. Investigations into the complaints were reasonable and responses polite. However, some replies should have included information on what further action would be taken to address the issues raised and too many prisoners waited too long for a response, which undermined their confidence in the system. An external organisation provided some quality assurance, but it was not being used to make improvements.
- 4.32 The diversity, equality and inclusion meetings were not well attended but leaders had begun to collect a wide range of data to inform their work. However, to date, there was not enough analysis to generate a confident understanding of the experiences of different groups or to identify disproportionality effectively.
- 4.33 A number of forums had been held to promote equality and diversity which gave leaders some insight into the experiences of minority groups, but many had been led by the one equality manager and senior leaders who were responsible for a specific protected characteristic were less involved.

Faith and religion

- 4.34 The chaplaincy was proactive and valued across the prison. In addition to undertaking key statutory duties, they ran faith-based classes, Sycamore Tree victim awareness courses and bereavement groups. Their pastoral work included providing support for terminally ill prisoners, preparing them and their families and giving them an opportunity to express their final wishes and put their affairs in order.
- 4.35 Leaders made efforts to make sure prisoners had access to a weekly Roman Catholic service while waiting for a permanent chaplain to be in post. Rastafarians, Taoists, and Shia Muslims did not have a chaplain of their faith, but leaders made use of regional resources where available.
- 4.36 The chapel and multi-faith room were pleasant and spacious. However, there were no disabled toilets in the chapel and the ablution facilities were not suitable.



Chapel

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.

- 4.37 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.38 Greater Manchester Mental Health NHS Foundation Trust (GMMH) was the lead provider of health and social care, with Delphi Medical Limited (Delphi) subcontracted to deliver psychosocial substance misuse services. Smart Dental was commissioned separately to provide dental services.
- 4.39 NHS England (NHSE) had several concerns about the health care provision since 2020. Some aspects had improved but staffing levels remained poor. There had been an enhanced level of oversight by NHSE through quarterly quality assurance visits along with regular contract review meetings.

- 4.40 Retendering for a new health contract was due to start in January 2024, with the aim of having it in place by April 2025. This was following NHSEs decision not to enact the optional extension period due to the concerns they have had with the current provision. The dental contract was scheduled to remain until March 2027. A health needs analysis had been published in May 2023 and the service had started to identify action that needed to be taken.
- 4.41 Partnership working was reasonable with monthly local delivery boards and regular partnership board meetings. Joint working with prison leaders had been enhanced by the recent addition of a dedicated health care governor, which had led to some improvements, including access to much needed additional clinical space. Clinical rooms were generally clean and tidy and mostly met infection prevention and control standards. Issues with fixtures and fittings had been raised with the prison and were awaiting resolution.
- 4.42 While there had been some improvements to the health provision since the CQC follow-up inspection last year, some areas remained weak. All teams were stretched as staff shortages continued. The temporary arrangements to cover services were precarious and posed a potential risk to patient safety. The team was struggling to meet the needs of an aging and complex population even with regular agency and bank staff. The lead provider had identified that the service was also under-resourced particularly the integrated mental health and substance misuse team.
- 4.43 The head of health care's lack of onsite attendance put pressure on the clinical team manager's workload, which was unsustainable in the long term. The manager was covering elements of this role on a day-to-day basis, as well as some clinical duties due to staff shortages.
- 4.44 Oversight of incidents had improved and there was effective scrutiny of recommendations from PPO reports, which was good as there had been 60 deaths since we last inspected, which was high, but most were from natural causes. A regular incident bulletin was sent to staff outlining lessons learnt. Compliance with annual staff appraisals was reasonable, but more work was needed to improve the frequency of clinical and managerial supervision sessions. Mandatory training levels were improving – the overall rate was 83% – but were not yet at the expected level.
- 4.45 Health care complaints were poorly managed, which caused frustration for many prisoners. The responses we sampled were all late – in two cases, responses took over four months, which was unacceptable. Most responses addressed the issues identified, but they had either already been resolved or further complaints were made due to the lack of response. Responses were not quality assured.
- 4.46 The application process was another source of frustration for prisoners – they told us that they were often not made aware of their health appointments until after they had happened or not at all. The team was working with the prison on ways to improve this.

- 4.47 Patient engagement was reasonable, and feedback was collated regularly, but patient forums were intermittent.
- 4.48 Resuscitation equipment was in good order and was placed strategically throughout the prison, but only 67% of health staff were trained in the use of immediate life support skills.

Promoting health and well-being

- 4.49 There was good joint working with prison staff to promote health and well-being. Effective links with key services, such as the gym and the kitchen provided a joined-up approach. A dedicated public health nurse followed a monthly calendar of health promotion events linked to national campaigns.
- 4.50 Health promotion information was displayed across the prison and in the health centre. Patients had easy access to leaflets, which were available in different languages tailored to the needs of the population.
- 4.51 Health care peer representatives worked on all wings and health care staff met them every week to discuss any concerns and share information regarding the service.
- 4.52 Immunisations and vaccinations were offered regularly, but uptake was low. Preventative screening programmes, including those for bowel cancer were available, and monthly audits of all eligible patients took place to monitor take up. The public health nurse saw all patients who missed or declined screening to encourage participation in the relevant programmes.
- 4.53 Blood-borne virus testing was offered during the initial reception screening and the Hepatitis C Trust attended the prison to support the treatment of any patients testing positive for hepatitis C.
- 4.54 Visiting specialists regularly delivered a good range of sexual health services and condoms were available from the health care centre on request. Smoking cessation support was available for those wishing to stop vaping.

Primary care and inpatient services

- 4.55 A registered nurse provided prisoners with an initial health screening on arrival, and a secondary health screening took place within the seven-day National Institute for Health and Care Excellence guidance timeframe. Referrals were made to other services as required.
- 4.56 Despite a number of vacancies within the nursing team, daily nurse triage clinics were in place, and nursing staff remained highly visible in the Haven unit caring for older patients.
- 4.57 A team of regular locum GPs provided daily sessions, and waiting times for routine appointments were reasonable at about two weeks. Appointment slots were allocated every day to meet any urgent needs.

Two advanced practitioners supported the GP provision and helped to keep waiting times to a minimum.

- 4.58 There was an appropriate range of primary care services and access to allied health professions, such as an optician and physiotherapist. Patients submitted applications to see a health care professional which were triaged daily by a nurse. Patients did not receive details of their appointments in advance following a change to the system by prison staff and this resulted in a high level of missed appointments.
- 4.59 A matron managed patients with long-term conditions well. He had excellent experience and a commitment to supporting the large number of patients with complex needs, but further resources were required to make sure ongoing care for the increasingly complex population was of a good standard. Basic care plans were in place for patients, but more work was needed.
- 4.60 Administration staff organised secondary care appointments and six slots were allocated every day for external hospital appointments. The ageing population and complex health needs of many patients meant the slots were not sufficient to meet the high demand. Consequently, patient appointments were frequently cancelled, extending their waiting times to allow for more urgent patients to be prioritised. Although there was good communication between the prison health care governor and the health care team, not enough was being done to increase the number of patients able to attend external appointments each day.
- 4.61 All patients released or transferred from the prison were seen in reception by a nurse who provided health advice and medication if required for their release.

Social care

- 4.62 There was an up-to-date memorandum of understanding between Lancashire County Council, HMP Wymott and the lead health care provider. Partnership working was good and there were regular multi-agency meetings where service provision was discussed. This included support for prisoners leaving the prison who required ongoing care.
- 4.63 Prisoners' social care needs were identified early and there was an open referral system with prisoners supported to self-refer, which was positive. Social workers attended the prison regularly.
- 4.64 Thirteen prisoners were receiving a social care package (see Glossary) provided by the lead health care provider. Two health care workers were permanently based in the Haven unit, which housed older prisoners with social care needs and disabilities.
- 4.65 Prisoners we spoke to were happy about the care they received. However, we identified that some prisoners with disabilities, who were based on the main wings, did not have their needs met. Once we identified this, social care referrals were made.

- 4.66 Buddies (peer supporters) assisted prisoners with low-level needs. Recoop, a registered charity, managed them and provided effective training and oversight. Prisoners could also access the Cameo day centre, which provided a comprehensive range of activities. (See paragraph 4.23.)
- 4.67 There was a good range of equipment to assist prisoners with their daily living needs, but there were some delays in obtaining wheelchairs. Personal alarms were available so prisoners could summon assistance in an emergency.

Mental health

- 4.68 An integrated mental health and substance misuse team ran a mental health service seven days a week from 8am to 4pm.
- 4.69 Referrals were received following reception screenings from wing staff and other health professionals and from patients themselves. All new referrals were usually seen within five days and more urgent cases within 48 hours. They were discussed at a multidisciplinary team meeting and, if accepted, allocated an assigned practitioner. The mental health team was supporting 125 patients with a good standard of care.
- 4.70 The team was using a stepped-care model, offering directed self-help through to care for individuals with significant complexity. However, as a result of insufficient levels of staff to provide psychological interventions, waiting times for talking therapies were excessive, with the longest wait at 39 weeks. OUT Spoken, an independent psychotherapy service offering trauma-informed therapy, was supporting eight patients but had a waiting list of 116 with the longest waiting time of one year and 42 weeks.
- 4.71 A psychological well-being practitioner and a health and well-being practitioner offered some low-level cognitive behaviour therapy-informed interventions for low mood and anxiety, but there were no group sessions. A part-time psychologist and assistant psychologist provided more intense psychological support for a small caseload of patients. However, of the four staff in the psychology team, three were leaving, which would increase waiting times.
- 4.72 Mental health nurses were regularly expected to undertake medicine administration, which affected the management of their caseload.
- 4.73 A daily duty worker was designated to respond to patients' urgent needs and attend all initial assessment, care in custody and teamwork reviews for those at risk of suicide and self-harm and for patients on the caseload.
- 4.74 Patients receiving medications were regularly reviewed in line with national guidance by a psychiatrist and an advanced nurse practitioner. A health care assistant undertook the required annual physical health checks, which were nearly up to date.

- 4.75 Patients with a diagnosis of attention deficit hyperactivity disorder (ADHD) and on medication received regular reviews, but there was no assessment or diagnostic service. The learning disability nurse post was vacant, and the mental health nurses covered some of this work while the vacancy was being advertised.
- 4.76 Three out of the four patients identified as requiring a transfer under the Mental Health Act since June 2023 had waited significantly longer than the 28-day guideline, mainly due to a lack of beds. During the inspection, a member of the team accompanied a patient transferring to a mental health unit.
- 4.77 The clinical records we reviewed were generally thorough and appropriately captured assessments, risks and actual care provided. Work was ongoing to make sure all patients had care plans.
- 4.78 The team liaised with community mental health teams to promote continuity of care.

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

- 4.79 There was an up-to-date drug strategy and action plan, and partnership working with prison staff was good, but illicit drug use was of significant concern (see paragraph 3.27).
- 4.80 The lead provider delivered clinical substance misuse services as part of an integrated team with the mental health department. Delphi provided psychosocial drug and alcohol services (DARS).
- 4.81 The clinical team was experiencing significant staffing shortages with no permanent substance misuse nurses in post. The mental health nurses in the integrated team were administering opiate substitution treatment (OST) on a daily basis, which affected the management of their caseloads. Two experienced community substance misuse nurses who were bank staff supported patients on two days a week, but the service remained precarious. An experienced, senior nurse was due to take up post in the new year, which would alleviate some of the pressure.
- 4.82 New arrivals were stabilised at the prison they were transferring from. During the inspection 72 patients were receiving OST with most on maintenance doses. Weekly prescribing clinics were held by a non-medical prescriber to review patients' treatment plans. Prescribing was safe, but treatment options were limited. Regular, joint reviews by clinical staff and DARS staff were carried out.
- 4.83 DARS staff saw all new arrivals and delivered harm reduction advice. They were supporting 250 prisoners, and their caseloads were high. There was an open referral system and needs were prioritised according to risk.

- 4.84 Care plans focused on individually tailored goals. There was a good range of individual interventions, but some group sessions had been paused due to staffing pressures. Mutual aid groups attended the prison.
- 4.85 Prisoners found to be under the influence of illicit drugs were seen by DARS and a weekly prison-wide 'robust recovery' meeting held to share information and discuss prisoners with complex needs. Prison officers received some training to identify prisoners under the influence of drugs.
- 4.86 Each wing had a peer recovery champion who was trained and supervised, and prisoners' feedback was gathered to inform service delivery.
- 4.87 The therapeutic community provided a structured, therapeutic environment for prisoners with substance dependency issues and was highly valued by community members. (See paragraph 6.27.)
- 4.88 Joint working with prison staff and community services supported individuals on release, but naloxone (a drug that prevents an opiate overdose) was only available for those under the care of the clinical team.

Medicines optimisation and pharmacy services

- 4.89 The pharmacy delivered its services in a safe and timely fashion. Medicines were dispensed in the onsite pharmacy and were appropriately labelled. There were robust procedures for access to medicines out of hours. The transportation, storage, and management of medicines was good and there was an audit trail. However, the pharmacy was not registered with the General Pharmaceutical Council (GPhC) which was required and needed to be addressed.
- 4.90 Administration of supervised medicines occurred twice a day at 8am and 4pm and was predominantly led by pharmacy technicians. ID cards were routinely checked when patients arrived for their medicines. Patients prescribed medicines with sedative effects were given their evening dose at 4pm for them to take later. We observed that officers' supervision of medicine queues was effective, and a suitable level of confidentiality was maintained.
- 4.91 Patients who did not attend for their medicines were appropriately followed up. Those being transferred or released were provided with a minimum of seven days' supply to ensure continuity.
- 4.92 The pharmacist clinically screened all medicines prescribed. In-possession risk assessments and medicine reconciliation were completed within designated timescales and risk assessments were routinely updated. Most of the population (72%) were able to receive their medicines in possession, most of whom were given a 28-day supply.

- 4.93 A range of over-the-counter remedies was available, and the pharmacy's policy outlined the amount which could be given at the medicine hatch, and when to refer to a prescriber for an assessment, which staff followed. Patient group directions enabled patients to receive medicines without a prescription for urgent treatment and routine vaccinations.
- 4.94 Few medicine use review appointments were provided due to the limited availability of clinic space. The pharmacy team had begun to use in-cell telephones to help increase uptake. In-cell compliance checks were only conducted in response to any concerns raised.
- 4.95 There had been a recent focus on the prescribing of pain medicines to ensure clinical appropriateness and the pharmacist attended a weekly multidisciplinary team meeting about the matter. Audits had been completed for those prescribed dihydrocodeine (a pain killer) and gabapentinoids, (drugs to manage nerve pain) with further work planned to review other tradable medicines, such as mirtazapine (an anti-depressant).

Dental services and oral health

- 4.96 A good range of community-equivalent dental treatments was available, including the provision of oral health advice and weekly dental therapy sessions. Patients waited approximately 12 weeks for an initial appointment with a dentist, which was quicker than we usually see.
- 4.97 A dental nurse, dental therapist and dentist covered clinics five days a week. Applications to see the dentist were sent electronically to the team who triaged requests every day to identify and prioritise any patients in pain or with an urgent need, who could then be seen at the next clinic. Despite changes to the health care appointments system, the dentist sent all patients a letter with their appointment, which had resulted in a significantly low non-attendance rate.
- 4.98 The dental team worked flexibly to meet the needs of the population. Staff triaged patients on the wings and offered consultation or pain medication before starting treatment where appropriate.
- 4.99 The dental clinic was well equipped with a separate decontamination area and equipment was serviced and maintained appropriately. However, the dental environment did not meet infection control standards due to issues outside the provider's control. They had been escalated to the prison for resolution.
- 4.100 There were good governance arrangements in place and patients gave positive feedback about the services they accessed.

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 During the working week time out of cell for most prisoners was better than we see in some prisons, at about five to seven hours per day. Retired prisoners were generally unlocked during the working day, and those living on A and B wings were never locked in their cells. However, at weekends most prisoners were unlocked for only about two hours a day, which was not long enough.
- 5.2 The temporary closure of some workshops for the general population meant that these prisoners had fewer opportunities to undertake purposeful activity than other prisoners. The lack of officers available for operational duties had led to the implementation of a restricted regime on the main wings, which meant that unemployed prisoners living there spent far too little time out of their cells – about three hours a day.
- 5.3 In our survey, almost all prisoners (91%) said they knew what the locking and unlocking times were supposed to be, but only 48% said they were kept to. Activities and appointments were often curtailed or cancelled due to the lack of officers available for operational duties.
- 5.4 All prisoners were able to exercise in the open air during their association periods and had the option of spending more time in the exercise yards if they wanted to. There were facilities for games, such as snooker and table tennis, which they could use during evening association. On some wings, prisoners arranged communal activities, such as quizzes and board game tournaments, which was a positive development.
- 5.5 Access to the library was poor for most prisoners – in our survey less than half (46%) said they could visit once a week or more. The library schedule included weekly sessions, but they were often cancelled because of a lack of officers to escort prisoners. Access was much better for prisoners attending education, who could visit during breaks between classes.
- 5.6 The library offered some study facilities. The stock was large and well-displayed, and prisoners could request books from the wider county libraries' stock.



Library

- 5.7 The range of books, music CDs and DVDs included material in languages other than English, and a collection of 'quick reads' were available to engage prisoners who were not regular readers.
- 5.8 Librarians provided a 'home library' service for disabled prisoners who could not attend the library and those in the segregation unit. There were some reader development activities in the library, including monthly book groups, Shannon Trust mentoring to assist prisoners with reading, and Storybook Dads (which helps prisoners to record a story for their children to listen to at home).
- 5.9 The gym was well-equipped and popular. Prisoners could attend for at least 2.5 hours a week, although this was sometimes reduced because of staff shortages or because instructors were redeployed elsewhere in the prison. Prisoners on the highest level of the incentives scheme could attend four times a week. No accredited courses were offered, but there were plans to introduce them once staffing levels allowed. Specific exercise sessions were offered to elderly prisoners and those referred by health care staff. Three football coaching courses were offered in 2023 as a result of links with a local football club.
- 5.10 Gym staff kept attendance data, which showed that about 550 prisoners had attended the gym every week in the month before the inspection. However, little further analysis of participation rates was carried out, so staff could not identify whether some groups of prisoners were underrepresented, or if the current provision was meeting the needs and preferences of the diverse population.

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: Good

Leadership and management: Requires improvement

5.12 Leaders and managers had designed a curriculum to prepare prisoners for future employment or further education and training while in prison or on release. Ordinarily, there were sufficient places for most eligible prisoners to attend skills and work activities. About a fifth of prisoners convicted of sexual offences were unemployed, but almost all of them were elderly, retired, or medically unfit. Significant roof damage had resulted in the closure of most of the workshops for prisoners living on the main wings so about a third of them could not access skills or employment activities outside work on the wings.

5.13 The number of places available for prisoners to attend education was also too low. While education places were allocated on a part-time basis, they accounted for only about a tenth of the overall prison population and did not reflect the purpose of a training prison.

5.14 Prison managers had attempted unsuccessfully to mitigate the impact of the closure of the workshops, by, for example including proposals to replace the workshops with temporary portable buildings and

broadening the education curriculum. However, capital investment required approval from prison authorities outside HMP Wymott. Most of the proposals had been declined due to funding, contractual and staffing issues, although prisoners allocated to the engineering workshops completed theory workbooks in their cells. However, instructors did not check prisoners' understanding of what they had learned or challenge misconceptions to make sure that prisoners could apply this knowledge.

- 5.15 Leaders had made sure that prisoners convicted of sexual offences had access to a variety of relevant education, skills and work activities. However, leaders and managers did not provide sufficient higher-level learning or training opportunities beyond distance learning courses for those prisoners across both populations who had already achieved level 2 qualifications.
- 5.16 Education, skills and work activities managers had established effective working relationships with key departments across the prison. For example, activities managers consulted managers from offender management, the employment hub and the health care department about prisoners' suitability for activities prior to their allocation. Prisoners received appropriate information during their induction about the options in education, skills and work available to them and how they could support them in their next steps.
- 5.17 Local pay rates were fair and equitable across education, skills and work activities. However, attendance and punctuality were too low. Too many staff accepted poor attendance and punctuality as normal practice.
- 5.18 Prisoners used the virtual campus (prisoner access to community education, training and employment opportunities via the internet) effectively during induction to complete initial assessments of their English, mathematical and information and communication technology (ICT) skills and to complete their digital personal learning plans. However, virtual campus sessions for prisoners on Open University and distance learning courses were often cancelled.
- 5.19 Most managers responsible for education, skills and work activities were relatively new to their posts. While the leadership team had an ambitious vision for the curriculum, they had planned for most of their new initiatives to start in April 2024 at the start of the new contract year, which was several months away.
- 5.20 Leaders used local and regional intelligence and prisoners' needs analyses to inform the development of their curriculum. For example, accredited courses in horticulture and hospitality linked directly to the knowledge and skills that local employers and voluntary sectors required. Leaders had recently consulted employers and further education colleges to inform their future curriculum plans. However, it was too soon to see the impact of these discussions.

- 5.21 Novus provided relevant curriculums that covered subjects such as English, mathematics, ICT, creative craft, self-improvement, mentoring and hospitality. Leaders and managers recognised that the curriculum in a few subject areas, such as ICT, did not meet prisoners' future needs and required updating to include modern technologies. Teachers were suitably qualified and experienced in their subject areas. They sequenced the curriculum in a logical order to help prisoners to develop their knowledge and skills incrementally over time. Achievement rates on functional skills English and mathematics courses were high. However, a few prisoners struggled to progress to the next level, particularly from entry level 3 to level 1. This impeded their progression to further activities.
- 5.22 Most teachers and instructors used information about what prisoners already knew and could do to plan curriculum content at an appropriate level to meet their needs. However, not all teachers or instructors used this information to set individually tailored targets. Most teachers provided feedback that helped prisoners make progress. Written feedback from a few instructors on prisoners' assessed work did not identify routinely what prisoners needed to do to improve.
- 5.23 Prisoners improved their English and mathematical skills through the work that they undertook in prison workshops. For example, they developed a better understanding of cooking temperatures and weights and measurements when preparing and cooking different types of food.
- 5.24 Instructors were experts in their field and had relevant industrial experience and qualifications. Most prisoners in industry workshops completed appropriate records to demonstrate how they had built technical and personal development skills. However, the proportion of prisoners who undertook qualifications that were available in prison industries was very low in comparison to the number who attended prison workshops.
- 5.25 Leaders had established a clear, prison-wide reading strategy. They had implemented a variety of approaches to encourage reading, such as the 'drop everything and read' and the 'down tools and read' initiatives. Non-readers benefited from regular and effective support from the Shannon Trust (see paragraph 5.8). Leaders had established reading corners in each of the prison workshops that contained fictional books and books relating to that specific industry. However, the planned reading time in prison workshops was not fully used. Leaders had scheduled a weekly library visit for each prisoner to promote reading and to develop their reading skills. However, they were often cancelled due to a lack of prison officers to escort prisoners. Teachers in education promoted reading effectively through their lessons. For example, in art, prisoners researched artists such as Andy Warhol and applied his style to their paintings. A few teachers in education had received phonics training.
- 5.26 Most prisoners received an appropriate initial screening for special educational needs and/or disabilities (SEND) on arrival. Over half of all prisoners had identified SEND needs. Those who demonstrated

additional needs undertook further in-depth SEND assessments to identify appropriate support strategies and resources to help them to succeed. Most teachers and instructors implemented these strategies effectively. For example, instructors provided bite-sized information and visual images when explaining new concepts and issuing instructions to prisoners with attention deficit hyperactivity disorder. However, in education, the quality of support for a few prisoners with identified needs was too variable and did not help them to make expected progress or prepare them fully for their next steps.

- 5.27 Peer mentors received highly effective training for their roles, including for Shannon Trust support work (see paragraph 5.8). All had achieved the level 2 peer mentoring qualification. Managers and teachers deployed peer mentors considerably across all activities and in the wider prison community. Peer mentors supported their peers very effectively in their lessons, workshops and in the residential units.
- 5.28 Most prisoners had access to a wide range of extra-curricular activities and events to broaden their interests and knowledge. For example, leaders organised regular, well-thought-out events to promote and stimulate prisoners' wider understanding of life in modern Britain. Events included LGBT Pride month, Black History Month and those that focused on the Gypsy, Roma and Traveller communities. However, a few prisoners had a narrow understanding of the fundamental values of tolerance and respect and how they applied to their daily lives.
- 5.29 Prisoners completed courses that provided useful information to help them to lead healthy lives and to develop positive relationships. Many prisoners, particularly in prison work and through peer mentoring, developed employability skills, such as teamworking and problem solving. A few groups of prisoners produced goods for local companies and charities. Prisoners on horticulture courses grew produce that was used in the prison kitchen to encourage healthy eating.
- 5.30 Prisoners felt safe in education, skills and work activities. They benefited from calm and productive learning and work environments. They were polite and respectful to staff and to each other. Education, skills and work staff had built positive relationships with prisoners, who took pride in their work and were keen to explain the new knowledge, skills and behaviour that they had developed. In prison work, prisoners displayed professional behaviour and attitudes for the industries in which they worked.
- 5.31 Prisoners benefited from effective resettlement support, including appropriate careers education, information, advice and guidance. Leaders had established links with several regional and national employers who were supportive of employing ex-offenders.
- 5.32 Leaders and managers worked closely with staff across the education, skills and work provision to manage their workload and to support their well-being. A senior manager was responsible for staff welfare. Managers, teachers and instructors attended regular and appropriate training and staff development activities to support their roles.

5.33 Leaders and managers had fully addressed three of the four recommendations from the previous inspection and had partially achieved the fourth. They continued to carry out appropriate activities to monitor the quality of the education, skills and work provision. They included evaluations of teaching practices, themed learning walks and joint self-assessments of the quality of the provision with Novus. However, these activities had not led to sufficient further improvements in the quality of education. Updates on action plans described what leaders had done rather than the impact of the action they had taken. Senior prison leaders did not have sufficient oversight of the quality of the education, skills and work provision.

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 Services to support families and promote contact were well coordinated and were continuing to be developed further under new leadership. The charity Partners of Prisoners and Family Support Group (POPS) provided a high-quality and wide-ranging service, with a large number of staff to support families in the visits area and in the outside visitors' centre. Playworkers had developed a wide range of table-top activity packs, so children could interact with their parent.
- 6.2 In addition, there was an energetic family development worker, who worked with both POPS and the education department, to deliver an active family pathway. A full programme of family days was running, including celebrations of achievements in offending behaviour work and in education, as well as a recently introduced 'new Dad' day. There was also a family day for the therapeutic community. (See paragraph 1.13.)
- 6.3 Family forums took place regularly in the visitors' centre, with a governor in attendance, and each wing had a family peer representative. The emphasis on families also extended to the therapeutic community, which benefited from a family and youth worker.
- 6.4 Prisoners were unhappy that they had to wear prison clothes during visits.
- 6.5 The prison was now offering more for those who did not receive visits – support from volunteer befrienders was available through the charity New Bridge as well as the official prison visitors scheme and the Letter Link project run by Prison Fellowship. The prison had started to introduce residents' days, which were activity days in the visits areas for those not receiving visits.

- 6.6 The provision for video calling had improved – there were three soundproof booths in each of the two visits halls. There was a sufficient number of spaces, but prisoners often reported system connectivity problems.
- 6.7 In our survey, over half of respondents said they had had problems sending or receiving letters (51%) and parcels (53%). Mail room staff were often redeployed to other duties because of shortages on the wings, so delays were common.

Reducing reoffending

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

- 6.8 The individual prisoner's progress in reducing their risk of reoffending, lay at the heart of the establishment. This was reflected in effective offender management work and a rich provision of offending behaviour programmes.
- 6.9 Leadership of the offender management unit (OMU) was strong and open to learning and continually reviewing and improving practice. During the inspection, probation staffing was well below full capacity, with 6.5 probation officer positions and one senior probation officer post vacant. The gap was partly filled by probation funding for four extra prison officers to work as prison offender managers (POMs). Caseloads were high, especially for probation staff, since a high proportion of prisoners presented a high risk of harm to others.
- 6.10 It was striking, therefore, that prisoners were satisfied with the contact they had with their POM. In our survey, 75% said they had a sentence plan, 90% of whom said they knew what their objectives or targets were. A large cohort of prison-employed POMs were visible on the wings and supported the work of probation colleagues, even though they were frequently redeployed to operational duties.
- 6.11 The standard of assessment and sentence planning was generally good and most of the documents we examined were comprehensive. They had well-informed risk management plans, which promoted good sentence planning. There was evidence of POMs reviewing what prisoners had learned after they had completed their interventions and making suggestions for further work so they could demonstrate a meaningful and sustained reduction of their risks.
- 6.12 Almost all prisoners we interviewed said that key work sessions (see Glossary) were either non-existent or too inconsistent to be meaningful, so they would instead bypass them and go straight to their POM for help or support.
- 6.13 Almost all prisoners were serving long sentences. There was a high number of parole hearings, placing considerable strain on staff and facilities, but targets were being met. The Parole Board was shortly to

place a member of administrative staff in the prison to help with the heavy organisational demand. Because of the level of programme delivery, long-term prisoners waiting for these interventions did not have the levels of frustration that we often find in other prisons.

- 6.14 The recategorisation process was effective, assessments were based on information from a range of sources and paid attention to eligibility, behaviour, and any outstanding risk reduction work.
- 6.15 The prison held 162 imprisonment for public protection (IPP) prisoners, which was a large number, and 62 of them were in the highest priority category for support, as defined by HM Prison and Probation Service (HMPPS). They were well monitored and supported, and each was case-managed by a psychologist as well as a POM. While individual case work was good, overall oversight was not sufficient, but a monthly IPP meeting was about to start with the aim of improving this.
- 6.16 The community offender managers (COMs) and POMs consistently took part in post-programme work, where a prisoner had completed an offending behaviour programme. We saw evidence of POM supervision sessions that reinforced lessons learned from a programme. Refresher sessions were conducted and where appropriate, further courses were discussed and added to the sentence plan. This continual reviewing of risks, with action aimed at reducing them further, was much better than we often see.

Public protection

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

- 6.17 The core work of public protection was carried out effectively, from the initial risk screening through to the pre-release process. Multi-agency public protection arrangement (MAPPA) management levels were not always confirmed six months before the prisoner's release date, but managers were taking steps to improve this.
- 6.18 POMs took part in MAPPA meetings in the community, and written reports were reasonably good. Most considered information from a range of sources, and triggers were well identified, such as anniversaries and bereavements, and staff's observations about prisoners' changes in personal relationships were also taken into account. Information from a range of departments in the prison was used and risk analysis was reasonable in most examples we reviewed.
- 6.19 Mail and phone monitoring continued to be undertaken with effective governance through the interdepartmental risk management meeting.

Interventions and support

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

- 6.20 A very full schedule of at least 10 different accredited programmes was delivered by a large well-established team. In addition, this prison was taking a lead in delivering the one-to-one Healthy Sex Programme, and interventions were offered to those with learning difficulties and challenges, as well as in response to specific issues such as radicalisation or arson.
- 6.21 With almost 200 prisoners a year completing these programmes, the number delivered was higher than before 2020. A good range of non-accredited programme work to reinforce lessons learned was also provided to a greater extent than we often see.
- 6.22 Outside the programmes and psychology teams, OMU staff offered some young adults the Choices and Changes initiative, POMs delivered one-to-one work through a victim awareness booklet and the Sycamore Tree victim awareness programme continued to be available.

Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Offender personality disorder units, including psychologically informed planned environments

- 6.23 There were now two psychologically informed planned environment (PIPE) units, which were part of the offender personality disorder pathway. They both focused on progression for prisoners who had completed and benefited from offending behaviour programmes. Their ethos was to enable prisoners to practise and consolidate their skills in preparation for progression through their sentence. Several residents told us about the benefits of being in the PIPE units, putting into practice the skills learnt during therapy elsewhere. They were complimentary about the staff, and we observed mutually respectful interactions.
- 6.24 The PIPE on F wing had achieved the Enabling Environment Award from the Royal College of Psychiatrists. Residents, represented by 10 champions, worked hard on achieving the award together with staff. The other PIPE was working towards the same accreditation.
- 6.25 Both PIPE units had clinical lead staff who were psychologists and officers who had received additional training to increase their

understanding and support the day-to-day work of the units. The officers received group and individual supervision from the psychologists. However, they were too often redeployed to work in other units because of operational pressures, and structured groupwork often had to be postponed. Each PIPE was allocated a custodial manager, but for various reasons this person was often not present, so the clinical lead psychologists were sometimes left to take operational decisions.

- 6.26 The PIPE units ran fortnightly structured group sessions and fortnightly key worker sessions. Both units offered creative sessions, such as yoga, music and drama groups, vegetable growing in the PIPE garden and a reading group.

Therapeutic communities

- 6.27 The therapeutic community on K wing had matured into an effective provision built on multidisciplinary working. A clear ethos had been established over many years. Operating 24 hours a day, seven days a week, this 12-month programme with 70 places provided a structured, therapeutic environment for prisoners with substance dependency issues and was highly valued. It had 'recovery peers' helping to support and mentor those undertaking the programme.

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 HMPPS had not designated Wymott a resettlement prison and it was not resourced for this function. However, about 20 prisoners a month were released as population pressures meant it was not possible for them to transfer to a resettlement prison nearer to their release area.
- 6.29 For cases within the parole window and those approaching release, we generally saw good input from the COM. Referrals for approved premises, safeguarding checks and community support service referrals were completed in good time and plans for release in most cases were mostly comprehensive.
- 6.30 Those who would be released from the prison, received support to open bank accounts and obtain ID through a team that included the prison employment lead staff member and an administrative worker. There was also some help with employment issues, focusing especially on preparation for self-employment for those convicted of sexual offences. A monthly series of employment events, bringing in outside employers, was well established. It was encouraging that, in the last few months, employment outcomes for prisoners convicted of sexual offences on release had well exceeded the target set.

- 6.31 The establishment had allocated a custodial manager to lead on resettlement, and there was good joint working with Department for Work and Pensions staff, the Achieve employment charity, and specialist staff. A monthly multidisciplinary 'through-the-gate' meeting worked well – it made detailed plans for those due for release or possible parole in the following three months. There was also better input than we sometimes see from COMs.
- 6.32 Practical support on the day of release had improved. A departure lounge was now in place, and the family development worker provided family members meeting the released person with good support. There was also practical help, such as with clothing and holdalls, as well as taxis to the station.

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 2016, most prisoners had relatively short journeys to the prison and felt safe during escorts. Early days support was good. Levels of violence had increased and prisoners were more likely to say they felt unsafe than previously and compared with similar prisons. The prison had taken effective measures to address the challenges. A small number of prisoners were isolating themselves and the regime offered to them was poor. Arrangements to keep vulnerable prisoners safe remained good. Assessment, care in custody and teamwork (ACCT) case reviews for prisoners at risk of suicide or self-harm were comprehensive but other aspects of the process were applied inconsistently. Safeguarding arrangements were reasonably good overall. Security arrangements were generally appropriate. Disciplinary processes and use of force were generally well managed. The regime in segregation was too limited and a more active approach to reintegration was needed. Substance misuse work was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The prison should focus on reducing the concerns of prisoners who isolate themselves on the wings, and provide them with a regime that is as full, varied and stimulating as possible.

Not achieved

Recommendations

All staff should be appropriately trained in ACCT processes, which should support prisoners at risk effectively and address underlying issues.

Not achieved

Visits restrictions should be imposed only for visits-related activity. (Repeated recommendation.)

Achieved

Suspicion drug testing should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (Repeated recommendation.)

Not achieved

Prisoners on the basic level of the IEP scheme should be set individual targets that reflect their poor behaviour and be encouraged to address the reasons for that behaviour.

Partially achieved

Governance of all aspects of use of force should be rigorous, all associated documents should be completed promptly and kept together and all planned incidents should be recorded.

Achieved

Segregated prisoners should have individual management plans to ensure that their needs are being met.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, outside areas were excellent. The accommodation was clean and free of graffiti and there had been a significant focus on ensuring prisoners lived in decent conditions. Staff-prisoner relationships were good and consultation was excellent. Equality and diversity work had improved but better living accommodation for disabled prisoners was required. Faith provision was appropriate. There was little demand for legal services support. Efforts were being made to ensure complaints received an appropriate response, but the quality was still too mixed. Some serious failings in health care needed immediate attention. Food was relatively good. Canteen arrangements were adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Resources should be made available to ensure there are appropriate residential facilities for men with very restricted mobility, wheelchair users, people who are on the palliative care register and those with other disabilities. All areas of the prison should be made accessible.

Not achieved

The quality of health care needed to improve and sufficient well-trained and supported staff should be recruited to provide a consistent effective and safe service.

No longer relevant

Recommendations

Cells designed for one prisoner should not hold two. (Repeated recommendation.)

Not achieved

Showers should be improved and include full privacy screening; toilets should be adequately screened.

Not achieved

Responses to applications should be monitored to ensure they are appropriate and timely.

Not achieved

The needs of foreign national prisoners should be better understood, and appropriate support provided.

Not achieved

The prison should ensure that officers do not disturb services.

Achieved

Legal visits should start on time and provide adequate privacy. (Repeated recommendation.)

Not achieved

All treatment rooms and the pharmacy should be cleaned to NHS equivalent standards and comply fully with infection control standards.

Achieved

The emergency resuscitation equipment should be in good order and monitored effectively.

Achieved

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

Achieved

Complaints and serious adverse incidents should be monitored and analysed regularly to inform service improvement.

Not achieved

Prisoners should be able to see a GP within waiting times that are expected in the community.

Achieved

Appropriately trained and supervised staff should undertake reviews for those with long-term conditions and devise a care plan.

Achieved

Secure storage should be provided for patients prescribed with in-possession medication.

Not achieved

Medicine administration should be supervised and sufficient privacy maintained.
(Repeated recommendation.)

Achieved

Stock medicines should be monitored routinely and discrepancies managed appropriately.

Achieved

Long waiting times to see the dentist should be reduced and prisoners' access should be the same as would be expected in the community.

Achieved

The dental suite should be clinically clean and emergency equipment in good order.

Achieved

All prisoners should have timely access to the same full range of mental health services that are available in the community, including psychologically informed therapies.

Not achieved

Transfers to mental health services should take place within the current time guideline.

Not achieved

Prisoners should be able to place a shop order within 24 hours of arrival.
(Repeated recommendation.)

Achieved

Purposeful activity

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

At the last inspection, in 2016, most prisoners were purposefully employed and, despite a temporary restricted regime, time out of cell was reasonable. Ofsted rated education, work and activities as good overall. Partnership working was well developed and the provision was focused on the needs of the population. Observation of teaching and learning in some areas needed to improve. Overall attendance at activities was good and behaviour excellent. The quality and range of activities was good, and those on the vulnerable prisoner wings had equitable access. Outcomes were generally good, although functional skills needed further improvement. Access to the library was somewhat limited. The gym provision was reasonable overall. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should have enough time out of their cells every day to make telephone calls, collect meals and take showers.

No longer relevant

Prisoners should be able to spend one hour a day on outdoor exercise.
(Repeated recommendation.)

Achieved

Staff who observe prison-run training sessions as part of quality improvement processes should focus on identifying areas for improvement to ensure all learners make rapid progress.

Partially achieved

Teachers and tutors should set clear targets that all prisoners understand so they know what they need to do progress.

Partially achieved

Instructors and managers in prison work and workshops should make sure that prisoners are aware of the progress they have made in building their employment skills.

Achieved

Prisoners should receive assistance to increase their achievement rates on functional skills English courses.

Achieved

All prisoners should have equitable and consistent access to the library.

Not achieved

The sports hall floor should be repaired.

Achieved

The prison should monitor gym usage to identify any groups of prisoners who do not routinely use the facility and address any issues.

Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2016, the prison had a clear focus on meeting prisoners' resettlement needs. Offender management arrangements were now reasonable overall. Levels of contact with prisoners still needed to be improved. Public protection processes were generally appropriate. Categorisation work was good and appropriate support was provided to those serving indeterminate sentences. Some reintegration work for those released directly from Wymott needed to be improved. Children and families work was strong. A good range of offending behaviour programmes was offered and the psychologically informed planned environment (PIPE) unit and therapeutic community (TC) were excellent initiatives. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

All prisoners due for release should be provided with support to meet their resettlement needs in good time for discharge.

Achieved

Recommendations

All prisoners should have an up-to-date OASys assessment and sentence plan. (Repeated recommendation.)

Not achieved

All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm, provides support, motivation and challenge, and actively monitors progression. (Repeated recommendation.)

Achieved

MAPPA levels should be confirmed at least six months before release, to enable the OMU to contribute to more MAPPA release plans. (Repeated recommendation.)

Not achieved

The prison should explore the possibility of additional support for men who don't get visits.

Achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from August 2020.

Data on self-harm should be used to monitor the trends in incidents during the restricted regime and this should be communicated widely to staff and prisoners. Listeners should be active throughout the prison to provide support to those in crisis.

No longer relevant

Key worker sessions, with a focus on prisoner wellbeing and the restarting of purposeful rehabilitative work, should be resumed.

Not achieved

Work on equality should include robust oversight, effective monitoring and action planning, to ensure that the needs of prisoners with protected characteristics are consistently identified and met.

Not achieved

Managers should ensure that the pharmacy has systems in place to store and dispense medicines in a safe and timely manner, and that urgent attention is given to outstanding remedial work to the pharmacy clinical environment.

Achieved

Prisoners should have timely access to psychological treatment, commensurate with that in the community.

Not achieved

The engagement of learners should be prioritised, and education and learning opportunities specific to their needs should be provided. As a priority, a process whereby their work can be assessed should be introduced.

No longer relevant

Prison offender managers and key workers should engage with prisoners to discuss the impact of the ongoing restricted regime on their individual sentence plan, and set realistic steps and timescales for progression.

No longer relevant

Routine and timely contact with prisoners should be safely resumed, to ensure effective and meaningful release planning.

No longer relevant

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

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Martin Kettle	Inspector
Dionne Walker	Inspector
Donna Ward	Inspector
Steve Oliver Watts	Inspector
Helen Downham	Researcher
Samantha Moses	Researcher
Joe Simmonds	Researcher
Jasjeet Sohal	Researcher
Maureen Jamieson	Lead health and social care inspector
Dawn Angwin	Health and social care inspector
Craig Whitlock-Wainwright	General Pharmaceutical Council inspector
Dayni Johnson	Care Quality Commission inspector
Glenise Burrell	Ofsted inspector
Ian Frear	Ofsted inspector
Ruth Stammers	Ofsted inspector
Joanne Stork	Ofsted inspector
Andrew Thompson	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.

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).

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 Care Quality Commission Requirement Notice



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

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

Provider

Greater Manchester Mental Health NHS Foundation Trust

Location

HMP Wymott

Location ID

RXVU8

Regulated activities

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

Action we have told the provider to take

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

Regulation 16

Receiving and acting on complaints

How the regulation was not being met:

The management of complaints was poor. Responses to patient complaints were regularly outside the provider's policy timeframe to reply, and we found 2 complaints which had taken over 4 months to respond to. Patients often submitted repeated complaints due to a lack of response, and there was no quality assurance process of the responses to patient complaints.

Regulation 18

Staffing

How the regulation was not being met:

- Staff did not receive regular clinical and managerial supervision in line with trust policy.
- The overall rate of compliance for all staff mandatory training was only 83%. In particular only 67% of staff had received up to date intermediate life support training, and only 55% of staff had received up to date safeguarding children level 3 training.
- As a result of insufficient levels of staff to provide psychological interventions, waiting times for talking therapies were excessive at 39 weeks. This meant that patients could not access the therapy they required in a timely manner.
- There had been no on-site head of healthcare for several months which impacted on clinical leads' abilities to fulfil their roles and maintain effective oversight of the department.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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