



Report on an unannounced inspection of

HMP Peterborough (Men)

by HM Chief Inspector of Prisons

8–18 January 2024



Contents

Introduction.....	3
What needs to improve at HMP Peterborough (Men).....	5
About HMP Peterborough (Men).....	7
Section 1 Summary of key findings.....	9
Section 2 Leadership.....	12
Section 3 Safety.....	13
Section 4 Respect.....	19
Section 5 Purposeful activity.....	35
Section 6 Preparation for release.....	44
Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports.....	49
Appendix I About our inspections and reports.....	57
Appendix II Glossary.....	60
Appendix III Care Quality Commission Requirement Notice.....	63
Appendix IV Further resources.....	65

Introduction

HM Prison Peterborough, operated by Sodexo, is a reception and resettlement prison serving Eastern England. A modern facility, the prison opened in 2005 and is capable of holding 944 adult men, although just 906 were on the roll during this inspection. Peterborough also has an entirely separate women's facility adjacent but within the prison wall. We inspected that part of the prison in November 2023.

At recent inspections, we have reported positively on the outcomes at Peterborough, highlighting the prison as one of the better reception and resettlement prisons in the country. We last inspected in 2018, and although we expressed significant concerns about aspects of safety, in our healthy prison tests of respect, purposeful activity and rehabilitation and release planning, we found outcomes that were reasonably good or better. At this inspection, however, our findings suggest quite significant changes and deterioration, with outcomes in respect and preparation for release now not sufficiently good, while the regime had become poor. The exception was safety, where we saw some improvement, to the extent that outcomes under this test were now reasonably good.

Due to its role as a reception prison, a large number of new prisoners arrived each week, but they were treated well, supported by peer workers, and received a reasonable induction. The promotion of positive behaviour was adequate, with most safety outcome measures suggesting Peterborough was fairly typical when compared with similar prisons. This should not negate the fact, however, that a quarter of prisoners in our survey indicated that they felt unsafe at the time of the inspection, a perception even worse among Muslim prisoners. It was clear to us that more needed to be done to further incentivise and promote positive engagement, while taking robust action to deter poor behaviour.

Use of segregation was fairly high, although prisoners did not spend long there. The use of force had reduced slightly, possibly because of better oversight. Drugs were a concern, with a third of prisoners telling us it was easy to access illicit substances and mandatory random testing indicating that well over a quarter of the population were active drug users within the prison at the time of the inspection. In addition to this, there had been two self-inflicted deaths in the past five years, but self-harm was lower than the average in comparable prisons. Our findings suggested there was scope for more rigorous oversight of safeguarding procedures and a more caring approach from staff towards those in crisis.

In general, staff-prisoner relationships were respectful, although many staff were inexperienced and lacked confidence with, for example, the enforcement of rules. The promotion of fair treatment had been neglected in recent years, but the appointment of a new diversity manager was very encouraging. The prison was overcrowded by about a third and while it was clean some cells needed to be redecorated. The food was unpopular with many prisoners and prisoner consultation was ineffective. Arrangements for the management of applications and complaints were better. Chronic recruitment and retention difficulties among

clinicians was undermining health care provision and leading to several poor outcomes which we detail in this report.

Time out of cell had deteriorated quite markedly; this was reflected in unpredictable and inconsistent daily routines and the 42% of prisoners we found locked in their cells during the working day. Well under half of prisoners were engaged in purposeful activity and even fewer in education or workshop activity off wing. Our colleagues in Ofsted judged the overall effectiveness of provision as inadequate, their lowest assessment. With the exception of support for contact with children and families, we found many shortcomings in the prison's work to help prepare prisoners for release. Gaps in leadership had led to an uncoordinated approach; support for the many remanded or recalled prisoners was limited and the overall quality of offender management casework we reviewed was not good enough. More rigour was needed in the oversight of public protection arrangements and the outcomes we recorded for prisoners on release evidenced clear failings in the support they received as they returned to the community.

Peterborough men's prison is not as good as it has been in the past, which is a great disappointment. To arrest the deterioration, regaining stability in leadership must be a priority. Leaders had been taken from Peterborough to tackle operational challenges elsewhere in the estate and this seems to have had a detrimental effect. Greater priority needs to be given to this prison and more support provided for the interim director. Other priorities include the need for greater attention to the quality of oversight and systems of accountability; better and more consistent supervision of staff to improve their capability; and much improved partnership working so that service providers can be held to account.

Charlie Taylor

HM Chief Inspector of Prisons

March 2024

What needs to improve at HMP Peterborough (Men)

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

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

Priority concerns

1. **About a third of officers were typically unavailable for duty.** The regime was consequently often cancelled or curtailed, leading to too many prisoners being locked up during the core working day.
2. **Illicit substances were far too easy to access, undermining safety, well-being and rehabilitation.** In our survey, a third of prisoners said it was easy to get hold of drugs and a quarter of all random drug test results had been positive in the last year.
3. **Not all prisoners had a second health needs assessment within a week of arriving at the prison.** This meant additional risks and treatment needs were not being identified or addressed.
4. **The management of those arriving at the prison with drug and alcohol problems was not robust.** Prisoners arriving late in the evening experienced delays in accessing their medication. Overnight clinical observations and monitoring were inconsistent.
5. **There was insufficient education, skills and work to meet the needs of the population.** This limited prisoners' preparation for employment on release and too many others were engaged in work which had no formal training, was too easy and did not develop employability skills.
6. **Resettlement support was too limited.** A large proportion of prisoners were excluded from getting any help. The regular housing adviser, for example, had not been on site for over a year and almost a third of prisoners had been released homeless.

Key concerns

7. **Work to reduce violence was limited and there were few incentives to reward good behaviour.**
8. **Patient safety was being undermined by staff shortages and weaknesses in health care systems.** For example, record keeping

was poor, not all clinical incidents were being reported and there was a backlog of complaints.

9. **The quality of teaching and learning was not good enough.**
10. **There were no structured enrichment or personal development activities apart from education and training courses.**
11. **Planning for the release of high-risk prisoners required improvement and better coordination.** Not all were reviewed before release and there was too little joint planning between prison and community offender managers.

About HMP Peterborough (Men)

Task of the prison/establishment

Reception and resettlement prison.

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

Prisoners held at the time of inspection: 906

Baseline certified normal capacity: 772

In-use certified normal capacity: 772

Operational capacity: 944

Population of the prison

- 3,671 new prisoners had arrived at the prison in the last year and over 100 were released each month.
- Just under half were remanded or unsentenced and three quarters of the population had been at Peterborough for six months or less.
- Almost one in five prisoners were foreign nationals.
- 24% were from black and minority ethnic backgrounds.
- 333 men had been released homeless in the last 12 months.
- 194 prisoners were receiving support for substance use at the time of this inspection and, on average, 113 prisoners a month were referred for a mental health assessment.

Prison status (public or private) and key providers

Private - Sodexo

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust

Mental health provider: Northamptonshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Healthcare NHS Foundation Trust

Prison education framework provider: Sodexo

Escort contractor: Serco

Prison group/Department

Private Prisons – Custodial Contracts Directorate

Prison Group Director

Ron Withers

Brief history

The prison opened in 2005 and Sodexo was subcontracted to operate it under a 25-year contract. It is the only prison in England and Wales to hold men and women on the same site.

Short description of residential units

House block 3:

W1 – Early days in custody

X1 – Early days in custody and the substance misuse stabilisation unit

Y1 – General population

Z1 – General population

House block 4:
General population

House block 5:
Burghley – Incentivised substance-free living unit
Royce – General population
Cavell and Nene – primarily for prisoners remanded or convicted of a sexual offence

Health care unit:
Capacity of 12: with eight cells and a four-bed ward

Separation and care:
Capacity of 14

Name of governor/director and date in post

Mark Bennett (Acting Director) from October 2023 to present day

Changes of governor/director since the last inspection

Ian Whiteside from 2022 to October 2023

Damian Evans from 2016 to 2022

Independent Monitoring Board chair

Steve Boast

Date of last inspection

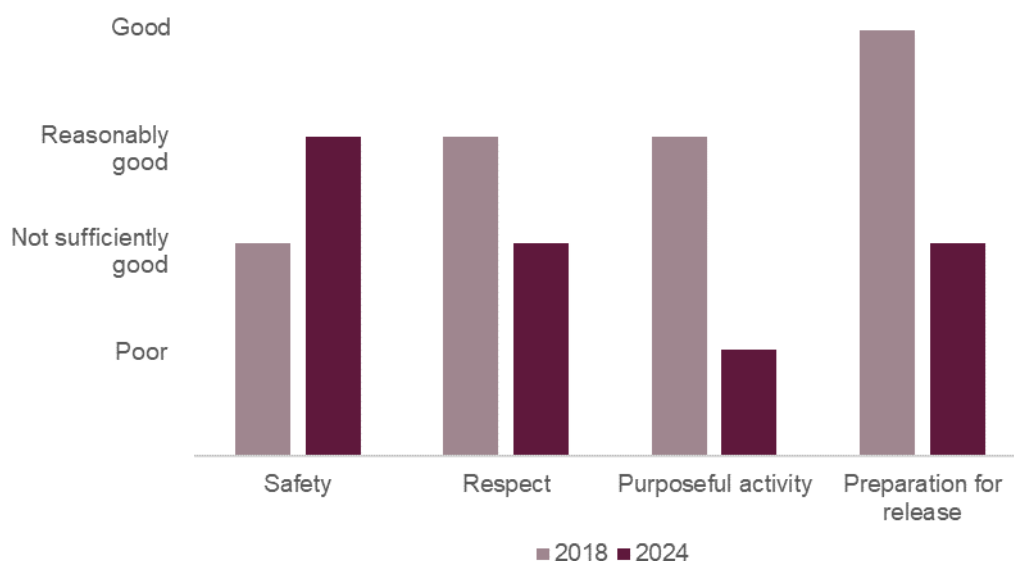
July 2018

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 Peterborough (Men), we found that outcomes for prisoners were:
- reasonably good for safety
 - not sufficiently good for respect
 - poor for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected Peterborough (Men) in 2018. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Peterborough (Men) healthy prison outcomes 2018 and 2024



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2018 we made 58 recommendations, two of which were about areas of key concern. The prison fully accepted 44 of the recommendations and partially (or subject to resources) accepted 10. It rejected four of the recommendations.
- 1.5 At this inspection we found that neither of our recommendations about areas of key concern in the areas of safety and respect 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 November 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 five recommendations about areas of key concern. At this inspection we found that two of the recommendations had been achieved, one had been partially achieved and two had not been achieved.

Notable positive practice

- 1.8 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

- 1.9 Inspectors found three examples of notable positive practice during this inspection. which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met but are by no means the only way.

Examples of notable positive practice

- | | | |
|----|--|--------------------|
| a) | Support for transgender prisoners was excellent. Staff had a good working knowledge of the gender transition process and were able to provide support that was greatly appreciated by prisoners and helped reduce their anxieties. This included contacting health professionals and external agencies involved in the decision-making process for approving gender recognition certification. | See paragraph 4.26 |
| b) | A very attractive pod in the visits hall provided a more peaceful and private space for neurodivergent children who found the main visits area overwhelming. | See paragraph 6.2 |

c) The Outside Links service in Peterborough city centre was valuable and enabled prisoners to access lots of practical help in the days after release, including hot meals, showers and telephone calls.	See paragraph 6.23
---	--------------------

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 deployment of senior staff to support other Sodexo prisons over the last 18 months had impacted negatively on institutional performance and several important outcomes. This general deterioration was reflected in our healthy prison assessments.
- 2.3 The director was prioritising support for his senior team and middle managers through direct engagement, in an attempt to improve performance and ensure greater accountability. Improvements also included the designation of new posts, for example, one to oversee the health care inpatients unit and mentors to support new staff.
- 2.4 Frequent leadership changes within education, skills and work had similarly contributed to a significant decline in the quality of purposeful activity in the prison, compounded by insufficient spaces to meet the needs of the population. The position of head of reducing reoffending had been left vacant for too long and partnership working with the commissioned rehabilitative services (CRS) provider was poor. For example, regular housing staff had not attended the prison for months.
- 2.5 The appointment of a new diversity and inclusion manager was beginning to drive forward work to promote fair treatment, but our survey showed distinct negativity among Muslim prisoners, notably around some key aspects of safety and respect, of which prison leaders had not been aware. The use of data was limited and oversight remained weak.
- 2.6 Recruitment activity had been successful and new officers were due to start. The director was also taking a more robust approach to managing staff sickness absence but despite these efforts, about a third of officers were still routinely unavailable for duty. As a result, the day-to-day regime was often cancelled or curtailed, and prisoners had very little time out of cell.
- 2.7 Our survey findings showed that many staff felt unsupported, and morale was low. They told us that communication from managers was limited and many said they did not know the priorities of the prison. Many officers we spoke to commented on the lack of training opportunities to develop their broader skills.

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 Prison staff in reception provided reasonably good management of the very high number of new prisoners arriving and those being released. The number of new arrivals had increased due to population pressures nationally, which meant more were being redirected to Peterborough following their court appearance. Many arrived late in the evening, but officers and peer workers were available until 11pm to manage this. However, prescribing late at night was less reliable which caused delays in some prisoners accessing the medication they needed (see paragraph 4.74).
- 3.2 All new arrivals had a body scan, and the prison had determined they should all be strip-searched given the level of risk that drug availability posed to the safety of the prison. The reception area was spacious, but some of the holding rooms were untidy and contained little information for prisoners. Interactions between staff and prisoners were pleasant but functional, and too many prisoners spent too long in reception, when they could have been moved to the early days wing.
- 3.3 All new arrivals had an initial safety interview in private, however, staff could have done more to explore potential vulnerabilities during this time. Prisoners arriving late at night told us they felt rushed through some of the checks and interviews.
- 3.4 New arrivals were located on house block 3 with those detoxifying from drug and alcohol use going to a dedicated landing on the same house block. First night cells were generally clean and reasonably equipped for all.
- 3.5 An enthusiastic team of peer workers, known as the 'Insiders' (prisoners who introduce new arrivals to prison life) supported prisoners by helping and reassuring them. They lived on the early days wings, which meant they could continue to support prisoners beyond the first night. They completed five and 14-day follow-up checks on each prisoner, which was a good idea, but they were often handling personal information, which was not appropriate.
- 3.6 Induction arrangements were good; in our survey, far more prisoners than in similar prisons said that they had completed the programme

and that it had covered everything they needed to know. Insiders were involved in the delivery of the programme and checked to make sure that prisoners had completed all elements (including sessions from gym staff and other peer workers, such as safer custody).

- 3.7 However, oversight of delivery of the programme was limited. For example, staff from the offender management unit did not always see new arrivals, but it was not clear what action leaders had taken to address this. We were also not confident that some groups, such as vulnerable prisoners, non-English speakers or those arriving late at night, received the same quality of support as others.
- 3.8 Following completion of the induction programme, prisoners had a poor regime, with only two hours a day out of cell, and this was worse for vulnerable prisoners who only had one hour out of cell each day. Prisoners often waited far too long before being allocated to education, skills, or work activity to keep them busy and get more time out of cell (see paragraph 5.3).

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

- 3.9 In our survey, 24% of prisoners said they felt unsafe at the time of the inspection. However, Muslim prisoners were far more negative, with 43% feeling unsafe, compared with 16% of other prisoners. Leaders had not been aware of this negative perception.
- 3.10 There had been 282 assaults on prisoners in the last 12 months, which was a similar rate to other reception and resettlement prisons. There had been 105 assaults on staff; and 20 of those were deemed serious, with two particularly severe incidents involving the use of weapons.
- 3.11 Leaders maintained good oversight of issues relating to violence and, for example, made sure that each incident was investigated thoroughly. A monthly strategic meeting also looked at a wide range of data, and a weekly safety intervention meeting (SIM) addressed the management of individual perpetrators. Both meetings were further supported by a daily meeting that discussed the events of the previous day and set immediate actions to try to reduce violence.
- 3.12 Challenge, support and intervention plans were used both to support victims and manage the behaviour of perpetrators of violence. Officers were aware of which prisoners had a plan and regular reviews took place. However, targets in plans were often generic and failed to promote specific changes in behaviour or enable staff to assess the progress being made. There was, however, a good range of restorative

interventions available which were aimed at resolving conflict, but their delivery was limited due to limited staff resources and specialist input.

- 3.13 Staff swiftly identified prisoners when they were isolating in their cells because of the fear of violence from other prisoners, and they were usually offered the chance to relocate to another wing. This was sensible but did little to address the underlying causes of their fear.
- 3.14 There were too few incentives and rewards to promote good behaviour and too few consequences to deter poor behaviour. We saw prisoners swearing and vaping on the landings, unchallenged by staff and leaders.

Adjudications

- 3.15 We reviewed a sample of adjudication records and found that the quality of enquiry into many was limited and sometimes poor. Many charges seemed to be quite trivial and there seemed to be too much reliance on formal procedures.
- 3.16 Oversight of adjudications was limited. Monitoring meetings had not been held regularly and there was no quality assurance process to identify or rectify problems. There was also a considerable backlog of adjudications waiting to be dealt with and at the time of our inspection 234 were outstanding, of which 39 had been remanded for police consideration due to their seriousness. Several charges were dismissed because of delays.

Use of force

- 3.17 The number of times that force had been used against prisoners had reduced slightly since our last inspection and was now below average for similar prisons.
- 3.18 Oversight had improved recently as a control and restraint coordinator (an officer who trained other staff in the use of force) had been appointed and all incidents were now scrutinised, including viewing any available footage from closed-circuit television and body-worn video cameras (BWVCs). However, the coordinator was often cross deployed to other duties, which limited the pace of improvements being made. Issues identified through the scrutiny were raised with the deputy director, which helped to promote learning for others and accountability over the staff involved in the incidents. A monthly meeting enabled leaders to review a wide range of data and better understand the reasons for the use of force.
- 3.19 In the body-worn video footage we viewed, there were some good examples of de-escalation and the level of force used was proportionate and justified. However, in a couple of cases, the decision to use force was taken too quickly, rather than as a last resort, and without making more attempts to de-escalate the situation first. The footage we viewed and further examination of use of force records showed some unnecessary use of rigid bar handcuffs with prisoners

who had already become compliant. Special accommodation had been used four times in the last year, and its use was appropriate in each of these cases.

- 3.20 The use of body-worn video cameras had recently improved but only about half of all incidents were recorded. Leaders had identified problems with the system and had replaced some of the cameras, but several of the incidents we viewed had no sound at all, which made it difficult to quality assure them.

Segregation

- 3.21 Segregation had been used 551 times in the last year, which was high, but the average length of stay was short, at just under 10 days. In our survey, far more Muslim (41%) than non-Muslim (14%) prisoners said that they had been segregated in the last six months which leaders needed to explore. It was positive that most prisoners returned to the wings after their stay in segregation.
- 3.22 Oversight of the use of segregation was poor; as the monitoring and review meeting had only been held once in the last year and analysis of data, to explore trends or investigate disparities, was also very limited.
- 3.23 The unit was clean, cells were basic but had in-cell telephony, which was positive, and prisoners were provided with a radio. The exercises yards remained oppressive and bare.
- 3.24 The regime was limited; prisoners were able to shower and clean their cell daily, but they had little else to do and were not engaged in any purposeful activity either on the unit or off. Gym sessions did not take place and only a very limited number of books were available on the unit.
- 3.25 A few prisoners we spoke to described antagonistic attitudes from some staff but the interactions we saw were polite.
- 3.26 Some prisoners did not have a reintegration plan, and some of the plans that were in place did not clearly set out actions to be taken to help the prisoner change their behaviour and return to the main wings. Some of the documentation authorising segregation was also limited, failing to sufficiently justify the intervention.

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 The availability of drugs was a concern. In our survey, a third of men said they were easy to get hold of and 16% said they had developed a

drug problem since being at the prison. Random drug testing undertaken between April and December 2023 showed that almost 27% of those tested were actively using drugs, a figure that represented a considerable increase since we last inspected.

- 3.28 There was effective screening for drug misuse on arrival at the prison. Prisoners were given the option of living on a drug-free wing, but this merely amounted to signing a compact (agreeing not to use illicit substances), with little clinical support on that wing.
- 3.29 A very recent drug supply reduction action plan had been developed, with appropriate priorities, but it was too soon to judge its overall effectiveness.
- 3.30 There had been 5,784 intelligence reports submitted in the last year and these were managed well, with no backlogs. Information was prioritised and urgent reports were dealt with swiftly.
- 3.31 The security meeting was well attended and used comprehensive data drawn from the previous month's intelligence reports to set appropriate actions to tackle the threats.
- 3.32 There were a couple of weaknesses in very basic security. While conducting our roll checks on the wings, some officers were unable to account for the whereabouts of all prisoners, and on one occasion we found an unescorted prisoner, outside of free-flow times, waiting by the entrance to a house block and staff did not know he was there.

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

- 3.33 There had been two self-inflicted deaths since our last full inspection. Both involved foreign national prisoners, yet we still found weaknesses in the care and support given to this group (see paragraph 4.23). The rate of self-harm had reduced slightly over the previous year and was lower than the average for similar prisons. There had been 154 individuals who had self-harmed, with a total of 551 incidents.
- 3.34 In the past year, 36% of newly arrived prisoners had a recorded history of self-harm. Leaders had taken steps to encourage staff to open an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm, if court staff had raised concerns. This highlighted vulnerable individuals to wing staff without delay and enabled continued monitoring and ongoing support.

- 3.35 Only 44% of prisoners in our survey who had been on an ACCT felt cared for. The quality of completed ACCT documentation was too variable. For example, many care plans did not include meaningful actions to address underlying causes and some of the timings of observations during the night were too predictable.
- 3.36 There had been 33 incidents of self-harm that required hospital treatment due to the injuries caused. However, the quality of investigations into these was very poor and only consisted of a brief description of the incident with no consideration of what could be learned about practice.
- 3.37 There was an established group of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who felt well supported by the Samaritans. However, the scheme was not well used during the night. It was concerning that, in our survey, only 9% of vulnerable prisoners said they found it easy to speak to a Listener, compared to 41% of mainstream prisoners, but this was because there were no Listeners based on the vulnerable prisoner wings. The use of a range of other peer workers such as those working with the safer custody team was positive.
- 3.38 Leaders did not have a good understanding of the causes of self-harm or what was helping to reduce it. The strategic safety meetings considered a range of data, but these were not used to drive improvement. There was too little focus on making sure steps taken to address the Prisons and Probation Ombudsman recommendations continued to be delivered in practice.

Protection of adults at risk (see Glossary)

- 3.39 Links with the local adult safeguarding board had lapsed, but the safety intervention meeting within the prison routinely identified adults at risk. However, some staff we spoke to were not aware of what to look out for or who to escalate concerns to. The neurodiversity manager had implemented an impressive model for identifying, assessing and supporting the most vulnerable, however, this work was in its infancy.

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 Most staff had a friendly and approachable manner, and we observed many positive interactions with prisoners both on the house blocks and in other parts of the prison. This was reflected in our survey, in which 74% of prisoners said staff treated them with respect, and 79% that they had a member of staff to turn to if they had a problem.
- 4.2 However, the quality and depth of relationships were undermined by staff shortages, resulting in curtailment and cancellations to the regime, which made it more difficult for prisoners to seek support. Many prisoners we spoke to commented on the time it took for staff to respond to their basic requests and the frustration this caused.
- 4.3 Key work (see Glossary) delivery was poor, and most prisoners did not receive regular sessions. Electronic case notes showed that where contact had taken place, it was infrequent, brief, and not supportive of prisoners' progression, rehabilitation and resettlement needs. Prisoners often saw a different keyworker each time, which hindered trust or a rapport building.
- 4.4 There was a range of peer support to provide guidance and assistance to other prisoners, covering many aspects of daily life. However, some roles, such as those related to early days work and safer custody, lacked sufficient staff oversight and they were undertaking tasks that officers should have been doing. Their duties included handling some personal, sensitive information about other prisoners, which was inappropriate.

Daily life

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

Living conditions

- 4.5 Around a third of the population lived in overcrowded conditions, with two prisoners in a cell designed for one, which were cramped and lacked privacy.
- 4.6 During the inspection week outside areas were tidy and most cells, communal areas and walkways were reasonably clean and free of rubbish.



Communal corridor



House block 5 communal area

- 4.7 However, some prisoners told us these standards were not always maintained. Managers and staff undertook decency checks in efforts to drive improvements, but they did not take place consistently. Work had recently started to replace windows and grills on house blocks 3 and 4 to improve ventilation.
- 4.8 We saw little graffiti, but some cells needed redecorating, and many were without curtains. Not all prisoners had lockable cabinets, which was a particular issue for those who shared a cell and needed to keep their medication secure. Some prisoners, particularly on the Nene unit, reported problems with the heating system affecting the temperature in their cells. Some toilets were badly stained with limescale, and some cellular and communal flooring needed repair.



Cramped single cell holding two prisoners

- 4.9 Laundry facilities were good, and prisoners reported positively about access to clean bedding, clothing, and cleaning materials. Prisoners could shower daily and doors had been installed in most of the communal showers to improve privacy.



Shower privacy screens

- 4.10 Some showers needed deep cleaning and redecoration to rectify peeling paint; those in the gym were in a poor state and needed replacing.



Gym showers in need of refurbishment

Residential services

- 4.11 In our survey, 42% of prisoners said the quality of food was good and a third said they had enough to eat at mealtimes, which were similar to the findings last time we inspected and at other prisons. Portion sizes we saw were reasonable, but the serving of meals was not always supervised well enough by staff. The kitchen provided a sufficiently varied menu for the majority of the population but provision for those with special dietary needs, such as gluten free and kosher, was limited. Prisoners did not have access to self-catering equipment to help them supplement their meals.
- 4.12 Prisoners could place a shop order via the kiosk system on the wings which was processed weekly. However, far fewer prisoners responding to our survey said the shop sold a wide enough range of products (39% compared to 56% in similar prisons) and only 19% of Muslim prisoners, compared to 46% of others, said it sold the things they needed. Prisoners we spoke to wanted to be able to buy more fresh produce and healthier options. Limited space in the onsite shop storage unit meant the range of items available was limited but leaders had meaningful plans to increase its capacity.

Prisoner consultation, applications and redress

- 4.13 Consultation with prisoners was not fully effective. In our survey, only 42% said that they had been consulted about everyday topics such as

food, prison shop or wing issues. Monthly council meetings usually took place, but not all wings sent a representative. For those that did, very few prisoners we spoke to knew who they were, when meetings had taken place or what had changed as a result. Leaders recognised these weaknesses and were actively engaging with an external organisation to develop more effective arrangements.

- 4.14 Prisoners could make applications using the kiosk system and they appreciated the control it gave them over their daily lives. Prison data showed that about 92% of applications were dealt with promptly. However, not all departments could be contacted via the kiosk, and some prisoners (for example, wheelchair users) found it difficult to use them due to the height of the terminal.
- 4.15 In the last year, nearly 1,200 complaints had been made which was fewer than at our last full inspection and at similar prisons. Forms were freely available and 53% of respondents to our survey said it was easy to make a complaint, which was similar to the figure at the time of the last inspection and at other prisons we have inspected. However, only 36% said they were usually dealt with fairly. The system for logging complaints was good, but too many responses were late. Some were rejected for being submitted on the wrong form, such as health care-related concerns which caused further delays in the prisoner getting a reply. In the sample we reviewed, some replies were well considered and respectful but too many were curt. Replies often lacked thorough enquiry into the complaint and it was not always clear whether follow up actions to resolve the issue had taken place.
- 4.16 Copies of confidential complaints (submitted directly to the director) and responses had not been retained so we were unable to confirm that replies had been made or if they were of a good quality.
- 4.17 The legal visits and video conferencing centre, which had been introduced since our last full inspection, was impressive. There were 15 private rooms, most with video-calling technology to enable magistrate and crown court hearings, contact with legal teams and community offender managers (see also paragraph 6.3).



Video conferencing centre



Legal visits/video conferencing private room

- 4.18 Official visits took place throughout the week, and there was sufficient capacity to meet demand. A bail information officer offered support to remanded prisoners and helped improve the information for courts considering bail applications. Given that about a third of the population were remanded, this was a valuable resource, but the officer's time

was split between the adjoining female site, and cross-deployment to other duties limited the time given to this work.

- 4.19 Confidential legal correspondence was handled appropriately. Up-to-date legal texts were available in the main library, and prisoners could photocopy pages from 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.

- 4.20 A new and motivated diversity and inclusion manager was starting to have a positive impact. She was well-known among staff and prisoners and had begun to improve the analysis of data to inform changes. There were several diversity and inclusion peer workers, but they had only been recently appointed and were not yet sufficiently trained. The well-resourced neurodiversity team was very active and was having a positive effect on the identification and experiences of prisoners. The team was completing assessments and making some good connections with community-based agencies to provide support.
- 4.21 Senior and middle managers had been appointed to each of the protected characteristic areas to take forward the work and consultation forums were taking place fairly regularly. Although there had not been regular meetings to provide strategic oversight of the work in recent months, an action log showed that changes had been made as a result of the meetings that had taken place.
- 4.22 Staff were still not making use of professional interpretation services to communicate with prisoners who spoke little English, including some foreign nationals. Some staff did not know how to use the telephone system to access interpreters and one prisoner, for example, had not spoken to staff in his preferred language since he arrived three months earlier.
- 4.23 Foreign national prisoners made up nearly a fifth of the population and those who were sentenced could access surgeries with Home Office staff twice a week. There was no clear promotion of independent legal advice to foreign national prisoners. Some we spoke to had been waiting many weeks to get an overseas telephone number approved and had not spoken to their families since arrival at the prison.
- 4.24 A small proportion (9%) of prisoners were from a black or minority ethnic background and our survey showed that they had few significantly different outcomes to prisoners from white backgrounds, although far more said they had been bullied or victimised by staff. Our

survey also showed that Muslim men had more negative experiences across some key areas of prison life. For example, only half, compared with three-quarters of other prisoners, said they had felt safe on the first night and far more felt unsafe at the time of our inspection (see paragraph 3.9). They were also far more negative about staff attitudes, with only 56% compared with 80% of other prisoners saying staff treated them with respect and almost double saying they had been bullied by staff.

- 4.25 There were too few fully adapted cells for the number of physically disabled men, and we found some struggling to cope. During our inspection we met men who needed to use a wheelchair, but they did not have grab rails in their cell and in some cases the doorway to the cell was not wide enough to allow access. One elderly disabled man had to wash in his cell as he was unable to use the communal showers.
- 4.26 Support for transgender prisoners was good; some staff had familiarised themselves with the gender transition process and were able to provide help contacting health professionals and external agencies involved in the decision-making process, which reduced anxiety for the prisoners.
- 4.27 There had been 68 discrimination incident report forms (DIRFs) submitted in the last nine months. Prisoners lacked confidence in the system as responses were too late to be effective and it was clear that this area had been overlooked for many months. There had been no quality assurance, although leaders had recently begun to review the whole system to improve effectiveness and increase prisoner confidence levels.
- 4.28 Some officers we spoke to said they lacked a thorough understanding about diversity and inclusion and opportunities for them to access training or other forms of awareness raising were very limited.

Faith and religion

- 4.29 The chaplaincy team was visible across the prison, attending, for example, the main walkway during free flow to make themselves available to prisoners. They offered bereavement support, faith-based classes and had built links with some community faith groups. Although some smaller population faith groups could not see a chaplain of their faith, the team offered some interim support while recruitment was underway.
- 4.30 A decision to require prisoners to make an application to attend worship had impacted their ease of access and the numbers of attendees had reduced over recent months. Closed-circuit television had been added to improve safety following some violent incidents on the way to Friday prayers.

- 4.31 Prison staff awareness of religious and cultural identity was limited and training events to raise awareness which were delivered by the managing chaplain had ended.

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.

- 4.32 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

- 4.33 Since April 2023, NHS England has commissioned Northamptonshire NHS Healthcare Foundation Trust (NHFT) to deliver health services. GP and dental services were delivered by subcontractors. Partnerships between the providers, the prison and key stakeholders were effective, underpinned by regular, well-attended local delivery board meetings.
- 4.34 Health services were being negatively impacted by longstanding recruitment and retention issues, which affected all areas, resulting in care delivery having to be prioritised.
- 4.35 Clinical governance systems and processes were in place but there were deficits in some areas. Staff and leaders told us that not all clinical incidents were being reported due to a shortage of consoles. There was a backlog of health care complaints; 22 had not been responded to and some of these dated back to November 2023. Concerningly, the responses to complaints we sampled made reference to scrutiny from a multidisciplinary committee, but no such body existed.
- 4.36 Mandatory training compliance was reasonable and improving, and clinical supervision arrangements were well-embedded. Staff we spoke to felt supported and the Trust was upskilling staff. Communication across services was good, with a daily morning meeting and lunchtime handover ensuring key patient risks were identified.
- 4.37 The oversight of health care recommendations made by the Prisons and Probation Ombudsman following deaths in custody was good, with actions being tracked and reviewed regularly.
- 4.38 Information-sharing protocols were in place and patient consent was obtained as part of the reception process. Health care staff used the electronic clinical records, and those we reviewed met professional requirements and described patient care and treatment well. Staff and

leaders understood their safeguarding responsibilities and knew how to raise concerns.

- 4.39 The recent appointment of a patient engagement lead had led to some improvements and work to re-establish patient forums had started. Interactions by health care staff with prisoners were courteous and respectful, and staff were working diligently to make sure care was being delivered.
- 4.40 Leaders were sighted on the health care department clinical areas not meeting infection prevention standards, and NHFT had very recently undertaken an environmental audit which had led to an action plan to guide the provider and the prison in making the required changes.
- 4.41 Emergency resuscitation equipment was in good condition and daily equipment checks were completed. Health care practitioners were trained to provide immediate life support.

Promoting health and well-being

- 4.42 The prison did not have a joined-up, prison-wide strategy for health promotion. The primary care staff used the NHS national calendar of events campaigns, such as for prostate cancer and urology awareness. They worked with the catering staff when discussing a patient's dietary needs and made health referrals to the gym.
- 4.43 The health care centre had recently been painted and the noticeboards displayed a range of health promotion information. Staff provided leaflets and information during consultations and written information in a range of languages. There were no health care peer representatives or champions, but there were plans to recruit some.
- 4.44 There were systems to manage communicable disease outbreaks and good partnerships had been established with the UK Health Security Agency.
- 4.45 All patients had access to age-appropriate immunisations, and there was a plan in place to make sure that they had the opportunity to receive vaccinations missed during childhood, where appropriate. Planning for winter influenza vaccinations was under way.
- 4.46 Preventative screening programmes, including retinal and aortic abdominal aneurysm screening, were available, and every patient entering the prison was screened in accordance with NHS age guidance. There was a sexual health lead who referred patients to specialist clinics when needed. There were plans to organise groups which would discuss a range of key health issues and deliver sexual health education.
- 4.47 Blood-borne virus testing was offered. Any patients needing treatment were seen and treated appropriately. However, there was a high number of patients who had not received a secondary health screening, so would not have had an additional offer for this service.

- 4.48 Prisoners could ask nursing staff for condoms and the sexual health team was developing a system whereby prisoners could request these through the kiosk.

Primary care and inpatient services

- 4.49 All new arrivals were seen in reception for an initial health care assessment to identify immediate or ongoing health or substance misuse needs. If identified, a referral was made to the appropriate service. However, nursing staff were not seeing every patient within the required seven days for a second assessment, which meant additional risks and treatment needs were not being identified or addressed. At the time of the inspection, some patients had not had a second screening at all.
- 4.50 Access to health care was reasonable. The wait to see a GP was around three weeks, but anyone with urgent needs could be seen on the same day or at the next clinic. The wait to see a nurse for a clinic appointment was around two days.
- 4.51 The management of patients with long-term conditions had improved; all had a care plan that was reviewed regularly. NHFT had recently rolled out the use of a clear template for care, using best national guidance, and there were plans to help staff improve their use of them. Managers arranged care with external providers, such as physiotherapy, optometry and specialist hepatitis treatment.
- 4.52 There were robust arrangements for patients needing to attend outside hospital appointments, which were overseen by a clinician and patients were rebooked if needed.
- 4.53 During the inspection there was one patient receiving palliative care. Staff were working to the gold standards framework and arranged for appropriate specialist care when needed, to ensure patients received appropriate and individualised care with support from community services.
- 4.54 Patients received discharge summaries on release and all records were shared with a GP and/or ongoing specialists in time for their release, which ensured they had access to prompt care.
- 4.55 The inpatient unit did not have up-to-date admission and discharge criteria and we found that too many prisoners had been placed on the unit for operational, rather than, clinical reasons. Despite this, patients had access to a daily therapeutic regime, and those we spoke to were happy with their care and treatment. It was positive that prison leaders had plans to create a fully adapted cell in the inpatient unit to improve accessibility.
- 4.56 All patients were discussed at the weekly multidisciplinary team meeting between clinicians and prison staff, and care plans we looked at were appropriate and reviewed regularly.

Social care

- 4.57 The memorandum of understanding for the provision of social care with Peterborough City Council was out of date. Governance and partnership working needed improving to ensure relevant information was shared.
- 4.58 There was an open referral process (including self-referral), but this was not advertised in the prison. Most referrals were made by the health care team, but oversight of the referral and assessment process was weak.
- 4.59 NHFT delivered social care support. Four patients were in receipt of a social care package (see Glossary). However, staffing pressures meant that care was often provided late, and we identified unmet need on the wings, which was poor. The local authority was monitoring the quality of the service delivery.
- 4.60 A social worker attended the prison regularly, which was positive, but they did not have access to electronic case records, to assist with reviews of patient care.
- 4.61 Equipment was provided to help prisoners with complex needs, but aids, such as grab rails, were not available for those with poor mobility on the wings (see paragraph 4.25). Personal alarms to summon assistance in an emergency were provided in the in-patient unit, but not for prisoners on the wings, which was unsatisfactory.
- 4.62 There were no peer workers to support prisoners with lower-level social care needs. Planning was in place to ensure packages of care continued on transfer or release. However, the local authority was not always informed about the release dates of such prisoners in a timely manner.

Mental health

- 4.63 The mental health team provided an integrated service, five days a week, from 8am to 5pm and a NHFT manager was on call over the weekend for telephone support. There were vacancies in nursing and psychological therapy roles, which, combined with high demand (the team also covered the female prison), placed the service under pressure causing prisoners delays in accessing assessment and care.
- 4.64 Referrals were triaged by a mental health nurse, and urgent cases would be seen within two days, while others would be placed on a waiting list for assessment. At the time of the inspection, there were 107 patients on the waiting list for an assessment, with the longest wait being 16 weeks, which was far too long. Some patients may have been released before receiving an assessment and there was a risk that patients' mental health would decline while waiting.
- 4.65 The team held low caseloads and at the time of inspection was supporting 37 patients. It delivered a stepped care model which offered a range of interventions based on the clinical needs of the patient.

When patients were seen, they received good care and support, and each contact with staff was meaningful.

- 4.66 A psychiatrist visited two days per week (covering both sites) and there was a non-medical prescriber. Arrangements for physical health checks and blood monitoring were robust. Clinical supervision of staff was well embedded and there were regular team meetings.
- 4.67 The care programme approach (CPA) is a specialist method to provide care for patients with complex mental health needs. At the time of the inspection, the team was working towards managing a register of patients that met the threshold to be cared for under the CPA and was developing care plans and reviews in line with expected practice.
- 4.68 The clinical records for patients who were receiving care had comprehensive assessments which included a full review of the needs, and notes were clear and focused on the individual. Care plans and risk assessments were in place and were reviewed regularly.
- 4.69 Patients requiring treatment in hospital under the Mental Health Act waited too long to be transferred, with four out of six patients exceeding the recommended timeframe in the last 12 months.
- 4.70 Discharge planning was in place, referrals for continuing care were made and discharge summaries were available. Patients were referred to Reconnect (see Glossary) to assist with access to community-based health and care services.
- 4.71 New prison officers received training from the mental health team as part of their induction, but all staff we spoke to said that they would benefit from further training and awareness.

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

- 4.72 The drug strategy was out of date and partnership working needed strengthening, as attendance at key meetings was poor.
- 4.73 NHFT provided a clinical and psychosocial recovery service. A total of 153 patients were in receipt of opiate substitution therapy and 221 were supported by the recovery team.
- 4.74 Staffing shortages meant that prisoner needs outside regular working hours were not fully met. The out-of-hours prescribing service did not support late arrivals to the prison, resulting in delays to treatment (see paragraph 3.1). Overnight clinical observations to monitor prisoners' welfare were not consistently performed, which was poor and posed a risk.
- 4.75 New arrivals were screened for alcohol and drug issues and referred to the service for assessments where required. Prisoners could also self-refer. A specialist GP and non-medical prescriber reviewed patients' care. Clinical reviews were conducted jointly with the recovery team, which was positive but some clinical time was lost as a result of

prisoners not being brought to their appointments, which was unsatisfactory.

- 4.76 Caseloads within the recovery team were high but were appropriately prioritised on need. One-to-one support was provided, with in-cell workbooks. Following prisoner feedback, group work had paused to allow development of an improved programme of support.
- 4.77 Prisoners found to be under the influence of illicit drugs were followed up by the team. New officers received some training around identifying and addressing substance misuse, but more was required to increase their knowledge and improve the reporting of cases. The recently opened incentivised substance-free living Unit was not yet fully functioning.
- 4.78 There was no peer support worker roles and no access to mutual aid. However, community partners attended the prison, which was positive.
- 4.79 There were good processes to support prisoners due for release, along with training in the use of, and provision of, nasal naloxone (a drug to reverse the effects of an opiate overdose). Reconnect workers provided additional support and signposting to community services for prisoners.

Medicines optimisation and pharmacy services

- 4.80 Medicines were supplied by an external pharmacy in a timely manner. Advanced plans were in place for an external pharmacy to deliver an in-house dispensing service, which would free up existing staff. Leaders told us about delays in prison vetting to allow staff on site which needed to be resolved.
- 4.81 Medicine administration was led by nurses three times a day and during the night, the nurse, supported by prison staff, had good access to patients' records to administer medication as needed. Administration we observed showed good prison officer supervision and there were systems to follow any non-attendance of patients.
- 4.82 Patients had an in-possession risk assessment completed on arrival and most were reviewed appropriately. However, we found 45 reviews (dating back to November 2023) that were overdue. Not all cells had lockable cabinets to store medicines, and, due to short staffing, no cell checks to confirm compliance were taking place.
- 4.83 All prescriptions were clinically screened by a remote pharmacist, who also undertook medicines reconciliation. Records we looked at showed that this was happening in a timely manner. Pharmacy staff told us that the remote pharmacist was easily contactable and responded quickly to any queries. Patients did not have access to medication reviews with a pharmacist, but leaders told us that a senior clinical pharmacist was due to start duties imminently.
- 4.84 Leaders had recognised that the supply of medicines without the need for a prescription was too limited. We were told that NHFT had drafted

a policy for clinical staff to be able to dispense a greater range of medicines without a prescription and this was due to come into effect in April 2024.

- 4.85 There was good oversight of prescribing trends and monitoring of patients on tradeable medicines. The well-attended medicines management committee met regularly, and actions were tracked and monitored.
- 4.86 Medicines were transported and handled securely across the prison, but wing-based administration points lacked lockable storage space. Controlled drugs were managed effectively and in line with expected practice.
- 4.87 Leaders were aware of the need to improve governance of critical and urgent medicines, stocked locally. The refurbishment of an area within the inpatient unit was nearing completion to improve this.
- 4.88 Medicines on release were well managed and patients could also be provided an FP10 on release if necessary.

Dental services and oral health

- 4.89 Time for Teeth Ltd was contracted by NHS England to provide oral health services in the prison, and offered a full range of NHS treatments, for two sessions a week. The average waiting time for a routine dental appointment was long, at 17 weeks, and for those in pain, seven weeks. However, patients in severe dental pain or with facial swelling could be seen within a week.
- 4.90 Dental records were of a good standard and demonstrated that patients received appropriate treatment and oral health instruction. However, the assessment of patients' levels of periodontal disease, caries and oral cancer risk was not always completed.
- 4.91 The dental treatment room and decontamination area were clean and met infection control standards. The management of legionella, radiography and decontamination procedures was effective and complied with required guidelines. Records showed that dental equipment had been maintained and serviced to ensure it was fit for purpose.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 In our survey, almost all prisoners (90%) knew what the scheduled unlock and lock-up times were, but only half said they were usually adhered to; this was confirmed by the slippage we observed during the inspection. Day-to-day routines were unpredictable and often cancelled or curtailed due to the shortage of officers. The prison's data showed that in December 2023, the regime had been curtailed or cancelled 61 times across different wings and at different times.
- 5.2 Most workers were out of their cells for between five and eight hours a day, but in our roll checks we found far too many prisoners (42%) locked up during the working day, many more than at our last inspection (30%).
- 5.3 Our checks showed that only 44% of prisoners were engaged in purposeful activity. Too many prisoners were unemployed, and they spent considerably less time out of their cell, sometimes as little as two hours a day (see paragraph 5.16).
- 5.4 Daily access to exercise in the open air was limited to about 30 minutes and for most prisoners, especially on weekdays, it only took place early in the morning, which deterred some from taking part, especially during colder months. Wing yards were tidy and had a small range of exercise equipment.



Z1 exercise yard



Royce exercise yard

- 5.5 The wings had some recreational facilities, such as table tennis and pool tables, but there was little else to keep prisoners occupied. There were very few organised recreational activities on the wings, and some prisoners told us they were often bored during their time out of cell.
- 5.6 There were two libraries, a main one and a smaller one on house block 5, for vulnerable prisoners. Both were reasonably well used, and

prisoners could access them when attending education or by making an application through the kiosk. However, they were closed in the evenings and at weekends. Some areas of the prison held small supplies of books such as health care, industries, gym and the segregation unit and a weekly outreach service operated for those who were unable to attend in person.

- 5.7 Both libraries had limited stock and only 41% of respondents in our survey said that there was a wide enough range of materials to meet their needs, which was far worse than at similar prisons.



Main library



Library on house block 5

- 5.8 The libraries hosted several popular social activities and initiatives to promote reading and literacy, including weekly chess and reading clubs, and an over-50s club on the main site. Prisoners were encouraged to write book reviews to display and share with their peers, which many said they enjoyed doing.
- 5.9 The reading strategy gave good attention to the role of the library, but it had only very recently been developed and it was too early to judge its effectiveness. The Shannon Trust (see Glossary) was active, with 13 prisoners being supported by peer mentors in both learning to read and write (see paragraph 5.27).
- 5.10 The gym was popular, and nearly half the population used the facilities, but not all prisoners had the opportunity to attend at least twice each week. The large gym was well equipped, with good facilities for weights and cardiovascular fitness training, and a spacious adjoining sports hall for tennis, badminton and indoor football.



The gym



The sports hall

- 5.11 The outdoor all-weather football pitch was in good condition, but it was underused.
- 5.12 There were very few classes or programmed activities, and joint work with the health care and substance misuse service to promote healthy living was limited. The violence reduction football programme we described in our last full inspection no longer took place. However, it

was positive that a 12-week yoga programme delivered by Phoenix Trust had recently been introduced.

- 5.13 Sessions, mostly at weekends, when organised team sports were scheduled, were frequently cancelled because physical education (PE) staff were redeployed to help out on the wings.
- 5.14 The range of vocational qualifications designed to support employment in the fitness industry had recently reduced due to a change in contracts, and at the time of the inspection, only the level two gym instructor course was being delivered.

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.

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Inadequate

Personal development: Inadequate

Leadership and management: Inadequate

- 5.16 Leaders and managers had not maintained the good standards found at the last inspection and managers had not rectified the weaknesses identified. Frequent changes in leadership, poor planning and staff shortages had led to a significant decline in the quality of provision. Too few prisoners were engaged in education, vocational training or prison jobs to help prepare for release. However, a newly appointed senior

leadership team had quickly and accurately assessed the actions required to improve education, skills and work. They had a clear vision of what was required to increase employment chances on release and had started to implement detailed plans which had begun to have benefits. However, it was too early to judge the wider impact of the actions they had taken.

- 5.17 Leaders and managers had not been successful in ensuring that enough prisoners were engaged in meaningful education, skills and work. Over a third of the available spaces were not used. Too few prisoners were employed. Managers had planned a wide range of short courses in English, mathematics, English for speakers of other languages (ESOL) and skills for work which matched well the needs of the many prisoners who stayed less than three months. However, they did not provide sufficient English, mathematics or ESOL places to meet the identified needs of prisoners and there were long waiting lists for these subjects. In addition, leaders had not prioritised the development of prisoners' digital skills. Leaders' plans to increase vocational training courses, included the introduction of industrial cleaning, motor engineering, horticulture and barbering. However, these courses had not started at the time of the inspection. As a result, few prisoners attended courses which had a clear route to employment. Leaders and managers had provided well-resourced accommodation to deliver vocational training. The modern workshop accommodation was well-equipped, bright and maintained to a good standard.
- 5.18 Prisoners in education, skills and work benefited from a useful induction. They were provided with helpful information on the opportunities available and were supported effectively by staff and peer mentors who gave relevant advice and guidance. The local pay policy provided an incentive to attend education and vocational training. However, the allocation of prisoners to the education they needed to develop the knowledge and skills prioritised in their learning plans was too slow. Too few prisoners were allocated to work which would provide them the opportunity to develop relevant vocational skills.
- 5.19 Leaders did not provide effective pre-release support to meet the needs of the prison population. Only a few prisoners benefitted from personalised and targeted interventions to help them gain employment or enter further training on release. Prisoners were not able to access the virtual campus (see Glossary) to support them to find information on job opportunities.
- 5.20 Prison leaders managed education and vocational training. Staff did not use prisoners' starting points or individual learning plans consistently to inform teaching. Too few teachers and trainers adapted their teaching to meet prisoners' different needs. They often set work which was too easy and lacked challenge, whilst at other times they set work which was too difficult. Teachers frequently set the same targets for all prisoners regardless of what they already knew. Consequently, most prisoners did not make good progress and too few achieved their qualifications.

- 5.21 English and mathematics teachers did not use assessment and feedback effectively to check prisoners' understanding or to inform future teaching. Teachers' feedback on prisoners' written work did not always identify what prisoners needed to do to improve in their work. Some assessments were not marked, others did not identify basic errors such as missing capital letters or full stops. As a result, prisoners were not clear on what they needed to do to improve their work.
- 5.22 Too few trainers in industries and vocational training checked learning to plan the next stages of prisoners' knowledge and skill development. They did not routinely ensure that key concepts were presented clearly or promote discussion to develop deeper understanding. In the recycling and laundry workshops most prisoners undertook mundane tasks and developed little new knowledge and skills. However, in a minority of lessons, for example Bike Maintenance, Radio and Media and Catering, prisoners were motivated to study and learnt new knowledge and skills which would be of benefit on release.
- 5.23 Managers did not ensure that prisoners developed essential employability skills when at work in workshops or on the wings. For example, they did not understand the importance of teamwork or using their initiative. Prisoners did not receive sufficient health and safety training. Most prisoners on the wings had not been provided with personal protective equipment and too many engaged in unsafe working practices. Too few prisoners undertaking domestic work developed their skills and knowledge beyond the basic requirements of the roles.
- 5.24 Leaders ensured that prisoners with special education and disabilities (SEND) received the support they needed. Well qualified staff gave appropriate support and prisoners needs were identified early in their stay and all staff had access to reports which summarised how best these needs could be met. Managers had provided standardised resource boxes which contained coloured overlays and magnifying sheets to support prisoners with dyslexia, and 'fidget' toys to help prisoners with attention deficit hyperactivity disorder (ADHD) to concentrate on tasks. Teachers and peer mentors in education used these resources effectively in lessons to support prisoners with SEND. Additionally, prisoners in education who needed specific help received individual, targeted interventions from specialist staff outside normal lessons. However, in industrial workshops and on the wings, staff did not have enough knowledge or skill to give sufficient support to meet prisoners SEND needs.
- 5.25 Overall, attendance at education, skills and work activities was low. During the week of inspection, less than two thirds of prisoners expected to attend education, skills and work activities did so. Too many prisoners arrived late for lessons. As a result, they did not develop the work ethic expected by employers. Those prisoners that attended sessions behaved well, were polite and respectful of each other and staff. Prisoners felt safe in education and skill areas which were calm and orderly.

- 5.26 Prison leaders did not have sufficient oversight of the quality of education, skills and work. No quality assurance arrangements existed to monitor activities for the many prisoners engaged in work on the wings. The prison-wide quality improvement group had been suspended until very recently. As a result, senior leaders were not informed of the quality of provision in order to put in place actions to correct weaknesses. With few exceptions, teachers and instructors had received little professional development to develop their skills.
- 5.27 Leaders and managers had been slow to develop and implement a prison-wide reading strategy. Managers had recently provided professional training for all education and vocational training staff in how better to help prisoners with poor reading skills. Managers ensured that all newly arrived prisoners had their reading gaps identified and that those prisoners who had the lowest reading skills received specialist staff support. Shannon Trust peer mentors provided help to those with greater but still insufficient skills. Staff had provided reading corners in most activity areas. However, these were little used. Instructors in industries did not have sufficient expertise to support prisoners to develop their reading skills. Teachers in English lessons did not plan enough activities which helped prisoners improve their reading skills. Overall, the newly introduced actions had not yet resulted in improvements in the reading skills and habits of the great majority of prisoners.
- 5.28 Too few prisoners were able to access the enrichment and personal development curriculum to improve their resilience, confidence and wider development needs. However, the content of the curriculum was sufficiently wide ranging to meet the differing needs of the prison population. For example, a minority of prisoners could access accredited courses covering understanding crime and its effects, risks of substance misuse and alcohol awareness. Managers had also introduced support for prisoners with SEND to understand their conditions such as ADHD and autism.
- 5.29 Leaders and managers had not ensured that prisoners developed their understanding of values of tolerance and respect or equality and diversity. Although posters were displayed throughout the prison, prisoners had insufficient understanding of what they meant for everyday life. Teachers and instructors did not plan to introduce these topics into discussions and some instructors did not understand their relevance.

Section 6 Preparation for release

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

Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 The range of support available to help prisoners rebuild family ties was creative and better than we usually see in similar prisons. This included two 'Family Matters' workers shared with the neighbouring women's prison, who completed casework and offered appointments three times a week. They also ran a monthly 'dad's club' in the visits' hall, as well as six family days (see Glossary) each year. There was currently a third vacancy in the team. A peer worker, known as a 'fatherhood mentor', visited new arrivals to identify any need for support. Some new fathers had started to access baby massage classes run by visiting staff from the women's prison. Men could also pay for a personalised birthday cake, made by the prison coffee shop, to be presented to their children during social visits. The Family Matters workers had recently been trained to deliver a parenting course, which was about to start. However, the Storybook Dads scheme (in which prisoners record stories for their children) was not working; there had only been 17 recordings in the last year, and none had been sent out to families.
- 6.2 The visits hall remained bright and spacious. A very attractive pod for visitors with neurodivergent children who found the visits experience overwhelming was an excellent addition and allowed for a quiet, private visit. Visitors we spoke to were complimentary about the welcome they received from staff and prisoners were glad to be able to book their own social visits using the kiosk. However, a playworker only attended social visits intermittently. Only a maximum of 300 prisoners could have a visit each week, which was not enough for a population of about 900 men, nearly half of whom were remanded or unsentenced and entitled to more social visits each week. Sessions were also too short, at just an hour.
- 6.3 Secure video calls (see Glossary) were underused. Only an average of 100 out of the 400 available sessions took place each month. Not enough was done to promote the scheme and the use of a paper

application form was a frustrating barrier given that most other services could be accessed through the electronic kiosks.

Reducing reoffending

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

- 6.4 The lack of a substantive head of reducing reoffending for nearly two years had allowed weaknesses in offender management and resettlement provision to develop and persist. Help for prisoners was not always well staffed or coordinated and there was a notable lack of joint working, especially around release planning. The reducing reoffending strategy was not specific to the men's prison and the population needs analysis was out of date.
- 6.5 Nearly half of the current population was remanded or unsentenced but there was not enough reliable resettlement support for them to make sure that employers were informed of their imprisonment, that tenancies were maintained or even that pets left at home were taken care of. In the last 12 months, almost 700 men had been returned to prison for breaking the rules of their community supervision period, but there was not enough help for them either. An officer who had previously specialised in providing support to recalled men had been reassigned to the offender management unit (OMU) and was in any case often cross-deployed to other duties. The 'Most in Need' programme, which had previously focused on helping those men who often returned to prison after release, had stopped running.
- 6.6 Overall, the quality of offender assessment system (OASys) assessments and sentence plans was not good enough. Five of the 12 sentenced cases we reviewed did not have an up-to-date assessment which related to their current sentence and index offence. The quality of other assessments we reviewed was mixed. The better-quality ones provided a clear analysis of the risk factors and causes of offending behaviour which informed relevant and specific objectives in the sentence plan.
- 6.7 Although the OMU was reasonably well staffed, contact levels between prison offender managers (POMs) and prisoners were poor. There were not enough probation officer POMs, although numbers had risen in 2023. There were 23 POMs employed by Sodexo, but many had only joined the team in November 2023, and most were operational and frequently cross-deployed to run the wings or undertake other operational duties. Their access to training had been too slow and they did not get regular supervision from the OMU managers.
- 6.8 In the previous 12 months, only 91 men had been released on home detention curfew (HDC), which was very low given the overall volume of receptions and releases. Too many eligible prisoners ran out of time before they could be approved for HDC and nearly half of those

released under the scheme had gone out weeks after their earliest eligibility date. There were several reasons for this, including the lack of administrative staff in the OMU to complete sentence calculations promptly, delays in getting approval from community offender managers (COMs) and the lack of available housing.

- 6.9 Sentenced prisoners from the general population typically moved on to a training prison but too many transfers were cancelled because of the lack of availability of escort vehicles. Although the team responsible for organising moves was short staffed, there had been reasonably good progress transferring about 100 prisoners convicted of sexual offences to specialist prisons in the last 12 months. Nonetheless, there were still about 30 of these prisoners stuck at Peterborough without the necessary interventions, often because of their ill health or disability which meant that other prisons were unwilling to receive them. The lack of any psychology staff on site who could complete programme needs assessments to determine which programmes suited some of these prisoners was also a barrier to other establishments accepting them.

Public protection

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

- 6.10 About 30 high risk prisoners were released each month. Not all of them were reviewed ahead of release at the monthly interdepartmental risk management meeting to ensure good risk management planning. This was partly because the OMU failed to identify all eligible cases and partly because of the high volume of recalls and short sentenced men passing through the prison often within a matter of weeks.
- 6.11 In the cases we reviewed, there was too little evidence of POMs proactively contacting community offender managers to plan for the safe release of high-risk prisoners. Sometimes contact that had taken place had not been recorded, which itself impeded good planning. Most prisoners who were due for release and required management under multi-agency public protection arrangements (MAPPA; see Glossary) did not have a confirmed management level, which jeopardised effective multi-agency release planning.
- 6.12 Telephone and mail monitoring was completed for about 10 of the highest-risk new arrivals, such as prisoners who had breached a restraining order or been charged with stalking. Logs were up to date, but calls were listened to by a number of different staff who lacked the training and expertise in public protection to understand and identify risk reliably.
- 6.13 There was very good awareness in the public protection team of the need for certain prisoners to have their contact with children restricted. However, the prison operated two different information systems, CMS and NOMIS. NOMIS is the most up to date and reliable source of risk

alerts across the whole prison estate but staff in the visits hall and mail room only used CMS to check for alerts which was a weakness.

Interventions and support

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

- 6.14 A well-staffed team was reliably delivering three accredited programmes. In the current financial year, 19 prisoners would complete the Thinking Skills Programme, 19 would complete Control of Violence for Angry Impulsive Drinkers (COVAID) and 14 prisoners with learning difficulties would complete New Me Strengths (see Glossary).
- 6.15 There were too few interventions to help many prisoners on short sentences to think about their behaviour. Courses such as 'Man Up' and 'Most in Need' had lapsed several months before our visit with the closure of the rehabilitation team. The commissioned rehabilitative services (CRS) provider (Interventions Alliance) and the pre-release team were both too poorly staffed to deliver short interventions. Many prisoners needed help to address their experiences of trauma and abuse, but the support available for this was limited.
- 6.16 Prisoners could open a bank account but there was too little other support to help prisoners manage their finances. There were no specialist debt advisers, only one part-time work coach attended from the Department for Work and Pensions (DWP), and Interventions Alliance were not contracted to help prisoners with money management.
- 6.17 A worker from the Shaw Trust was currently helping about 50 men work towards employment on release and the addition of a prison employment lead manager was supporting positive outcomes. Some good links with local employers had been developed, but on average only 15% of men were in employment six weeks after release.

Returning to the community

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

- 6.18 About 100 prisoners were released each month, so demand for resettlement help was very high. The POMs interviewed up to 250 new prisoners every month to identify their resettlement needs and a few days later the pre-release team was supposed to generate a resettlement plan. However, they struggled to keep pace with the volume of work and we found that most of the cases we reviewed of prisoners who were approaching release did not have a resettlement

plan. A couple had pre-release plans completed by their COM and the quality of these was good.

- 6.19 There was far too little help to find housing and in the previous 12 months, about 30% of prisoners were released homeless. Most prisoners came from the East of England, a huge area that encompassed Northamptonshire, Cambridgeshire, Bedfordshire, Hertfordshire, Essex, Norfolk and Suffolk. Interventions Alliance was the CRS provider for this region responsible for delivering housing support. Despite receiving about 40 referrals every month, they were only profiled to provide 0.8 staff, and in reality, there had been no regular staff on site for over a year, other than occasional visits from a manager to triage the most critical cases.
- 6.20 Despite them having no address to go to, managers had been obliged to release some men 18 days early under the End of Custody Supervised Licence scheme, only for some to return to prison before even their original release date had passed.
- 6.21 There were no data to show the number of prisoners who remained in sustainable housing three months after their release. The introduction of a strategic housing specialist for the men's prison was a welcome development, but she had struggled to implement improvements. For the last six months, she had helped to organise a weekly meeting to review release planning for individual prisoners, but no one from Interventions Alliance, the OMU or the pre-release team attended, which left her unable to make improvements.
- 6.22 The Link was a well-designed hub in the prison where resettlement services were co-located. It provided a good opportunity for prisoners to access help as release approached but officer shortages and the frequent absence of the resettlement agencies meant it was often closed.
- 6.23 Men could rely on good support from the Outside Links facility in the community after release. They were met in reception and given directions to the service in Peterborough city centre. This was a very good resource and on the day of release and afterwards men could drop in to take a shower, get a hot meal, use the service as a 'care of' address and make telephone calls.

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 2018, prisoners were supported well during their early days at the establishment. Levels of violence had doubled since the previous inspection, and much of this was associated with substance misuse and debt. Although the security and safer custody teams had responded appropriately to this issue, behaviour management was undermined by inconsistent application of the incentives and earned privileges scheme and a lack of challenge by staff. In addition, around half of adjudications had been not proceeded with or dismissed. Levels of use of force were high; governance was good but some incidents could have been avoided by better use of de-escalation by staff. Stays on the segregation unit were generally short and the regime was good. Support for prisoners at risk of self-harm was reasonable and safeguarding arrangements were developing well. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Managers should ensure that poor behaviour is consistently challenged and that there are appropriate and effective sanctions for perpetrators of violence.

Not achieved

Recommendations

All initial reception interviews should be confidential.

Achieved

Prisoners who speak little English and those allocated to Royce wing should have specific induction sessions, to ensure equivalent provision.

Not achieved

Prisoner debriefs should take place after all incidents.

Not achieved

Staff should receive further training in de-escalation, to ensure that force is used only as a last resort.

Achieved

Segregation unit cells and toilets should be kept clean.

Achieved

Strip-searching should be appropriately identified as such, properly authorised and recorded, and undertaken only when a risk assessment shows it to be necessary.

Achieved

Prisoners should have an effective means of reporting concerns to the police.

Achieved

Staff from all relevant departments should be involved in assessment, care in custody and teamwork (ACCT) reviews and record observations and conversations in ACCT documents, where appropriate.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, relationships between staff and prisoners were generally friendly and courteous but some staff did not enforce boundaries and rules sufficiently well. The key worker scheme had been implemented thoughtfully and was beginning to have a positive impact. Living conditions were reasonable and prisoners had good access to everyday essentials, but the physical conditions were sometimes poor. The applications and complaints systems were effective, but consultation arrangements were weak. Although there was no clear evidence of poorer outcomes, the management of equality and diversity had deteriorated since the previous inspection. Health services met need, but weak oversight created risk and medicines management was poor. Substance misuse services were broadly appropriate. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The governance and clinical oversight of health care should be strengthened to improve systems and processes and reduce risk.

Not achieved

Recommendations

Communal areas should be kept clean.

Achieved

Cells designed for one prisoner should not be shared.

Not achieved

Ventilation in cells should be improved.

Partially achieved

Young adults should not share cells with adults.

Not achieved

Staff should supervise and control the serving of meals, to ensure that all prisoners receive their allocated meals.

Not achieved

The evening meal should not be served before 5pm.

Not achieved

All prisoners should be issued with in-cell kettles.

Achieved

Prisoners should be consulted about the range of goods available from the prison shop.

Not achieved

Prisoners should be regularly consulted about prison life and given the opportunity to present any areas of grievance or dissatisfaction directly to managers.

Not achieved

There should be effective consultation with prisoners from all the protected characteristics, and prisoners from each of the protected characteristics should be able to receive the help that they need.

Not achieved

Diversity representatives should receive sufficient training, including awareness training relating to sexual orientation, and any discriminatory attitudes should be challenged.

Not achieved

Prisoner engagement should be developed, to obtain patient feedback that influences service development.

Achieved

All treatment rooms should be cleaned regularly and meet recognised standards for infection prevention and control.

Not achieved

There should be effective monitoring to ensure that emergency equipment is in good order.

Achieved

There should be systematic health promotion activity linked to relevant national and local health campaigns.

Achieved

Condoms should be easily available and well advertised, both during custody and on release.

Achieved

All prisoners should have a secondary health screen within seven days of arrival at the prison. Any secondary health screens not completed within seven days should be prioritised based on patient risk.

Not achieved

Prisoners with long-term conditions should receive personalised care planning which is recorded in their medical record, to ensure that their needs are met.

Achieved

Escort data should be closely monitored and appropriate action taken to reduce cancellations.

Achieved

Prisoners on the inpatient unit should have consistent access to therapeutic activities to support their recovery.

Achieved

Relevant information and social care plans should be shared appropriately, in order that all those involved in the care of prisoners receiving social care are aware of their needs.

Achieved

Missed appointments for mental health services should be analysed and the results should inform an action plan to reduce them.

Achieved

The transfer of patients to hospital under the Mental Health Act should occur within Department of Health transfer target timescales.

Not achieved

Prisoners requiring stabilisation or detoxification should receive appropriate 24-hour monitoring and observation, which is recorded in their medical record.

Not achieved

The high rates of non-attendance at groups should be investigated, to ascertain the reasons for these, and action taken to reduce them.

No longer relevant

The administration of medicines to patients should be confidential.

Achieved

Prescribers should have easy access to the latest in-possession risk assessment.

Achieved

Medicines should be stored safely and securely, and in manufacturer's boxes or in patient-labelled containers.

Achieved

The medicines and therapeutics committee should review the use of general stock. Named-patient medication should be used wherever possible and general stock should be used only if unavoidable.

Achieved

Access to the pharmacy and controlled drugs cabinets should be audited, as should any medicines taken from the pharmacy room; all checks should be recorded.

Achieved

Purposeful activity

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

At the last inspection, in 2018, the amount of time out of cell was good for most prisoners but exercise periods were too short. Gym facilities were good and prisoners had good access to them, but they had poor perceptions about library provision. Managers had implemented an effective strategy to improve learning, skills and work provision since the previous inspection. There were enough activity places to occupy 80% of the population, and the allocation process worked well. Teaching and learning were good and outcomes had improved, and were particularly high in English and mathematics. Attendance was good in activities and prisoners who refused to attend were appropriately challenged. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All prisoners should have the opportunity to spend one hour a day in the open air.

Not achieved

Stock within the library should be adequately maintained, to reflect the interests of the population.

Not achieved

All prisoners should be given the opportunity to attend the library.

Achieved

Prison managers should use reliable data on prisoners' release destinations and regional skills shortage information to inform the development of the education, skills and work provision.

Partially achieved

All vulnerable prisoners should be engaged in suitable purposeful activity.

Partially achieved

Prisoners should attend appropriately synchronised pre-release activities, including use of the virtual campus, to improve their potential for successful rehabilitation.

Not achieved

Tutors should provide learners with sufficiently detailed written feedback and ensure that learning activities challenge the less and more able prisoners to attain fully.

Not achieved

Tutors should ensure that prisoners' progress reviews help them effectively to develop their personal and employability skills during work or vocational training.

Not achieved

In education classes, tutors should routinely identify the skills and knowledge that prisoners need, to help them to improve rapidly.

Not achieved

Tutors should routinely track and plan the development of prisoners' personal and employability skills in work and vocational training.

Not achieved

Tutors should ensure that all prisoners make the progress expected in developing new skills and knowledge.

Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2018, maintaining contact with children and families was given a high priority and we found many examples of excellent work. The management of rehabilitation and release planning was good. There was an impressive range of services to meet prisoners' resettlement needs. This largely mitigated the limited contact between offender supervisors and prisoners. The work done to support prisoners on recall, repeat offenders and those who had experienced trauma was highly effective. Prisoners had good access to release on temporary licence. Public protection work was generally sound. Pre-release planning was effective, although recording required improvement. However, 30% of prisoners did not have sustainable accommodation on release. Work through the Outside Link facility was good practice. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All contact and information on the management of prisoners should be recorded on P-NOMIS, to ensure that all departments are aware of issues and progress being made.

Not achieved

Offender supervisors, particularly those managing high risk of harm cases or those involving child protection issues, should have regular case management supervision.

Not achieved

The interdepartmental risk management team meeting should review all prisoners assessed as presenting a high risk of harm in the six months before their release.

Not achieved

Managers should ensure that they receive confirmation of the multi-agency public protection arrangements (MAPPA) management level for all those subject to MAPPA six months before their release date.

Not achieved

Post-release outcomes regarding accommodation should be monitored, to ensure that support and resources can meet need.

Not achieved

Work identified to support prisoners and reduce their risk of harm and reoffending should be coordinated, to ensure that interventions are sequenced appropriately.

Not achieved

Information in resettlement plans should clearly indicate the work that has been undertaken by prisoners while in custody and any outstanding work to address their risk of harm and reoffending.

Not achieved

Recommendations from the scrutiny visit

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

The prison should strengthen measures to identify vulnerable prisoners and those with additional needs to make sure that all prisoners are supported and cared for.

Not achieved

Oversight of equality work should make sure that equality data are used well to inform action planning, and that actions are effective in improving the outcomes of the diverse population. The prison should improve the ways it identifies prisoners with protected characteristics to make sure that their needs are met consistently.

Partially achieved

The prison should provide a full range of timely health treatment and services equivalent to those in the community.

Achieved

All prisoners should have enough time out of cell each day to take part in purposeful activity, complete domestic tasks, and engage with staff and their peers.

Achieved

Interdepartmental risk management meetings should be multidisciplinary, regular and consider relevant, up-to-date information. They should discuss all relevant cases in enough depth to address risks before prisoners are released.

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

<https://www.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
Martin Lomas	Deputy Chief Inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Jade Richards	Inspector
David Foot	Inspector
Jonathan Tickner	Inspector
Alice Dawnay	Inspector
Dionne Walker	Offender management inspector
Alicia Grassom	Researcher
Samantha Moses	Researcher
Jasjeet Sohal	Researcher
Samantha Rasor	Researcher
Shaun Thomson	Lead health and social care inspector
Dawn Angwin	Health and social care inspector
Lynda Day	Care Quality Commission inspector
Janie Buchanan	Care Quality Commission inspector
Allan Shaw	Ofsted inspector
Helen Whelan	Ofsted inspector
Paul Breheny	Ofsted inspector
Jonny Wright	Ofsted inspector
Shane Langthorne	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.

Control of Violence for Angry Impulsive Drinkers (COVAID)

COVAID is a cognitive-behavioural treatment programme aimed at drinkers who are aggressive or violent when intoxicated. It is relevant for people who have repeatedly become aggressive or violent after drinking, including those with and without criminal convictions.

Family days

Many prisons, in addition to normal social visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

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.

MAPPA

Multi-agency public protection arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

New Me Strengths (NMS)

NMS is designed for medium and above risk adult men who have learning disabilities or learning challenges (LDCs) and a conviction(s) for any offence. It supports participants to develop optimism, and skills to strengthen their pro-social identity and plan for a life free of offending.

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Reconnect

A care after custody service that seeks to improve the continuity of care of people leaving prison or an immigration removal centre with an identified health need.

Secure video calls

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

Shannon Trust

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

Social care package

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

Thinking Skills Programme

The Thinking Skills Programme (TSP) is an accredited offending behaviour programme designed and delivered by HM Prison and Probation Service. TSP is suitable for adult men and women assessed to be at medium and above risk of reoffending.

Time out of cell

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

Virtual campus

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

Appendix III 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 Peterborough (Men) was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/working-with-partners/>). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Provider

Northamptonshire Healthcare NHS Foundation trust.

Location

HMP Peterborough

Location ID

RP1Z2

Regulated activities

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

Action we have told the provider to take

This notice shows the regulation that was not being met. The provider must send CQC a report that outlines what action it is going to take to meet this regulation.

Regulation 12. Safe care and treatment.

2(a) assessing the risks to the health and safety of service users receiving the care or treatment:

Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly by people with the

qualifications, skills, competence and experience to do so. Risk assessments should include plans for managing risks.

Assessments, planning and delivery of care and treatment should:

- be based on risk assessments that balance the needs and safety of people using the service with their rights and preferences
- include arrangements to respond appropriately and in good time to people's changing needs.

2(b) doing all that is reasonably practicable to mitigate any such risks:

- Providers must do all that is reasonably practicable to mitigate risks. They should follow good practice guidance and must adopt control measures to make sure the risk is as low as is reasonably possible. They should review methods and measures and amended them to address changing practice.
- Medicines must be administered accurately, in accordance with any prescriber instructions and at suitable times to make sure that people who use the service are not placed at risk.

How the regulation was not being met

We found that staff were not always carrying out a second stage health assessment (secondary screening), within the required 7 days and in line with NICE guidance. This meant that potential risks and patients' treatment needs may not be identified and picked up promptly. At the time of inspection, some patients had not had a second screening at all, and some patients had been released before having been offered this screening (despite being at the prison longer than 7 days).

Due to short staffing, not all clinical observations for patients who misused substances were being carried out consistently and in line with the Trust's policy and NICE guidance for monitoring withdrawal symptoms.

The Trust had few medicines Patient Group Directions (paracetamol, ibuprofen), so this limited what medicines could be given for clinical reasons or symptomatic withdrawal. The out of hours prescribing does not meet the need for patients entering the prison past 22:00. This meant that patients may not receive the appropriate medicine out of hours.

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.

Crown copyright 2024

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

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

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

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

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

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