



Report on an unannounced
inspection of

HMP Ranby

by HM Chief Inspector of Prisons

21–22 March and 4–8 April 2022



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Introduction

As a result of concerted efforts by prison leaders, and with the use of better technology, Ranby, a category C training and resettlement prison in Nottinghamshire, was much safer jail than at our inspections in 2016 and 2018. The flow of drugs had been a chief cause of violence but had been stemmed with better perimeter security, use of dogs and body scanners.

Leaders had taken advantage of the COVID-19 lockdowns to reset, focusing on breaking the cycle of violence. Our survey showed that prisoners felt much safer than they had at the time of our last inspection, and longer-serving staff members also said they were not experiencing anything like the levels of threat that they had suffered in the past.

We saw improvements across all parts our safety test, for which the prison was awarded our highest grade, 'good', with fewer assaults on staff and prisoners, better oversight of the use of force, good planning, and provision in place to improve the behaviour of the most violent prisoners and care for the most vulnerable.

Conditions in the prison were also gradually improving. Some of the more dilapidated wings had been refurbished and checks were in place to make sure that cells were clean and largely free from graffiti. Prisoners had recently been given laptops on which they were able to complete some of their domestic tasks, and inspectors were optimistic that once some initial issues were fixed, there would be an improvement in the response times to applications, complaints and diversity incident report forms. The functionality of the laptops was still limited, but there was scope for future expansion.

At the time of our inspection the prison had been at stage one of the HMPPS COVID-19 recovery framework for more than three weeks – this meant that most restrictions should have been lifted and the prison should have resumed its training role. While inspectors were sympathetic to the idea of a gradual return to full activities, leaders had been far too cautious in their approach and there were no dates set for when the regime was to be opened up. The very well-resourced workshops were almost empty, only a handful of prisoners attended classes, and the orderlies were usually the only ones in the library. Those prisoners who could not read were not supported by the education provider and were fortunate if they were allocated a peer mentor. More than 52% of prisoners were unemployed, and many were stuck in their cells or on their spurs with little or nothing to occupy their time.

The prison had recently introduced 'structured on wing activity' (SOWA), but the rationale was not clear to staff or to prisoners, mainly because leaders had failed to consider and communicate the outcomes they expected from this initiative. There appeared to be an eclectic mix of activities on offer to prisoners, though many – such as exercising outdoors or playing table tennis – could, in normal circumstances, have done as part of daily association time. A substance misuse workshop and an offender management surgery were also advertised, but staff from these two departments had not been told and nobody turned up.

Unemployed prisoners who did not sign up for SOWA activities were locked in their cells for an extra half hour; a shocking 23 hours a day behind their doors.

HMPPS had not done enough to prevent Ranby from becoming out of kilter with its remit as a training prison. More than 65% of prisoners transferred to the jail for resettlement as they reached the end of their sentences, but leaders had not responded to or planned for this change and were not providing adequate services for these men. Two particular community offender managers were working very hard to clear the backlog of cases, but the OMU was woefully under-resourced for the population, leading one frustrated prisoner to quip: 'OM-who?'

At the time of our inspection, Ranby was not operating as a category C training prison. Just keeping prisoners safe is not good enough, and if it is to fulfil its essential function in giving them the skills, knowledge, confidence and work ethic to support their return to the community, leaders urgently need to get them into the workshops and classrooms which should be a thriving part of this jail. The prison must break out of its COVID-19 inertia and provide meaningful, well-planned, and structured activities. It was telling that the most impressive work being done by prisoners was cooking and serving in the staff canteen – the challenge for leaders is to make the rest of the prison as productive.

Charlie Taylor

HM Chief Inspector of Prisons

May 2022

About HMP Ranby

Task of the prison/establishment

HMP Ranby is a category C adult male training and resettlement prison.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of inspection: 948

Baseline certified normal capacity: 892

In-use certified normal capacity: 892

Operational capacity: 1,035

Population of the prison

- 4,300 new prisoners are received each year (around 350 per month).
- 88% are serving sentences of two years or more, and 58% four years or more.
- 84.7% have been at Ranby for less than a year.
- 71 are category D prisoners.
- Over 100 prisoners are released into the community each month.

Prison status (public or private) and key providers

Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Nottinghamshire Healthcare NHS Foundation Trust

Prison education framework provider: PeoplePlus

Escort contractor: GEOAmey

Prison group/Department

North Midlands Prison Group

Brief history

Ranby was converted in the early 1970s from its original use as a World War II army camp. Some purpose-built accommodation was added to the complex in the 1980s, and two further wings were opened in February 1996. Two more wings were opened in summer 1998, and a further one in March 2008.

Short description of residential units

House block 1: 248 prisoners. North: induction wing; South: prisoners with 12 weeks or less to serve

House block 2: 244 prisoners. North: a general wing; South: the drug intervention and drug recovery unit

House block 3: 237 prisoners with various sentences

House block 4: 60 prisoners; the incentivised drug-free living wing

House block 5: 192 prisoners with various sentences; eight spurs with 24 cells on each spur

House blocks 6 and 7: 60 prisoners on each, with various sentences

Name of governor/director and date in post

Vacant. Acting governor: Andy Sleight, from December 2021

Leadership changes since the last inspection

Nigel Hirst, April 2016 to March 2022

Prison Group Director

Alison Clarke

Independent Monitoring Board chair

Margaret Maddison

Date of last inspection

4–15 June 2018

Section 1 Summary of key findings

- 1.1 We last inspected HMP Ranby in 2018 and made 42 recommendations, four of which were about areas of key concern. The prison fully accepted 36 of the recommendations and partially (or subject to resources) accepted three. It rejected three of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

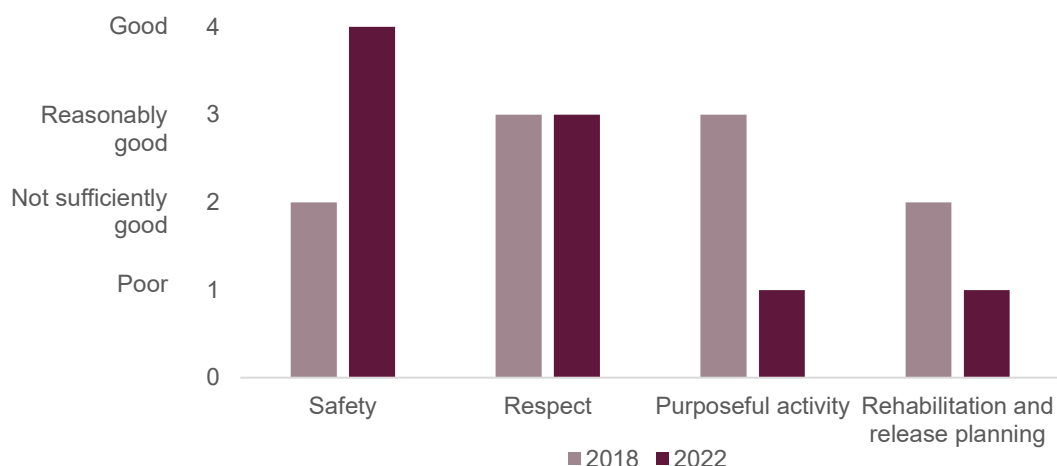
Progress on key concerns and recommendations

- 1.3 Our last inspection of HMP Ranby took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made two recommendations about key concerns in the area of safety. At this inspection, we found that both of these recommendations had been achieved.
- 1.5 We made one recommendation about a key concern in the area of respect. At this inspection, we found that this recommendation had not been achieved.
- 1.6 We made one recommendation about a key concern in the area of rehabilitation and release planning. At this inspection, we found that this recommendation had not been achieved.

Outcomes for prisoners

- 1.7 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.8 At this inspection of HMP Ranby, we found that outcomes for prisoners had stayed the same in one healthy prison area, improved in one and declined in two.
- 1.9 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Ranby healthy prison outcomes 2018 and 2022



Safety

At the last inspection of HMP Ranby, in 2018, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now good.

- 1.10 New arrivals were treated well, and access to the ‘tuck shop’ in reception reduced potential debt issues. Our survey showed that many prisoners faced problems in their early days at the prison, especially in contacting their family. The induction process had been cut back because of the pandemic restrictions and was not sufficiently comprehensive.
- 1.11 Levels of violence had fallen considerably since the last inspection. Assaults against fellow prisoners had reduced by almost half, and against staff by 39%, with few being deemed serious. Prisoner-on-prisoner assaults had gradually increased in the past 12 months, but assaults on staff had remained much lower.
- 1.12 The weekly violence reduction meeting provided a forum for dynamic action, and a twice-weekly safety intervention meeting focused on those who needed the most preventive action or support. Challenge, support and intervention plan (see Glossary) processes were reasonably good and most investigations were conducted swiftly. The incentives policy was being revised and was not currently being used effectively to promote good behaviour. The number of adjudications had halved since the last inspection, and a new ‘supportive adjudications’ approach was aiming to make formal discipline a more positive element in behaviour management.
- 1.13 Managerial oversight of the use of force was good, and a weekly scrutiny panel reviewed all incidents to identify positive practice and address any concerns. All paperwork was completed and showed a focus on de-escalation of incidents, although the use of handcuffs was high. Special accommodation had not been used since before the last

inspection and there had been no baton strikes or use of PAVA (see Glossary) in the past year. Most segregated prisoners had a television, in-cell telephone and laptop computer, and a committed staff group looked after them well.

- 1.14 The prison had addressed the prevalent drug culture that we had found at the last inspection. In our survey, fewer prisoners than at our previous visit said that they had developed a drug problem at the prison or that they could easily obtain illicit drugs or alcohol.
- 1.15 Regular briefings ensured wider engagement in the overall security and safety of the prison. This included an additional briefing collated specifically for the weekend. A prompt response to intelligence, which was triaged twice daily, and the success of target-led searching regularly yielded large amounts of alcohol.
- 1.16 There had been three self-inflicted deaths since the last inspection. The focus on implementing Prisons and Probation Ombudsman recommendations was good. The level of self-harm had been at around one incident a day for the last two years, considerably lower than in previous years, and below the average for similar prisons. The well-resourced safety team carried out detailed analysis of self-harm incidents. There had been an effective focus on improving the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm, with three layers of management checks.

Respect

At the last inspection of HMP Ranby, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained reasonably good.

- 1.17 In our survey, 68% of respondents said that most staff treated them with respect. There was a widespread perception that while many staff were active and helpful, others were not. The key worker scheme (see Glossary) was working to an extent, but prisoners told us that they did not generally find it sufficiently supportive.
- 1.18 Cells were kept in a reasonable state of repair through a rigorous system of decency checks. Unhygienic conditions persisted in some showers, but a refurbishment programme was in progress. The recent installation of in-cell technology, giving a laptop computer to every prisoner, was welcomed, but response times to cell call bells remained a concern. Many prisoners complained that access to their stored property and incoming parcels was slow.
- 1.19 There were some promising initiatives to enable consultation with prisoners, but it was too early to tell whether this was leading to improvements. In our survey, prisoners were more negative about the

applications process than at similar prisons, although an online system, using the new in-cell technology, had been introduced recently.

- 1.20 A recent drive was invigorating work on equality, but the strategy was not underpinned by a needs analysis of the population. Diversity and inclusion mentors attended the recently resumed monthly equality meetings and reviewed a sample of diversity incident report forms each month. Members of the senior management team each led on one protected characteristic, but only some had held forums with their respective groups. Some prisoners from a black and minority ethnic background told us that they felt unfairly treated on certain house blocks, which needed further exploration by leaders. The prison had made some adjustments for prisoners with disabilities and it was encouraging to see a focus on neurodiversity. In our survey, fewer young adults than their older counterparts said that staff treated them with respect. Others felt unsupported because of their sexual orientation.
- 1.21 Corporate worship had still not fully resumed and those from larger faith groups had only fortnightly access.
- 1.22 Overall, we found the quality of health care services to be reasonable. However, the lack of officers to escort patients to their appointments had increased waiting times. The recent introduction of a new electronic appointment system had caused huge pressure because of an increased volume of applications. Processes to ensure clinical oversight of the applications were being established, but in the interim this posed a clinical risk that urgent issues could be missed. Service delivery in some areas, particularly substance misuse provision, were curtailed because of low staffing levels.
- 1.23 There was no prison-wide approach to health promotion, but a suitable range of primary care services was available and long-term conditions and complex cases were managed well. A skilled and experienced mental health team provided a range of support to prisoners with mild to moderate and more complex needs, and a recently established neurodiversity pathway was a very positive initiative. The Reconnect service was good, providing holistic 'through-the-gate' support for vulnerable individuals released from prison. Prescribing for opiate addiction was not in line with expected practice, and psychosocial interventions remained limited. Medicines management arrangements were adequate, but the management of medicine queues by officers was mostly ineffective. Dental services were good.

Purposeful activity

At the last inspection of HMP Ranby, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now poor.

- 1.24 Time out of cell for many prisoners was extremely poor, at a little over an hour a day, despite the prison progressing to stage 1 of the HMPPS COVID-19 recovery plan. For those who were unemployed on the three larger wings, time in the open air was too limited, at 30 minutes daily. Access to the gym was too restrictive and the sports field remained out of use. Use of the library was similarly poor and we saw sessions throughout the week where almost no prisoners attended. Literacy promotion was very limited and few prisoners were being supported to learn to read.
- 1.25 Leaders and managers had failed to plan and implement a curriculum that addressed the needs of the population following the prison's move to the final stage of the COVID-19 recovery plan. There were too few education, skills and work places to occupy all prisoners and the potential capacity available was not fully exploited. The unemployment rate was very high. Activity allocation arrangements were not sufficiently effective and pay rates disincentivised prisoners' participation in learning. Attendance levels at education and workshop sessions were too low and not improving.
- 1.26 Too few prisoners received support to improve their English and mathematics skills. Unless attending education sessions, prisoners with a learning disability or difficulty received no help to overcome their barriers to learning. In workshops and work, prisoners did not have access to accredited qualifications.
- 1.27 The large proportion of prisoners not allocated to education, skills and work were failing to develop the behaviour and attitudes that would prepare them for their next steps. Wing-based prisoners were under-employed and not able to develop an appropriate work ethic.
- 1.28 Those in education sessions and in industrial workshops generally developed their skills and knowledge well. However, in workshops information about prisoners' starting points was not routinely available to allow for effective planning of training. Prisoners who stayed on programmes achieved at a high rate, but too many did not complete their studies. Much of the curriculum was not subject to adequate quality assurance arrangements.
- 1.29 Planning for the introduction and development of 'structured on-wing activity' (SOWA) was weak. It did not link to prisoners' rehabilitation and resettlement needs, and prisoner participation in these activities was low.
- 1.30 Pre-release preparation arrangements were weak, and few prisoners received adequate information, advice and guidance. The prison had insufficient links with employers.

Rehabilitation and release planning

At the last inspection of HMP Ranby, in 2018, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now poor.

- 1.31 Social visits were operating at just over half the pre-pandemic capacity. Families faced considerable difficulties in booking visits and there were not enough slots to meet demand. However, the overall quality of the visits experience had improved greatly now that the café had re-opened, physical contact was allowed and children had access to activities.
- 1.32 The prison faced considerable pressures in managing an offender flow that was out of step with its current designated function and resourcing as a 65% trainer and 35% resettlement prison, whereas in reality these figures were reversed. These challenges were compounded by the impact of the reunification of probation services. Multidisciplinary meetings to oversee and drive forward reducing reoffending work had not taken place for at least a year and there was no strategy setting out the work that needed to be done.
- 1.33 Prisoners continued to express considerable frustration about their lack of contact with their offender manager. There were also inconsistencies in the quality and timeliness of offender assessment system (OASys) reviews. Too many prisoners were not assessed promptly for home detention curfew, or released on time, for reasons generally beyond the prison's control.
- 1.34 The prison's risk management meeting did not provide enough oversight to make sure that risk and release planning arrangements for all prisoners assessed as presenting a high risk of harm were managed appropriately. Contact between community offender managers and the prison, to hand over responsibility for cases, was not always robust or timely.
- 1.35 Category D prisoners waited too long to transfer to open conditions, mainly because of external factors.
- 1.36 Access to offending behaviour programmes had been suspended during the pandemic and had only recently resumed for a very few. This meant many prisoners would be discharged without having had the opportunity to address their offending behaviour needs and demonstrate a reduction in risk.
- 1.37 Just over 100 prisoners were released each month and demand for support was high. Many prisoners arriving at the prison had less than three months left to serve, which added to the challenges for the timeliness of effective release planning. Following the reunification of probation services, resettlement planning arrangements were fragmented, having a negative impact on outcomes for prisoners.

- 1.38 Too many prisoners left the establishment not knowing where they would be staying on the night of their release. However, the 'departure lounge', offering practical support for prisoners on their release, was a positive initiative.

Key concerns and recommendations

- 1.39 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- 1.40 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.
- 1.41 Key concern: Non-attendance rates were high for some clinics, including the optician and sexual health services, and there were long waits to see the podiatrist. This was due, in part, to a lack of officers to escort prisoners to their appointments, and to prisoners not being informed about these. Appointments were rescheduled but this extended waiting times for patients and wasted clinical time.

Recommendation: Prisoners should have prompt access to health services, facilitated by sufficient staff to escort them to their health care appointments, to improve attendance, reduce waiting time and optimise use of clinical time.

(To the governor and the partnership board)

- 1.42 Key concern: Prescribing for opiate addiction was not in line with expected practice as the prescriber did not attend the prison or consult prisoners directly, and methadone was the only opiate substitution therapy available. The psychosocial interventions remained limited.

Recommendation: The integrated substance misuse service should provide treatment and interventions that are in line with national guidelines. Regular face-to-face reviews with the opiate substitution treatment prescriber, and a range of psychosocial interventions to support treatment and recovery, should be provided.

(To the governor and the partnership board)

- 1.43 Key concern: There was insufficient activity or time unlocked for too much of the population. Access to work was still very limited and the prison had been slow to implement a new regime, despite being at stage 1 of the HMPPS recovery plan. There was too little time in the open air for many. Access to the gym was also too restricted and attendance at the library was poor.

Recommendation: Leaders should urgently prioritise increasing time unlocked and the provision of regular education, skills and work activities to fulfil the role of a training prison.

(To the governor)

- 1.44 Key concern: Leaders and managers had not implemented an ambitious curriculum that helped all prisoners develop the skills, knowledge, behaviour and attitudes needed for successful resettlement on release. Prisoners, particularly in work and workshops, did not receive the help they needed to improve their English and mathematics skills or gain recognition for the skills and knowledge they had developed. Few prisoners with learning disabilities and/or difficulties (LDD) needs received the necessary help. Managers had insufficient oversight of the quality of training in workshops and work.

Recommendation: Leaders and managers should swiftly implement an ambitious curriculum that addresses the development needs of all the prison population, provides comprehensive support to remove barriers to learning for prisoners with LDD, and recognises and promotes all prisoners' achievements in workshops and work, with rigorous quality assurance and improvement procedures.

(To the governor)

- 1.45 Key concern: Leaders and managers had not made sure that all prisoners were allocated, and attended, appropriately purposeful activity that met their needs. Activity allocation was not informed by sentence plans or prisoners' careers aspirations. Work on accommodation units failed to include appropriate managerial oversight to check its allocation and whether prisoners were fully occupied.

Recommendation: Leaders and managers should make sure that activity allocation supports all prisoners' rehabilitation and resettlement needs and includes effective checks on allocation decisions. All prisoners should be allocated, and attend, purposeful activity that fully occupies them throughout the working week.

(To the governor)

- 1.46 Key concern: Leaders and managers had not made sure that prisoners received adequate pre-release preparation, including access to timely careers information, advice and guidance and the virtual campus, to research career options and apply for employment, education or employment before their release.

Recommendation: Leaders and managers should provide all prisoners with effective pre-release preparation, including ready access to careers information, advice and guidance, and the use of the virtual campus, so that prisoners can research career options and apply for employment, education or employment before their release.

(To the governor)

- 1.47 Key concern: Although in its infancy, the introduction of 'structured on-wing activity' (SOWA), designed to provide purposeful and enriching extracurricular activity, appeared ill-conceived and had been poorly planned and implemented by leaders. It was not clear to inspectors what the objectives were of this initiative or how it would improve

outcomes from prisoners. The activity sessions that we observed were largely recreational, including exercise, pool and table tennis, and would previously have been available during periods of association.

Recommendation: Structured on-wing activity should provide purposeful and enriching extracurricular activities as intended.
(To HMPPS and the governor)

- 1.48 Key concern: The functioning of the prison was hampered by its population (65% in the 'resettlement window' before release and 35% with a longer period still to serve, needing a training prison) being contrary to that for which it was designed and resourced (65% trainer and 35% resettlement). These challenges were compounded by the impact of the reunification of probation services.

Recommendation: Population flow to the prison should reflect its design and resourcing.
(To HMPPS)

- 1.49 Key concern: Multidisciplinary meetings to oversee and drive forward reducing reoffending work had not taken place for at least a year. There was no strategy setting out the work and no dynamic action planning to identify and measure outcomes across the resettlement pathways.

Recommendation: A comprehensive reducing reoffending strategy, supported by a detailed action plan that is monitored and updated regularly, should be developed to improve outcomes for prisoners.
(To the governor)

- 1.50 Key concern: Prisoners continued to express considerable frustration about their inability to see and communicate with their offender manager. Contact was often infrequent and lacked sufficient focus and support to drive prisoners' progression. The quality and timeliness of offender assessment system (OASys) reviews to inform sentence planning were inconsistent.

Recommendation: All eligible prisoners should have a relevant, up-to-date sentence plan, and regular and meaningful contact with an appropriately trained offender manager, focused on promoting and enabling their progression.
(To the governor)

- 1.51 Key concern: The risk management meeting did not provide enough timely or collaborative oversight to make sure that risk and release planning arrangements for all prisoners assessed as presenting a high very/high risk of harm were managed appropriately. The sharing of information and handover of responsibility for prisoners' risk management were not always robust or timely, and risk management plans were of variable quality.

Recommendation: Public protection assurance arrangements should make sure that all prisoners approaching release who present a high or very high risk of harm to others are managed appropriately and have a comprehensive plan in place in sufficient time to address any gaps in risk management and resettlement needs.

(To HMPPS and the governor)

- 1.52 Key concern: Resettlement planning arrangements were fragmented, creating gaps and confusion in what support could be offered, by whom and when. This was having a negative impact on too many outcomes for prisoners.

Recommendation: Resettlement planning for all prisoners, irrespective of their release area or risk-of-harm status, should be timely, coordinated and comprehensive, to make sure that any outstanding needs are addressed.

(To the governor)

Notable positive practice

- 1.53 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.54 Inspectors found four examples of notable positive practice during this inspection.
- 1.55 A new ‘supportive adjudications’ approach was being taken, with a well-considered approach which gave priority to supporting any prisoner who expressed a desire to improve their behaviour and compliance. This positive approach was helping to make formal discipline a more positive element in behaviour management. (See paragraph 3.15)
- 1.56 The weekend security briefing was an effective way of continuing the focus on security and safety. (See paragraph 3.27)
- 1.57 Leaders had used the in-cell technology to make meal menus more accessible, with each choice accompanied by a photograph of the food, as prepared in the prison. (See paragraph 4.16)
- 1.58 The Reconnect service had provided good through-the-gate healthcare support to patients throughout the pandemic and the introduction of the ‘departure lounge’ was a positive initiative, offering practical support on the day of release. (See paragraphs 4.58 and 6.39)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had recently left following a period of absence, but the interim governor had set a clear direction, with a well-communicated strategy: 'ABC – activities, basics and consistency'. This shared the prison's priorities, which were to promote engagement in purposeful activities, do the 'basics' well by, for example, ensuring decent living conditions, and deliver a consistently positive approach when interacting with prisoners.
- 2.3 Safety and security at the prison were much improved since the last inspection. Leaders were rightly taking measured steps to maintain this control, but we found their approach towards reinstating purposeful activity to be over-cautious. Although the prison had recently moved to stage 1 of the HM Prison and Probation Service (HMPPS) recovery plan, most COVID-19 restrictions remained in place. There were still limitations on the number of prisoners permitted in visits, the library, the gym, workshops, classrooms and the chapel. We were told that there would be a gradual increase in numbers, but there were no timescales for this plan.
- 2.4 There were considerable failings in the leadership of communication, coordination, management and allocation to activities. Despite the prison's priority for activity, too few prisoners were working in the impressive industrial facilities and classrooms remained empty. More than half of the population was unemployed at the time of the inspection, and both the library and gyms were underused. Ofsted judged the overall effectiveness of education, skills and work to be inadequate.
- 2.5 Prisoners told us of their frustration at the limited time unlocked, which for many had been recently reduced by leaders from 90 minutes to one hour a day for domestic activities and time in the open air. The reduction was to allow for daily 'structured on-wing activity' (SOWA), but this was only available to a limited number of prisoners during the inspection (see paragraph 5.27).
- 2.6 Although in its infancy, the introduction of SOWA, designed to provide purposeful and enriching extracurricular activity, appeared ill-conceived and had been poorly planned and implemented by leaders. The activity sessions that we observed were largely recreational, including

exercise, pool and table tennis, and would previously have been available during periods of association. Prisoners complained to us about limitations on the numbers allowed to participate and inequity of access. There was a substance misuse workshop and an offender management unit surgery advertised, but staff in these areas had not been informed (see key concern and recommendation 1.47).

- 2.7 HMPPS had been slow to address the problem of the mismatch between prisoner flow and the designated function of the prison, and prison leaders had not adapted to the needs of the changed population. The challenges of meeting the high demand for resettlement services had been compounded by the impact of the reunification of probation services, which had fragmented release planning arrangements (see also paragraph 6.7 and key concern and recommendation 1.48).
- 2.8 There were good examples of functional leadership, including in safety, segregation, security and health care. There was good use of a wide range of data within the safety function to inform strategy and drive improvements, but this needed to improve in other critical areas, such as the promotion of equality.
- 2.9 Leaders should have been prioritising the strategic management of reducing reoffending, especially given the challenges of the nature of the population, but oversight and planning were weak.
- 2.10 The prison self-assessment gave a clear and honest account of the current position of the prison and recognised that there was much to do. The senior team was enthusiastic about its plans for some promising initiatives, but implementation was at an early stage.

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 New arrivals told us that they had been treated well in transit, and information about risks and needs was passed by escort staff to receiving officers. Prisoners were not handcuffed while moving from the van to the reception building.
- 3.2 The reception area was bright and spacious, with rooms for private conversations. Reception and induction staff established a good rapport with arriving prisoners and completed the necessary processes without undue delay. In our survey, 82% of respondents said that they had been treated well in reception.
- 3.3 All new arrivals were subject to a strip-search and body scan, but these were carried out respectfully. Prisoner orderlies, and usually a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners), were in the reception area and gave information and reassurance. The well-stocked 'tuck shop' in reception, where those arriving could choose items off the shelves, continued to be a valuable resource, especially by removing some of the potential for accruing debts in the first few days at the establishment.



The tuck shop in reception

- 3.4 Our survey showed that more people than at similar prisons faced problems in the early hours and days at Ranby – especially in contacting their family, with a third said that they had difficulties with this, compared with 20% at the time of the last inspection. Forty-three per cent said that they had problems getting telephone numbers approved for use, compared with 29% at comparable prisons and 20% at the time of the previous inspection. Only 20% said that the telephone numbers had been added to their account in the first 24 hours. Staff tried to help with this, but the problems remained. Furthermore, only a quarter of respondents to our survey said they had a shower on their first night.
- 3.5 Staff checked on prisoners during their first night. The first-night cells were sparsely but adequately furnished and equipped, with no graffiti, but only 28% in our survey said that their cell had been clean on the first night.
- 3.6 The induction process had been cut back because of COVID-19 restrictions. A group induction had resumed, with an officer giving a short briefing on the first morning after arrival and a peer worker holding a fuller session. Gym staff spoke briefly with new arrivals and a chaplain visited each prisoner on the day after arrival. However, the induction provision was not sufficiently engaging or comprehensive.

Recommendation

- 3.7 **Prisoners should be given a free telephone call on arrival, subject to a risk assessment.**

Managing behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 3.8 Levels of violence against fellow prisoners had fallen dramatically since the last inspection, although had risen slowly during the last 12 months and were marginally higher than the average for similar prisons. Few of the recorded assaults were classed as serious. Assaults on staff had also decreased, and the rate was much lower than the average for similar prisons.
- 3.9 In our survey, 36% of respondents said that they had felt unsafe at some time at the establishment, while 15% reported that they currently felt unsafe. The prison was more ordered than we have seen at previous inspection, although this was within the context of a restricted regime. Staff dealt with prisoners confidently and we saw prisoners mostly responding well, with few examples of low-level poor behaviour. During the inspection, we heard very few alarm bells.
- 3.10 Tackling violence was a key priority for the prison. The violence reduction strategy was concise and straightforward. It drew on a range of other functional strategies, such as security and substance misuse, with a coordinated approach to causal factors in relation to violence, and links to other departments were strong. A weekly violence reduction meeting reviewed a wide range of data and information from incidents, and provided a dynamic response to emerging issues. In addition, a multidisciplinary safety intervention meeting (SIM) met twice each week to discuss prisoners posing the greatest risk of violence and those needing additional support. Information from both forums was collated at the end of each week to provide a briefing for staff on duty at the weekend.
- 3.11 The challenge, support and intervention plan (CSIP; see Glossary) process was well embedded and used to support and/or challenge around 20 prisoners at a time. Electronic records showed regular reviews between case managers and the prisoners concerned. Information was available on most wings to inform staff of key aspects of the CSIPs that were currently open. Most were of reasonable quality and outlined the management of individuals, but some examples were weak and consisted only of a summary of why the prisoner was on a CSIP.
- 3.12 Investigations were usually conducted quickly and a range of interventions, such as mediation, one-to-one conflict resolution, keep-apart arrangements and an intervention programme called 'Timewise', were used to help prevent further incidents. Timewise was a modular

programme, tailored to the person and usually delivered individually (see also paragraph 4.39).

- 3.13 The incentives policy was being revised and was not currently being used effectively to promote good behaviour. At the time of the inspection, around 40% of the population were on the highest level, which gave them access to the higher paid jobs, additional visits and more money to spend in the prison shop. No prisoners were on the basic level.

Adjudications

- 3.14 The number of adjudications had halved since the last inspection, with 1,961 in the previous 12 months. This reflected the more settled state and particularly the drop in violence (see paragraph 3.8) and the availability of drugs (see section on security). A full-time administrator continued to organise the adjudication process efficiently, so that remanded hearings were resumed as early as possible and relatively few were dismissed or not proceeded with through lapse of time or incorrect procedure. There was also good analysis of adjudication data, to show up any patterns or trends in relation to time, location, protected characteristics and other variables.
- 3.15 A new 'supportive adjudications' approach was being taken, which gave priority to supporting any prisoner who expressed a desire to improve their behaviour and compliance. For example, it could be used when a prisoner who misused substances was willing to engage with the relevant services, or when someone who had been threatening or abusive to staff was prepared to go through mediation. This approach was helping to make formal discipline a more positive element in behaviour management.

Use of force

- 3.16 Recorded use of force in the previous six months was 25% lower than in the equivalent period before the last inspection. Most incidents were unplanned, and a quarter of these went on to involve physical restraint. Many others involved the use of guiding holds as prisoners were returned to their cells. We found that handcuffs were used in about 70% of incidents, which was high. Although we understood their use for escorting prisoners through the extensive grounds following incidents, we were not confident that this had been necessary in all the instances we reviewed. Timely use of body-worn cameras made sure that most incidents were captured for subsequent review.
- 3.17 Managerial oversight was thorough, and a weekly scrutiny panel reviewed all incidents to highlight good practice and identify any issues needing immediate remedial action. A wide range of data was considered to identify any potential hotspots and monitor trends over time. Prisoners subject to force received a post-incident debrief to review what had led up to this, discuss alternative outcomes and check on the prisoner's welfare.

- 3.18 The completion rate of use of force paperwork was impressive and there were no outstanding reports at the time of the inspection. All videos and reports we reviewed demonstrated a focus on de-escalation of incidents and we observed some skilful interactions quickly resolving volatile situations.
- 3.19 There had been no use of special accommodation since before the last inspection, nor use of batons or PAVA (see Glossary) in the previous 12 months.

Segregation

- 3.20 A committed staff group looked after segregated prisoners well. There was a care plan for each, signed off and often written by a manager. There was good liaison with the mental health team, as well as psychology staff, on the management of those with complex needs. Case formulations and individual management strategies were drawn up and the specialist staff worked closely with segregation staff, improving their understanding of how to work positively with some very complex or challenging individuals.
- 3.21 The environment was satisfactory and clean, and most of those in segregation had a television, in-cell telephone, and laptop, subject to risk-assessment. Education and library staff visited regularly, and gym staff had given support to some longer-staying prisoners in doing structured physical activity in the exercise yard. The regime was adequate, with an hour in the open air each day, when time and numbers permitted, and in some cases was adapted to individual need. For example, a prisoner who did not cope well with extended confinement was enabled to spend afternoons out of cell, alongside the prisoner orderlies.
- 3.22 There was clear reintegration planning for those staying more than two weeks, often linked to the SIMs (see paragraph 3.10), and the segregation review meeting now took place monthly, giving attention to a good range of data and analysis to inform future improvement.

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 use and effective drug supply reduction measures are in place.

- 3.23 The widespread drug culture that we found at the last inspection was less prevalent. The primary routes of drug entry were well understood and had been addressed. The risk of 'throw-overs' along the extensive fence-line had been reduced by having regular patrols, both within and outside the perimeter. In addition, closed-circuit television coverage had been expanded. Bogus property parcels, impregnated mail and counterfeit Rule 39 (privileged) mail were also identified. The 'email a

prisoner' scheme had reduced the number of postal letters to the establishment and the introduction of in-cell technology was likely to reduce this further. The provision of a body scanner in reception had enabled drugs being trafficked from other prisons to be intercepted, and drug/alcohol detection dogs were also used routinely to good effect.

- 3.24 In our survey, far fewer respondents than previously said that illicit drugs and alcohol were very/quite easy to obtain, and that they had developed a problem with illicit drugs at the prison.
- 3.25 The establishment drug strategy was comprehensive and centred on the key three areas of prevention, detection and treatment. Meetings were multidisciplinary and focused on cross-prison partnership working. In addition to illicitly brewed alcohol, diverted medication was often a concern, and a process of in-possession medicines checks had yielded useful intelligence. There were signs of potentially good outcomes from the supply reduction processes in relation to both alcohol and controlled drugs.
- 3.26 There was a prison-wide approach to the submission of intelligence and a large number of information reports was received daily from across the site. The security team analysts processed intelligence efficiently and twice-daily triage provided a dynamic response where necessary. Searching was conducted on an intelligence-led basis. Almost all requested searches were conducted within 24 hours and an impressive success rate in excess of 80% demonstrated the high quality of the intelligence received. Illicit alcohol (often in large amounts), drug-related paraphernalia and weapons were among the most frequently recovered items.
- 3.27 A wide range of data was collated to provide a clear picture of the threats to the establishment. Well-structured weekly security briefings made sure that information was disseminated appropriately to other areas of the prison. An additional briefing was produced at the end of each week specifically for weekend staff, to ensure a continuing focus on current security and safety issues (see also paragraph 3.10).
- 3.28 There was an appropriate level of focus on gang activity. This showed that most was based on regional conflict rather than widespread organised crime. The prison contributed to a regional gang strategy and, in liaison with external agencies, had conducted some recent successful operations, leading to arrests.

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

- 3.29 There had been three self-inflicted deaths since the last inspection. There was an active focus on implementing Prisons and Probation Ombudsman recommendations, including a review of those that had been completed, as well as those not yet fully met, at the monthly safety meeting.
- 3.30 Too few staff had up-to-date training on assessment, care in custody and teamwork (ACCT) case management or on first aid. There were continuing concerns about the promptness of response to cell call bells (see paragraph 4.10 and recommendation 4.12). Officers, including night staff, were clear on emergency procedures, although not all understood the published policy on entering a cell if an occupant's life appeared to be at risk.
- 3.31 The level of self-harm had been at about one incident a day for the last two years, with 346 in the last 12 months. This was lower than at the time of the previous inspection, and well below the average for 33 similar category C prisons. It had dropped to this level in February 2020, remaining there, on average, for the following two years, having been considerably higher through most of 2019.
- 3.32 The safety team had gained additional staff from the previous national 'Reform Prisons' programme and the '10 Prisons' project, and these were contributing substantially to detailed analysis of incidents and individual cases, and support and training for staff, as well as to monitoring the quality of practice. The team fed back learning to individual staff and disseminated learning about patterns or trends.
- 3.33 There had been an effective focus on improving delivery of the ACCT process, with three layers of management checking which led to advice and feedback being given to individual staff. There was a named case coordinator for each ACCT, who conducted all reviews as far as possible. A member of the mental health team was always present at initial case reviews.
- 3.34 Listeners were now beginning to provide support to fellow prisoners after a pause during the pandemic, with a training course for new recruits currently in progress. Even though the coverage was only now restarting, it was encouraging that, in our survey, 42% of respondents on the reverse cohort unit (see Glossary) said that it was easy to speak to a Listener.

Protection of adults at risk (see Glossary)

- 3.35 The prison had links to the Nottinghamshire Safeguarding Adults Board incorporated within its up-to-date safeguarding adults policy. There were protocols for multi-agency coordination where necessary, although no formal referrals had been made recently. An 'at-risk' telephone line was checked three times daily and messages were responded to promptly, while the SIM (see paragraph 3.10) was normally the gatekeeper for any potential safeguarding referrals.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 In our survey, 68% of respondents, but only 39% of those aged 25 or under, said that most staff treated them with respect. There was a widespread perception that while many staff were active and helpful, some were not, and that this disparity was not being addressed effectively by managers, so that some staff were settled into habits of non-engagement. Many staff addressed prisoners by their first names and clearly knew them well, but we often saw staff gathered in offices away from prisoners, talking to each other. We saw some good examples of staff control, and many officers, newer staff as well as those with longer service, were confident in their authority (see also paragraph 3.9).
- 4.2 Some senior managers said that they gave priority to being visible on the house blocks, but only 11% of respondents to our survey said that they could talk to managers if they wanted to, compared with 26% in comparable prisons. Of those who said that they had shared a problem with a manager or governor, only 22% said that that person had tried to help them, against a comparator of 35%.
- 4.3 There was a wide range of peer workers, who were beginning to return to their duties after suspension during the pandemic. However, training, supervision and support were uneven across the different work roles.
- 4.4 The key worker scheme (see Glossary) was operating to an extent, in that most prisoners knew their named officer, but the recorded interactions were often brief, and prisoners did not generally find them helpful or related to their progression through the sentence. There were some good examples of in-depth conversations, but only 38% of respondents to our survey, against a comparator of 53% in similar prisons, said that their key worker was helpful.

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 The prison was overcrowded, with 23% of cells designed for one prisoner being used to hold two. These cells were cramped, which meant that, for example, they often contained only one chair, for two occupants. Prisoners were generally accepting of the conditions, partly because there was sustained management attention to keeping up basic standards of decency, with regular checks of all cells, not only by officers, but also by custodial managers. Along with having an in-cell telephone, those arriving were given their own equipment, including a new kettle, duvet and, now, a prison laptop, and they valued and took care of these items. There was almost no graffiti in the prison.



Wing association room with new furnishings

- 4.6 Some prisoners in the larger wings complained that their cells had been too cold during the winter. Ventilation was inadequate in many of the shower rooms, so that wing painters faced a losing battle in trying to combat mould and peeling paint. However, a prison-wide shower refurbishment programme was fairly well advanced.
- 4.7 Many units had basic self-cook items, such as toasters, microwave ovens and electric grills, and more recreational equipment on the wings than many comparable prisons, including table tennis and pool tables, board games and other resources. Much of this equipment had been recently acquired under the 'structured on-wing activity' (SOWA) project (see paragraph 5.27).
- 4.8 The grounds around the residential units, to which prisoners had access for their exercise periods, were fairly spacious, with well-

maintained grassed areas. For all wings, outdoor fitness equipment was provided, and was popular.

- 4.9 Managers told us that they made sure that there were sufficient supplies of clothing and cleaning materials, and these were available on all residential units at the time of the inspection. However, in our survey only 63% said that they had enough clean clothes for the week, against a comparator of 75% in similar prisons. In addition, only 45% said that they received enough cell cleaning materials which was worse than at the time of the last inspection (66%) and at similar prisons (59%).
- 4.10 Response time to cell call bells, the subject of a Prisons and Probation Ombudsman (PPO) recommendation, remained a concern. The electronic tracking system was not working, and although wing managers carried out random checks regularly and acted on any failures to respond within five minutes, only 17% of respondents to our survey said that call bells were normally answered within that period.
- 4.11 Many prisoners complained that parcels, especially those of clothing sent at the permitted intervals, often took weeks or months to be delivered to the wing after arrival in the prison. In our survey, only 7% of respondents said that they could have prompt access to their stored property, which was much lower than at comparable prisons (17%).

Recommendations

- 4.12 **Managers should make sure that staff respond to cell call bells within five minutes.**
- 4.13 **Prisoners should have prompt access to their property and to incoming parcels.**

Residential services

- 4.14 In our survey, 38% of respondents said that the food was very or quite good, which was lower than at the time of the last inspection (60%). Despite adequate supervision of the serving of meals, only 30% of respondents said that they usually got enough to eat at mealtimes. Oats were provided to supplement the cereal packs, and hot options were offered for both lunch and dinner.
- 4.15 Meals were served too early; food was collected from the kitchens from 10.30am for lunch, and 3.30pm for dinner. While the catering manager attended the serveries and received informal feedback, structured consultation on food had dwindled during the pandemic.
- 4.16 Leaders had used the in-cell technology to make the menus more accessible, with each choice accompanied by a photograph of the food, as prepared in the prison.
- 4.17 The prison had consulted outside organisations to make sure that the vegan options fulfilled nutritional recommendations. Leaders worked together to put together special meals for festivals. The kitchen had

employed additional prisoners to cook a more culturally diverse menu for Muslims during Ramadan.

- 4.18 Prisoners received prison shop orders weekly and could order from a small variety of catalogue suppliers. During the inspection the process went online, so that prisoners could place orders using their laptops. In addition, managers had made one supplier's online catalogue available to them, as hard copies were no longer produced. The reception 'tuck shop' was a very helpful resource (see paragraph 3.3).
- 4.19 In our survey, only 33% of prisoners from a black and minority ethnic background said that the shop sold the things they needed, compared with 59% of other prisoners. The prison had made efforts to add some products more suited to black prisoners, but this provision needed to be expanded.
- 4.20 On a number of occasions, prisoners had not received items they had ordered from the shop, or their newspapers. Many complaints were submitted about this and it often took too long to issue refunds.

Prisoner consultation, applications and redress

- 4.21 Arrangements for consultation included forums for prisoner information desk (PID) workers and for a prison expectations team (see below). Prisoners employed as PID workers met the lead manager on prisoner engagement monthly to discuss issues arising from their respective house blocks, and for leaders to share information with the PIDs to circulate to their peers. The meeting was well organised and acted on prisoners' feedback, but staff attendance was not multidisciplinary. Minutes and outcomes were not well communicated to the wider prison population.
- 4.22 The expectations forum was a promising new initiative championed by the governor. Prisoners were allocated several HM Inspectorate of Prisons expectations per month. They were tasked with consulting staff and prisoners, to assess the prison against these, and to feed back and make suggestions. It was too early to tell whether this consultation would lead to improvements.
- 4.23 These structures relied on prisoners who were not chosen by their peers but selected by staff. Some of the pre-pandemic consultation work had stopped with the introduction of restrictions, including the 'prison council', but there were plans to reintroduce further avenues of consultation.
- 4.24 Our survey showed more negative perceptions than at similar prisons about the timeliness and fairness of the applications process. However, during the inspection the prison introduced an online system using the new laptop computers. Although there were some teething problems, such as caps on the number of applications that a prisoner could submit, the prison was working on these and also looking to build in a quality assurance process.

- 4.25 An average of 180 complaints a month were submitted, which was slightly above the average number in similar prisons. It was difficult, however, to find the full range of the various complaint forms on the house blocks. In our survey, fewer prisoners than elsewhere said that complaints were dealt with in a timely way. Responses were mostly adequate, and the quality assurance process had highlighted most areas of deficiency. There was some analysis of complaints data but not enough, and it was not clear that this analysis had led to any action.
- 4.26 In our survey, more respondents than at similar prisons said that they were able to communicate with their legal representative (55% versus 40%). However, legal visits were not sufficiently private, taking place in the open visits hall. There was sufficient capacity, with a one-week wait to book a legal visit and two afternoon sessions available per week. Five rooms were available in the video-link facility, and these were mainly used for court and parole hearings.

Equality, diversity and faith

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 of terms) and any other minority characteristics 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.

Strategic management

- 4.27 There had been a recent drive to invigorate work to promote equality. The equality strategy set out coherent plans but was not underpinned by a needs analysis and did not focus on the specific challenges at Ranby.
- 4.28 Monthly equality meetings had resumed in January 2022, chaired by the governor, and were well attended. Each was attended in turn by one of the eight diversity and inclusion (D&I) peer mentors. They were well supported by the equality team, which provided them with some training, and they were all working towards a peer mentoring qualification.
- 4.29 Some improvement was beginning to be seen in the interrogation of data, but this was yet to inform actions. The action plan was therefore not informed by data. The prison was yet to identify areas of disproportionality and any trends over time.
- 4.30 The equality team consisted only of the head of equality and a non-operational member of staff. Members of the senior management team each led on one protected characteristic, but progress was inconsistent. Only some had held forums with their respective groups.

- 4.31 A total of 110 diversity incident report forms (DIRFs) had been submitted in the previous 12 months. Access to DIRFs was limited on some house blocks. The DIRF had been revised to be in a 'easy read' and more accessible format.
- 4.32 There was some analysis of DIRF data in the equality meeting, but it was not yet clear whether this had led to any change. The prison told us that ethnicity was the most common protected characteristic mentioned in the DIRFs submitted. The D&I mentors selected three DIRFs each month and checked them (after redaction), and they provided valuable feedback on the quality of responses during the equality meetings.
- 4.33 Investigations into DIRFs were generally thorough. In most cases, the relevant individuals were interviewed, there was a good record of the investigation and responses were generally helpful in tone. The equality team and the governor quality assured the responses before they were sent. However, although the prison sent interim responses to the sender, the overall timeliness of DIRF responses was poor.

Protected characteristics

- 4.34 In our survey, there were few areas where prisoners from protected characteristics reported more negative perceptions than others. During induction, prisoners were given a D&I questionnaire, helping the prison to identify those with various protected characteristics.
- 4.35 A third of prisoners were from a black and minority ethnic background. Some prisoners in this group told us that they felt unfairly treated, and this was more prevalent on certain house blocks, which needed further exploration by leaders. In our survey, prisoners from this group reported similarly to others for most questions, although fewer said that the prison shop catered to their needs (see paragraph 4.20).
- 4.36 There were seven foreign national prisoners at the establishment, all of whom were able to speak English. The equality team supported these prisoners individually and had had just restarted forums with this group.
- 4.37 Eight per cent of the population were over 50. Support for this group was underdeveloped and only one forum had taken place in recent months, although a coffee morning had recently been reinstated for.
- 4.38 Nearly half the respondents in our survey identified as having a disability. The prison had made some adjustments for these prisoners. Two unpaid peer support orderlies were helping two prisoners in need with everyday tasks (see paragraph 4.71). Leaders had recently set up a multidisciplinary neurodiversity committee, which was encouraging.
- 4.39 Seventeen per cent of the population were under 25 years of age. In our survey, fewer under-25s than their older counterparts said that staff treated them with respect (39% versus 72%), and that they had a staff member they could turn to if they had problem (42% versus 69%). There was some provision focusing on this group, but there was no

coordinated plan. The prison had prioritised consistent key work for young adults, and leaders had recently worked with an outside organisation which carried out some consultation with young adults. In addition, the non-accredited course, 'Timewise', was delivered to young adults between the ages of 21 and 25 with a history of violence in custody. This course, delivered in partnership by programmes and psychology staff, was a good initiative and at the time of the inspection seven prisoners were engaging with it, and five had completed it.

- 4.40 Only six prisoners had disclosed to the prison that they were gay, bisexual or other sexual orientation, and some felt unsupported. There had not been any consultation, or a focus group, to understand their experiences.
- 4.41 The prison had worked well with external organisations, including Veterans Care Through Custody and Care After Combat, to identify and support veterans, and 28 prisoners had come forward. Monthly well-being meetings had been held with up to eight prisoners, the most recent meeting relating to the conflict in Ukraine. Veterans received six-weekly check-in contacts, and a clinical nurse specialist for veterans provided mental health support, particularly relating to their time in service (see also paragraph 4.75).

Recommendation

- 4.42 **The prison should identify the needs of prisoners with protected characteristics and work to meet them accordingly.**

Faith and religion

- 4.43 The chaplaincy facilities included a chapel, a multi-faith room with ablution facilities, a counselling suite and a waiting room. The team covered a number of faiths, and for the faith groups with smaller populations there were sessional chaplains. However, the prison had struggled to find a Rastafarian chaplain and, although the managing chaplain held a weekly group for this faith as a substitute, these prisoners were frustrated at the lack of adequate provision.
- 4.44 The resumption of corporate worship had been too slow. Despite the prison's move to stage 1 of the HMPPS COVID-19 recovery framework, for about the last five weeks corporate worship had been offered to each Christian and Muslim prisoner only once every two weeks.
- 4.45 The chaplaincy provided a counselling service, which was well used and in demand, including bereavement counselling. Around 20 prisoners were currently receiving counselling and there were over 40 on the waiting list.

Recommendation

- 4.46 **Prisoners should receive weekly corporate worship.**

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.

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

Strategy, clinical governance and partnerships

- 4.48 Nottinghamshire Healthcare NHS Foundation Trust ('Notts Healthcare') had provided health and substance misuse services at the establishment since 2018. NHS England and NHS Improvement (NHSE&I) had extended the contract until the end of March 2024. Arrangements for contract monitoring were effective and partnership working between key stakeholders, including the UK Health Security Agency, had strengthened in response to the management of COVID-19. This included regular outbreak control team meetings, and prisoners were provided with appropriate testing and vaccination. There was a range of governance meetings and a local delivery board to provide strategic oversight of the service.
- 4.49 Overall, we found the quality of health services to be reasonable. However, non-attendance rates had increased waiting times. This was due, in part, to a lack of officers to escort prisoners to their appointments, and to prisoners not being informed about these (see also paragraph 4.64, and key concern and recommendation 1.41).
- 4.50 Most primary care services were delivered from the health care department, which was spacious and clean. Infection prevention and control audits were undertaken regularly and good compliance was maintained. Clinical equipment was calibrated annually.
- 4.51 The health care provision was a 24-hour service, with a registered nurse on duty overnight. There was strong leadership and a conscientious, skilled and resilient staff group. We observed professional and caring interactions between health care staff and prisoners. The integrated working between the health care teams had helped to cover some of the staffing vacancies, along with regular agency staff and an ongoing recruitment campaign. Despite this, low staffing levels meant that some aspects of service delivery were curtailed, particularly within the substance misuse provision (see key concern and recommendation 1.42).
- 4.52 Health care staff had access to both clinical and managerial supervision. Compliance with mandatory training was reasonable and continuing professional development was actively encouraged, with good uptake.

- 4.53 Clinical records were stored electronically on SystmOne and all health teams used this to record their interventions. Standards of record keeping varied from reasonable to very detailed and this was audited regularly.
- 4.54 The very recent implementation of the electronic application system (see paragraph 4.25) had caused huge pressure in the first few weeks, due to the increased volume of health care applications, on an already stretched service. Health care staff had limited training and access to the prison's information technology platform in order to process these applications. This had hampered smooth transition to the new system, which, once embedded, would be beneficial. Processes to provide clinical oversight and triage of the electronic applications were being established, but in the interim this posed a clinical risk that urgent issues could be missed.
- 4.55 The patient forum had restarted, and suggestions and issues raised informed service delivery. Good progress had been made on the health recommendations from the PPO death in custody reports. Lessons learnt from these and from investigations of clinical incidents were shared with staff, to improve the service.
- 4.56 There was a confidential health care complaints system. The responses we sampled were timely, polite and addressed the concerns raised. Face-to-face resolution was also used. The responses informed prisoners how to escalate their complaint if they were unhappy with the outcome.
- 4.57 All health care staff had life-support training appropriate to their role and there was good access to well-maintained and regularly checked emergency equipment, located strategically across the prison.
- 4.58 Release planning was well managed and prisoners received the take-home medicines they needed and help in finding a GP in the community if they did not have one. The Reconnect service, a pilot project commissioned by NHSE&I to improve health outcomes for vulnerable individuals released from prison, had continued throughout the pandemic. It was providing good 'through-the gate' support. Support workers attended the prison before discharge and maintained contact post-release to enable a smooth transition back to the community.

Promoting health and well-being

- 4.59 There was no whole-prison approach to health promotion to provide a coordinated perspective. A considerable amount of literature, based on national health promotion programmes, was displayed across the prison. Professional telephone interpreting services were available during health care appointments when needed, and health information could be translated, but this was not well advertised. An eye-catching monthly newsletter and Wayout TV were used to inform prisoners of any health promotion initiatives. The new surgery pod in the waiting

area, enabling patients to perform their own health checks, such as blood pressure, height and weight, was a popular and positive addition.

- 4.60 The team was progressing well with the implementation of the national COVID-19 vaccination programme, and the flu vaccination had been offered.
- 4.61 A range of prevention screening programmes was available, including for abdominal aortic aneurysm. Prisoners were screened for sexual health conditions and blood-borne viruses, and visiting specialists were accessible to support treatment. Barrier protection was available from health care staff and a well-being pack was offered to all prisoners on release, which included condoms and personal hygiene items such as soap and toothpaste.

Recommendation

- 4.62 **There should be a prison-wide systematic approach to promoting prisoner well-being, outlined within a health promotion strategy which is monitored regularly.**

Primary care and inpatient services

- 4.63 Health care needs were identified promptly in reception by a registered mental health nurse and appropriate referrals were made. COVID-19 testing was undertaken on arrival and on day 5. As a result of primary care staffing pressures, the second health screen had been completed at the same time as the first. This had recently reverted to being the responsibility of the primary care team and was completed within the National Institute for Health and Care Excellence (NICE) guidelines of seven days, as intended, to allow for more time to explore any health problems.
- 4.64 There was an appropriate range of primary care services, but non-attendance rates were high for some clinics, such as the optician and sexual health services, and there were long waits to see the podiatrist. The reasons for non-attendance were followed up. Prisoners expressed frustration when they were not escorted to the health care department by officers or informed of their appointments. These appointments were rescheduled, extending waiting times for prisoners and wasting clinical time (see key concern and recommendation 1.41).
- 4.65 There were a few non-medical prescribers within the team, including a skilled advanced nurse practitioner (ANP), who provided clinics every weekday morning and afternoon. GPs provided three face-to-face clinics, as well as three remote sessions where they mainly reviewed prescriptions and blood results. Urgent on-the-day appointments were available, but waiting times for a routine GP appointment ranged between one and a half to four and a half weeks, with an approximately four-week wait to see the ANP, both of which were too long.
- 4.66 Daily handover meetings, attended by all health care teams, were a useful forum for sharing information about patients. In addition, a range

of multi-pathway meetings were held weekly to discuss those presenting with complex needs.

- 4.67 Prisoners with long-term conditions were well managed by nurses who had received additional training and were supported by the ANP and GPs. The care was thorough and patient centred. Care plans were in place, but some were not sufficiently personalised.
- 4.68 There was effective administrative and clinical oversight of external hospital appointments, with 20 officer escort slots available weekly. Few of these were cancelled because of prison issues.

Social care

- 4.69 There were arrangements for the delivery of social care, informed by an up-to-date memorandum of understanding. However, there was no single point of referral and oversight arrangements for referral and assessment times were not in place, which needed to be addressed.
- 4.70 There was some confusion as to where adaptations and equipment were sourced from, and this had created some delays for one prisoner we spoke to. There were no prisoners on-site who had reached the threshold for receiving a social care package (see Glossary) at the time of the inspection. Notts Healthcare was the care provider if needed.
- 4.71 There was a social care peer prisoner support system to help with non-intimate care. While the peer supporters had been security cleared, they had not had any social care training and there was no specific oversight of their role, which presented a risk.

Mental health care

- 4.72 A skilled and experienced mental health team provided a range of support to prisoners with mild to moderate and more complex needs. The team had continued to see patients face to face throughout the pandemic. Although it had not experienced recruitment challenges, the team had been affected by staffing deficits elsewhere in the health care department. For example, nurses were often needed to administer medications and therefore had reduced caseload management time.
- 4.73 There was an open referral system and new referrals were screened by a duty mental health nurse daily, while any urgent requests were actioned on the same day. Assessments took place within five working days. An embedded multidisciplinary allocations meeting was held weekly to review all new referrals, and was well attended.
- 4.74 The mental health team worked to the stepped-care model, with approximately 190 prisoners receiving support at the time of the inspection. Those needing level 1 support (the lowest level) were overseen by the GP. A psychologist and two psychology assistants delivered step 2 and step 3 interventions alongside mental health nurses. Treatment options included brief interventions and crisis management for up to six weeks, or ongoing caseload management.

Prisoners on the mental health caseload had care plans and spoke highly of the support they received from the team.

- 4.75 Most group work had been suspended during the pandemic, but the content was delivered on a one-to-one basis and included topics such as coping with stress, distress tolerance, emotional regulation and managing voices. The Trust veterans group attended the prison regularly to deliver Care After Combat support to veterans. This had been maintained throughout the pandemic.
- 4.76 A psychiatrist attended the prison weekly and had oversight of approximately 80 patients, and currently had no waiting list. A nurse trained to deliver EMDR (see Glossary) attended the prison regularly to support a small number of prisoners who needed this therapy. A recently established neurodiversity pathway was a very positive initiative, with a learning disability nurse supporting approximately 20 prisoners and offering assessments for attention-deficit hyperactivity disorder and autism.
- 4.77 A mental health nurse attended all initial ACCT case reviews, as well as those for patients on their caseloads. This had been particularly beneficial for prisoners accessing the neurodiversity pathway.
- 4.78 In the last 12 months, one patient had been assessed as needing a transfer to hospital under the Mental Health Act. He had been transferred to a secure hospital just outside the required transfer window.

Substance misuse treatment

- 4.79 There was a comprehensive drug strategy, which informed joint working and drug strategy meetings. In our survey, 27% of respondents said that they had arrived with a substance misuse need, compared with 42% at the time of the last inspection. The integrated substance misuse service (SMS) was supporting around 231 prisoners at the time of the inspection, representing approximately 24% of the population of the establishment.
- 4.80 All new arrivals were transfers from other prisons and therefore arrived with a valid prescription if needed. A member of the SMS undertook comprehensive initial assessments as part of the daily rota and a weekly meeting discussed allocation onto caseloads within the SMS and mental health teams.
- 4.81 Prescribing for opiate addiction was not in line with expected practice, as the prescriber did not attend the prison or consult prisoners directly. Methadone was the only opiate substitution therapy (OST) available, limiting patients' choice (see key concern and recommendation 1.42).
- 4.82 SMS was no longer providing group work and one-to-one interventions were limited because of substantial staff vacancies. Only 25% of respondents to our survey said that it was easy to see an SMS worker, although many consultations were undertaken by telephone. Forty-one

per cent of survey respondents with a substance misuse need said that they had been helped with their drug problem at the prison, and those we spoke to were complimentary of the care given by the team. The clinical records we viewed for SMS patients showed that they had a care plan, but interventions were not time bound.

- 4.83 The administration of OST was undertaken in line with expected standards and officers supported the health care staff in ensuring attendance at the administration hatches. Of the 144 prisoners who were on OST, 114 were on a maintenance dose and 13-week reviews were undertaken on time, but in the absence of the prescriber (see key concern and recommendation 1.42).
- 4.84 The incentivised drug-free living wing was no longer functioning as intended because of the staff vacancies in the SMS team. There were plans to reinstate this function, but with no timelines. Officers on this wing were well informed and had been trained and selected for their role.
- 4.85 Naloxone (an opiate reversal agent) was issued on release, following training sessions on its use. Discharge plans were in place for those being released, in partnership with the Reconnect team.

Medicines optimisation and pharmacy services

- 4.86 Medicines were supplied promptly by an external provider. Not-in-possession medicines were supplied as named patient medicines, with appropriate labelling and a dispensing audit trail. In-possession risk assessments were completed appropriately. Around 63% of prisoners received medicines in-possession, but we considered that more patients should have been considered for 28 days' in-possession medication, rather than just seven days' supply. The pharmacy ordered prisoners' in-possession medicines, which meant that they did not have the opportunity to learn to manage their own medicines in preparation for returning to the community.
- 4.87 Medicines were administered from the wings twice a day by pharmacy technicians and nurses, with additional provision for night-time administration when needed. Evening medicines were not all given at therapeutically appropriate times. For example, sedating antidepressant medicines were given too early, rather than at suitable times for optimal and effective care.
- 4.88 If a prisoner missed a medication administration, staff followed this up. They understood the risks of diversion of medicines and there were regular cell checks with security staff. Not all cells had locked storage facilities, which increased the risk of diversion. Medicine queues were generally poorly supervised by officers, apart from on house blocks 2 and 4 when OST was being administered.
- 4.89 There was mainly good medicines management on the wings, with well-ordered and tidy stock cupboards, and regular temperature checks

of refrigerators holding heat-sensitive medicines. Controlled drug records were appropriate.

- 4.90 Prisoners had access to simple advice from pharmacy technicians. However, there was no on-site pharmacist, which meant that the full support and clinical oversight of a pharmacist was not available to prisoners, or to the wider health care service. There were no pharmacy-led clinics or services such as medicine use reviews, which would enhance the service.
- 4.91 There was provision for the supply of medicines without the need to see a doctor, using both the minor ailments stock and patient group directions (which enable nurses to supply and administer prescription-only medicine). There was also the facility to supply medicines out of hours.
- 4.92 Medication errors were recorded and reviewed. Written procedures and protocols were in place, including local protocols specific to the prison. There were well-attended, regular medicines and therapeutics meetings. The prescribing of abusable and high-cost medicines was monitored.

Recommendation

- 4.93 **Officer supervision of medicine administration should enable compliance, promote confidentiality and minimise the risk of diversion.**

Dental services and oral health

- 4.94 Time for Teeth delivered a range of community-equivalent dental treatments, including oral health advice. There were two dental clinic days per week, with one dental therapy session weekly.
- 4.95 The dental team had restarted aerosol-generating procedures (see Glossary), but waiting lists remained long for routine treatment. Although appointments were available to see the dentist within one week, patients were prioritised according to their needs and the longest wait that they were experiencing at the time of the inspection was eight weeks. Emergency dental care was provided, and pain relief and antibiotics were available if needed.
- 4.96 The newly implemented electronic application system (see paragraph 4.25) had resulted in an extremely high number of appointment requests for the dentist. These were initially reviewed by an administrator, to place patients onto red, amber and green waiting lists; these were then reviewed and triaged by the senior dental nurse and dentist on the three days per week that they attended the prison. Although an algorithm was in place for the administrator to follow when initially reviewing the applications, this was a new process which needed close monitoring, to make sure that patients' needs were identified appropriately and treatment offered in a timely manner.

4.97 The dental clinic met infection control standards, with a separate decontamination area. Staff completed regular environmental audits and equipment checks, to make sure that safety standards were met and adhered to.

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 of terms) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 Time out of cell was extremely poor for many, at little over an hour a day. In our survey, 57% of respondents said that they usually spent less than two hours out of their cell on a typical weekday, compared with 9% at the time of the last inspection. The equivalent response for weekends was even worse, with three-quarters saying that they spent less than two hours unlocked (compared with 8% at the time of the last inspection) (see key concern and recommendation 1.43).
- 5.2 Our findings during the inspection reflected this. Although, in our roll checks, just over a quarter of prisoners were locked up at any given time, we found just 340 prisoners to be involved in work or educational activities. This included around 130 individuals involved in on-wing work, of which many were under-employed in nominal 'orderly' roles (see also paragraph 5.29 and key concern and recommendation 1.43).
- 5.3 The prison had recently moved to stage 1 of the HM Prison and Probation Service (HMPPS) COVID-19 recovery plan to lift restrictions, but in most respects this had yet to take effect and there were still too few workplaces available. The part-time nature of employment at the prison meant that more prisoners were engaged in some activities than would otherwise be possible, but we calculated that over half of the total population were unemployed and so were still restricted to, at best, less than two hours unlocked each day, which was poor (see key concern and recommendation 1.43).
- 5.4 On the three larger residential units, there was too little time in the open air for the many unemployed prisoners, at just 30 minutes a day, and unless they were involved in 'structured on-wing activity' (SOWA; see paragraph 5.27) they had just a further 30 minutes for domestic activities such as showers, making applications and cell cleaning before being locked up again. For others, on house blocks 5, 6 and 7, it was much better, and they had greater freedom to walk around the surrounding grounds. Those located on house block 5 were not locked in cells at all, although they were restricted to their landings when not rostered for activities or domestics (see key concern and recommendation 1.43).

- 5.5 In our survey, only 7% of respondents said that they could use the gym twice a week or more, which was much worse than at similar prisons (25%). The number of prisoners who could use the two sports halls was restricted to 24 per session in each, with four sessions daily. There were still no team or group activities and the sports field remained closed (see key concern and recommendation 1.43).
- 5.6 There was a shortage of qualified PE instructors, which was having a negative impact on delivery. Links to other departments, such as physical and mental health, and substance misuse services, suspended at the outbreak of COVID-19, were yet to resume and there were no opportunities for prisoners to gain any PE qualifications.
- 5.7 Access to the library was poor. In our survey, only 32% of respondents said that they had access once a week or more, compared with 56% at the time of the last inspection, and only 13% that they could have library materials delivered each week (see key concern and recommendation 1.43).
- 5.8 The library was bright, spacious, well stocked and provided a pleasant environment for users. However, there was much confusion among wing staff as to when prisoners could access the library; when we asked them about this, we received a range of responses, including 'during SOWA periods', 'during domestics' and 'as and when'. Attendance was still capped at just 20, although when we visited the library at various times during the week, we often found just a few prisoners using it from nearby education facilities. Library staff expressed their frustration at the lack of attendance from the wings.
- 5.9 There was little evidence of promotion of literacy on the wings. Help for beginner readers had recently restarted, with four Shannon Trust (see Glossary) mentors based in the library and available to help learners. On both days that we met the mentors, no prisoners had been brought from the wings, which was particularly disappointing and very frustrating for the mentors (see key concern and recommendation 1.44).

Recommendation

- 5.10 **All prisoners should have weekly access to the library.**

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 key concerns and recommendations, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Inadequate

Personal development: Inadequate

Leadership and management: Inadequate

5.12 Leaders and managers had failed to plan and implement an ambitious curriculum that addressed the needs of prisoners following the prison's move to the last stage of the HMPPS COVID-19 recovery plan. Senior managers had a comprehensive overview of the curriculum's strengths and weaknesses, but had been too slow to address the performance shortfalls. For example, key recommendations from the previous inspection had yet to be enacted (see key concern and recommendation 1.44).

5.13 Leaders and managers did not provide enough education, skills and work (ESW) places to occupy a large proportion of the prison population. Managers did not exploit the potential of the capacity available or make sure that the use of planned activity places was maximised. As a result, not enough prisoners were participating in purposeful activity or developing the skills and knowledge needed to support their successful rehabilitation and resettlement. The rate of unemployment was very high for a training prison.

5.14 A substantial number of prisoners had poor English and mathematics skills, but received no help to improve them. Few prisoners could access help or opportunities to improve their reading skills (see also paragraph 5.9). The support needs of prisoners with learning disabilities and/or difficulties (LDD) went unmet in industrial workshops and work. However, the small number of prisoners with LDD needs who attended education classes received effective support, which meant that they engaged in lessons and generally made the expected progress (see key concern and recommendation 1.44).

5.15 In workshops and work, prisoners had no access to the accredited qualifications needed to improve their chances of securing employment on release. Instructors had participated in little training to improve and

achieve consistency in their professional training competence. This hindered their ability to help prisoners learn. For example, prisoners' skills and knowledge acquisition were often not recorded effectively or used by workshop instructors to highlight prisoners' development. The few prisoners who had received booklets to document their personal progress did not understand why they were completing them and what value they would serve when they were transferred to another prison or released (see key concern and recommendation 1.44).

- 5.16 Activity allocation arrangements were not sufficiently effective, which meant that many prisoners engaged in activities that did not support their rehabilitation needs or employment goals on release. In some instances, work allocation relied inappropriately on decisions made by accommodation unit-based officers. There were long waiting lists for most activities. Attendance levels at education and workshop sessions were not high enough and did not show a reliably improving trend (see key concern and recommendation 1.45).
- 5.17 Senior managers had revised prisoners' pay rates so that they reflected the demands of individual activities. However, these had not been implemented yet. Current rates acted as a disincentive to prisoners' participation in learning.
- 5.18 The success of curriculum reviews was curtailed as they were not informed by an analysis of the prison population's needs. In addition, managers had been too slow to introduce fully the planned progression routes to support prisoners' rehabilitation and successful resettlement on release.
- 5.19 Senior managers rightly acknowledged that much of the curriculum was not subject to adequate quality assurance arrangements. This limited their ability to identify required improvements and actions to raise standards for all prisoners. There had been recent improvements in the use of data and performance management processes. This had contributed to the planning of appropriate curriculum developments. However, the implementation of these initiatives was too new to allow for any impact to be discerned.
- 5.20 Managers had sequenced the education curriculum in English, mathematics and vocational subjects effectively, to make sure that prisoners could develop useful knowledge and skills over time. For example, the hospitality and catering, and barbering provision enabled prisoners to develop the work-related competences expected in a commercial kitchen or barbershop. Teachers in education and vocational training undertook an appropriate variety of training aimed at improving the craft of teaching. The quality of teaching was usually good for the small number of prisoners who attended sessions.
- 5.21 Coaching in many workshops was generally effective. However, information about prisoners' starting points was not available routinely, to allow for effective planning of training. In addition, managers had not made sure that all prisoners were supplied with the protective clothing needed to participate fully in workshop tasks.

- 5.22 In education, prisoners routinely received helpful assessment and feedback that helped them to progress. For example, in mathematics, prisoners developed their skills in using percentages, fractions and decimals confidently. They were able to apply their learning skills to completing projects and practising examinations. However, small group sizes in education curtailed the use of many teaching strategies that could have helped prisoners to extend their learning further.
- 5.23 In the industrial workshops, where the work was more challenging, prisoners were developing skills and behaviour that could improve their employment chances on release. For example, in the wood mill, engineering and laundry workshops, they learned how to operate industry-standard machinery and master the different workshop roles. They exhibited an appropriate work ethic as they worked well to meet demanding contractual and quality targets.
- 5.24 Prisoners who stayed on programmes achieved at a high rate. However, too many left their course early and did not complete their studies. This was particularly so for English and mathematics courses. Prisoners with LDD needs achieved at a slightly lower level than other prisoners.
- 5.25 Pre-release preparation arrangements were weak. Few prisoners received effective help to prepare them for the next stage of their lives once they left prison. In-cell learning packs, which allowed prisoners to practise completing job application forms, were available on request, but the uptake was low (see key concern and recommendation 1.46).
- 5.26 Careers information, advice and guidance arrangements were inadequate. Only around a quarter of prisoners had received any help in this area. They were not routinely supported to make informed and realistic decisions about their future employment prospects following release. Too often, they were participating in activities that failed to reflect their career aspirations. As a result, prisoners became demotivated and bored as they wished to use their time more productively (see key concern and recommendation 1.46).
- 5.27 Very few enrichment activities were offered to engage and develop prisoners' wider interests. They had little opportunity to develop personal skills within education, apart from participation in either a cookery or independent living skills class. They had access to in-cell learning packs on topics such as alcohol awareness and budgeting. However, few used them or achieved the associated qualification. Very recently, a small number of accommodation unit-based activities had been introduced as a contribution to the prison's strategy of moving to a full regime. Activities included wing committee meetings, table tennis and time out of cell for prisoners to read and write letters. These activities were available only to prisoners who already attended other purposeful activity, and were offered for one hour, either in the morning or afternoon. The prison called this 'structured on-wing activity' (SOWA). Planning for the introduction and development of these activities was weak, and they were not linked to prisoners' rehabilitation

and resettlement needs. Prisoner participation in these activities was low (see key concern and recommendation 1.47).

- 5.28 A large proportion of prisoners were not allocated to ESW activities and therefore were not engaged in learning. This prevented them from developing the positive attitudes towards self-improvement needed to secure and sustain work on release. Too many prisoners were engaged in work that was not challenging or demanding enough to help them to build skills and behaviour that could improve their future employability. For example, in industry workshops, such as packing, prisoners completed their tasks well within their allotted time, leaving them unproductive for long periods.
- 5.29 The large number of prisoners allocated to participating in accommodation unit-based work were under-employed or idle. As a result, these prisoners were not developing the work-ready attitudes and behaviour that would help them gain and sustain future employment. In addition, cleaners and servery orderlies received no training to carry out the basic functions of their roles, such as sweeping and mopping. In a number of instances, prisoners did not appreciate the importance of completing their allotted activity time. For example, we saw some leaving their allocated workshop role during working hours to attend the barber.
- 5.30 Prisoners conducted themselves in an appropriate manner and were respectful to each other, staff and visitors. They reported feeling safe when participating in ESW activities. They had a good awareness of diversity and how they should use this understanding when dealing with others.
- 5.31 The prison used the virtual campus (VC; see Glossary) effectively to support the small number of prisoners undertaking Open University and distance learning study. However, prisoners had little opportunity to use the VC for research purposes, including applying for education, training and work before release. They all had an in-cell laptop computer. However, although planned for, these did not yet link to the VC or offer access to a wide variety and range of learning materials.
- 5.32 The prison had insufficient links with employers to support prisoners' release on temporary licence (ROTL) or inform curriculum improvement. Managers made insufficient use of employers to provide prisoners with a more challenging range of contracted work in industrial workshops. At the time of the inspection, no prisoners were participating in the ROTL scheme.

Section 6 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.

Children and families and contact with the outside world

Expected outcomes: The prison 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 Families faced considerable difficulties in their attempts to book social visits. Until very recently, there had been only one telephone booking line available, operating 9am to 12pm on Monday to Friday, and 1pm to 3pm on Monday to Thursday. Staff told us that the length of calls ranged from 10 to 15 minutes, and in some cases much longer; for many families, there were long delays in getting through. The prison had tried to address this by introducing a second booking line and reducing the number of visits that could be booked per call, but difficulties remained through under-staffing.
- 6.2 Social visits had been reinstated as soon as restrictions had allowed. They took place from Friday to Monday and, depending on prisoners' incentives scheme level, they had the offer of up to four visits per month. During the inspection, leaders increased the number of visit slots per session from 20 to 25, but it was still operating at only just over half pre-pandemic capacity, and there were not enough slots to meet demand.
- 6.3 The visits hall and visitors centre were comfortable and well equipped, and most restrictions had recently been lifted. The café had reopened, physical contact was now permitted and children had access to activities and play worker staff from Barnardo's (a children's charity). This had improved the overall quality of the visits experience considerably, both for prisoners and their families.



The visits hall

- 6.4 Prisoners now had access to in-cell telephones, which, along with the 'email a prisoner' scheme, provided a valuable and well-used means for them to keep in touch with family members. In the last 12 months, almost 24,000 emails had been sent to prisoners, and they had sent over 15,500 replies. Incoming and outgoing postal mail was handled efficiently. Secure video-calling (see Glossary) facilities were less popular, and there were some delays in the booking process for these slots.
- 6.5 Work to promote and enable prisoners to build and maintain family ties remained underdeveloped. In our survey, only 24% of respondents said that staff had encouraged them to keep in touch with their family and friends. However, the prison had made some creative efforts to improve family contact; for example, prisoners could have a 'selfie' photograph sent to their families at Christmas, accompanied by a personal message and greeting card. In addition, there had been a recent improvement in the consistency of provision from Barnardo's, and there were advanced plans to reinstate family days in the week after the inspection.

Recommendation

- 6.6 **Arrangements for the booking of visits should be improved.**

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 6.7 The establishment faced substantial pressures in managing an offender flow that was out of step with its current designated function and resourcing as a 65% trainer and 35% resettlement (within 16 months of release) prison, whereas in reality these figures were reversed. These challenges were compounded by the impact of the reunification of probation services (see key concern and recommendation 1.48).
- 6.8 Leaders should have been prioritising the strategic management of reducing reoffending, especially in view of these challenges, but oversight and planning were weak. Multidisciplinary meetings to oversee and drive forward work to reduce reoffending had not taken place for at least a year. There was no strategy setting out the work and no dynamic action planning to identify and measure outcomes across the resettlement pathways. A comprehensive needs analysis had been undertaken in June 2021, but this was already in danger of becoming out of date before the prison could act on it. Plans were not well developed to address these deficiencies in the immediate future (see key concern and recommendation 1.49).
- 6.9 About 40% of the population had been assessed as presenting a high risk of harm to others. Just over half were serving long sentences, of four years or more, including 6% who were serving indeterminate or life sentences.
- 6.10 Prisoners continued to express considerable frustration about their inability to see and communicate with their offender manager. Some said that they had been forgotten about, and lacked trust in the offender management unit (OMU). In our survey, only 43%, worse than at comparator prisons, said that they had a custody plan, and only 37% of these said that staff were helping them to achieve their targets (see key concern and recommendation 1.50).
- 6.11 The OMU had some staffing shortfalls, which were being addressed, but unmet training needs and caseloads for some offender managers were high.
- 6.12 On arrival, prisoners received a letter including helpful information, such as confirming the allocated offender manager and explaining the function of the OMU. However, subsequent contact was too often infrequent, lacked focus and support to drive prisoners' progression, and was usually reactive to time-limited tasks, such as upcoming parole hearings and pre-release case handovers. Progression was

further hampered by prisoners' inability to access offending behaviour programmes (see section on interventions).

- 6.13 By contrast, we saw a few very good examples of consistent, meaningful casework, with evidence of motivational techniques being used to encourage progression, challenge poor behaviour and generally build a positive rapport.
- 6.14 Prisoners continued to arrive at the establishment without an offender assessment system (OASys) assessment, placing an immediate burden on an already overstretched OMU. At the time of the inspection, about 80 assessments were outstanding. HM Prison and Probation Service (HMPPS) had drafted in some short-term agency support to help reduce the backlog, which had been helpful. About 80% of all prisoners had had a review of some sort in the last 12 months, and this was the case in almost all that we sampled. However, there were some inconsistencies in the quality and timeliness of these reviews. Some were thorough, appropriate and of very good quality, but others focused only on the offence in isolation, instead of taking a three-dimensional approach to past offending, behaviour in custody and how that linked to current and future risks of reoffending. In some cases, details had not been fully updated or were not relevant to the offence, while for others there was no sentence plan at all (see key concern and recommendation 1.50). There were generally no major differences between assessments completed by prison staff and by probation staff in the community, but the quality of two prison-based probation offender managers' work was notably good.
- 6.15 The prison held 58 prisoners serving indeterminate or life sentences and they were allocated appropriately to probation offender managers. There were plans to open a designated unit for those serving life or indeterminate sentences for public protection on house block 5, but other opportunities to encourage hope and motivation, and show evidence of progression were limited.
- 6.16 Pressures beyond the prison's control, such as receiving prisoners too close to, or past, their home detention curfew eligibility date, meant that too many were not assessed or released on time. Other challenges, such as long approval processes for Bail Accommodation and Support Services and verification of first and second choice release addresses, compounded this issue, but the prison was active in progressing applications where it could.
- 6.17 In the previous six months, two prisoners had been appropriately assessed and released on temporary licence to undertake work in the visitors centre and had since progressed to open conditions.

Public protection

- 6.18 The prison's monthly risk management meeting did not provide enough timely and collaborative oversight to make sure that risk and release planning arrangements for all prisoners assessed as presenting a high

or very high risk of harm were managed appropriately (see key concern and recommendation 1.51).

- 6.19 Attendance at these meetings was poor and mostly limited to staff from the OMU. Their scope was limited to some high- or very high-risk prisoners and those subject to multi-agency public protection arrangements (MAPPA). These were considered eight months before release, before handover of the case to a community offender manager (COM) took place. Many of those that should have been considered were sifted out and an average of between three and 10 prisoners were discussed, a very small number in the context of the size of the population and number of releases.
- 6.20 Contact between COMs and the prison, to hand over responsibility for cases and to share information in preparation for prisoners' release, was not always robust or timely. Risk management plans were of variable quality and not always adequate.
- 6.21 The prison's written contributions to MAPPA panels were generally more descriptive than analytical, lacked context and were limited when exploring risk and patterns of offending. However, there were a few excellent examples where greater levels of information had been provided, risks in custody and the community considered, and potential safeguards detailed with a view to reducing future risk.
- 6.22 All new arrivals were screened for public protection concerns and restrictions continued to be applied appropriately. At the time of the inspection, 42 prisoners were subject to mail and telephone monitoring, and this was managed well. Telephone and mail monitoring logs were up to date and sufficiently detailed, although there had previously been some delays in the monitoring of calls.

Categorisation and transfers

- 6.23 The recategorisation process was now digital and completion was mostly timely. Reviews generally considered a satisfactory level of risk information relating to previous and current offending and behaviour in custody, but the decision was sometimes made without reference to an up-to-date OASys review. Prisoners could contribute to their recategorisation review in writing but not in person, which was a missed opportunity to motivate and support them.
- 6.24 In the previous 12 months, 116 prisoners had been granted category D status and at the time of the inspection 69 were waiting for a transfer to open conditions. The waiting time for a move was too long, in some cases several months, which was a source of frustration for many. Staff described a range of external factors to explain this such as: previous COVID-19 restrictions; fire alarm repair works in the local open prisons, resulting in a reduction in available spaces; open prisons further afield not prioritising transfers from out of area; and ongoing issues with a lack of transport.

Recommendation

- 6.25 **Category D prisoners should be able to move to open conditions without delay.**

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

- 6.26 The prison offered two accredited offending behaviour programmes – the Thinking Skills Programme (designed to help prisoners develop cognitive skills to manage their risks) and Kaizen (a high-intensity programme for prisoners convicted of violent offences).
- 6.27 Delivery of these programmes had been suspended during the pandemic. As a result of staffing shortfalls and the lack of fully trained facilitators, it had only recently resumed on a one-to-one basis for a very few.
- 6.28 The prison had undertaken a thorough analysis of the offending and treatment needs of the population in June 2021, but it would soon need to be updated. It had identified that about 20% of the population would be suitable for interventions linked to domestic violence, but the prison was still not commissioned by HMPPS to deliver programmes specifically designed for this population.
- 6.29 Waiting lists for interventions for prisoners already at Ranby and for those waiting to transfer in were prioritised appropriately on the basis of key sentence milestones, such as the imminence of their release or parole eligibility date. There were detailed plans to increase delivery, including the reintroduction of group work in the week after the inspection. However, this would not be enough to meet demand, which meant that too many would leave the prison without having had the opportunity to address their offending behaviour needs and demonstrate a reduction in risk.
- 6.30 In the sample of cases that we reviewed, we saw little evidence of communication with COMs, to make sure that outstanding needs could be built into licence conditions for prisoners to complete in the community.
- 6.31 There was little support for prisoners to manage their finance and debts. The pre-release team provided low-level support for those assessed as presenting a low or medium risk of harm, including making referrals to open bank accounts and contacting courts to suspend outstanding fines. However, following the reunification of probation services, they were no longer supposed to offer support for high-risk prisoners, and no specialist debt advice was available on-site. Staff from the Department for Work and Pensions had returned to work in the prison in the previous year and spoke to prisoners in their cells by

telephone before their release, to set up initial benefit claim appointments on their release.

Recommendation

- 6.32 **There should be sufficient offending behaviour programme places to meet need.**

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 6.33 The prison was receiving far more prisoners due for release than the numbers for which it was designed and resourced. Just over 100 were released each month and demand for support was high.
- 6.34 Following the reunification of probation services in June 2021, the new resettlement arrangements were fragmented, creating gaps and confusion in what support could be offered, by whom and when. In addition, many prisoners arriving at the prison had less than three months left to serve, which added to the considerable challenges to the timeliness of effective release planning, despite tenacious efforts by committed staff (see key concern and recommendation 1.52).
- 6.35 Prisoners assessed as presenting a very high or high risk of harm who were due for release no longer benefited from the support of the on-site pre-release team, and had to rely on COMs to identify and address their resettlement needs. Responses and actions by COMs were not always timely. Prisoners were confused by the change of arrangements and were not always aware of what was being done to help them, and the lack of certainty generated considerable anxiety (see key concern and recommendation 1.52).
- 6.36 The pre-release team could still work with low- and medium-risk prisoners to address some of their needs. Release plans were generally basic and were not always in place soon enough to make sure that their needs could be addressed adequately (see key concern and recommendation 1.52).
- 6.37 Under these new arrangements, accommodation support now needed to be instigated by COMs. Nacro (a social justice charity) was contracted to offer a housing support and guidance service, but the one member of staff working at the prison could only support prisoners being released to the Midlands area, and only when asked to do so by the COM (see key concern and recommendation 1.52).
- 6.38 All other prisoners had to rely on their COM to undertake the work remotely, and on-site staff were no longer able to refer prisoners directly to the local authority for 'duty to refer' housing assessments. The prison had recruited a much-needed member of staff, who had

taken up post the week before the inspection, to bolster the support that could be given to prisoners, especially for those being released out of the Midlands area. However, too many prisoners left the establishment not knowing where they would be staying on the night of their release, and prison data showed that 25–50% would leave either with no fixed abode or with their accommodation status unknown (see key concern and recommendation 1.52).

- 6.39 Discharge arrangements for prisoners on the day of release were adequate, with procedures for the issue of licence conditions, travel warrants and other paperwork. The introduction of the ‘departure lounge’ to offer practical support, such as being able to charge mobile phones, access clothing and essential toiletries, and make transport arrangements, was a valuable and positive initiative.



The ‘departure lounge’ and visitors centre

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

- 7.1 Key concern (1.41): Non-attendance rates were high for some clinics, including the optician and sexual health services, and there were long waits to see the podiatrist. This was due, in part, to a lack of officers to escort prisoners to their appointments, and to prisoners not being informed about these. Appointments were rescheduled but this extended waiting times for patients and wasted clinical time.

Key recommendation: Prisoners should have prompt access to health services, facilitated by sufficient staff to escort them to their health care appointments, to improve attendance, reduce waiting time and optimise use of clinical time.

(To the governor and the partnership board)

- 7.2 Key concern (1.42): Prescribing for opiate addiction was not in line with expected practice as the prescriber did not attend the prison or consult prisoners directly, and methadone was the only opiate substitution therapy available. The psychosocial interventions remained limited.

Key recommendation: The integrated substance misuse service should provide treatment and interventions that are in line with national guidelines. Regular face-to-face reviews with the opiate substitution treatment prescriber, and a range of psychosocial interventions to support treatment and recovery, should be provided.

(To the governor and the partnership board)

- 7.3 Key concern (1.43): There was insufficient activity or time unlocked for too much of the population. Access to work was still very limited and the prison had been slow to implement a new regime, despite being at stage 1 of the HMPPS recovery plan. There was too little time in the open air for many. Access to the gym was also too restricted and attendance at the library was poor.

Key recommendation: Leaders should urgently prioritise increasing time unlocked and the provision of regular education, skills and work activities to fulfil the role of a training prison.

(To the governor)

- 7.4 Key concern (1.44): Leaders and managers had not implemented an ambitious curriculum that helped all prisoners develop the skills, knowledge, behaviour and attitudes needed for successful resettlement on release. Prisoners, particularly in work and workshops, did not receive the help they needed to improve their English and mathematics skills or gain recognition for the skills and knowledge they had

developed. Few prisoners with learning disabilities and/or difficulties (LDD) needs received the necessary help. Managers had insufficient oversight of the quality of training in workshops and work.

Key recommendation: Leaders and managers should swiftly implement an ambitious curriculum that addresses the development needs of all the prison population, provides comprehensive support to remove barriers to learning for prisoners with LDD, and recognises and promotes all prisoners' achievements in workshops and work, with rigorous quality assurance and improvement procedures.

(To the governor)

- 7.5 Key concern (1.45): Leaders and managers had not made sure that all prisoners were allocated, and attended, appropriately purposeful activity that met their needs. Activity allocation was not informed by sentence plans or prisoners' careers aspirations. Work on accommodation units failed to include appropriate managerial oversight to check its allocation and whether prisoners were fully occupied.

Key recommendation: Leaders and managers should make sure that activity allocation supports all prisoners' rehabilitation and resettlement needs and includes effective checks on allocation decisions. All prisoners should be allocated, and attend, purposeful activity that fully occupies them throughout the working week.

(To the governor)

- 7.6 Key concern (1.46): Leaders and managers had not made sure that prisoners received adequate pre-release preparation, including access to timely careers information, advice and guidance and the virtual campus, to research career options and apply for employment, education or employment before their release.

Key recommendation: Leaders and managers should provide all prisoners with effective pre-release preparation, including ready access to careers information, advice and guidance, and the use of the virtual campus, so that prisoners can research career options and apply for employment, education or employment before their release.

(To the governor)

- 7.7 Key concern (1.47): Although in its infancy, the introduction of 'structured on-wing activity' (SOWA), designed to provide purposeful and enriching extracurricular activity, appeared ill-conceived and had been poorly planned and implemented by leaders. It was not clear to inspectors what the objectives were of this initiative or how it would improve outcomes from prisoners. The activity sessions that we observed were largely recreational, including exercise, pool and table tennis, and would previously have been available during periods of association.

Key recommendation: Structured on-wing activity should provide purposeful and enriching extracurricular activities as intended.
(To HMPPS and the governor)

- 7.8 Key concern (1.48): The functioning of the prison was hampered by its population (65% in the 'resettlement window' before release and 35% with a longer period still to serve, needing a training prison) being contrary to that for which it was designed and resourced (65% trainer and 35% resettlement). These challenges were compounded by the impact of the reunification of probation services.

Key recommendation: Population flow to the prison should reflect its design and resourcing.
(To HMPPS)

- 7.9 Key concern (1.49): Multidisciplinary meetings to oversee and drive forward reducing reoffending work had not taken place for at least a year. There was no strategy setting out the work and no dynamic action planning to identify and measure outcomes across the resettlement pathways.

Recommendation: A comprehensive reducing reoffending strategy, supported by a detailed action plan that is monitored and updated regularly, should be developed to improve outcomes for prisoners.
(To the governor)

- 7.10 Key concern (1.50): Prisoners continued to express considerable frustration about their inability to see and communicate with their offender manager. Contact was often infrequent and lacked sufficient focus and support to drive prisoners' progression. The quality and timeliness of offender assessment system (OASys) reviews to inform sentence planning were inconsistent.

Key recommendation: All eligible prisoners should have a relevant, up-to-date sentence plan, and regular and meaningful contact with an appropriately trained offender manager, focused on promoting and enabling their progression.
(To the governor)

- 7.11 Key concern (1.51): The risk management meeting did not provide enough timely or collaborative oversight to make sure that risk and release planning arrangements for all prisoners assessed as presenting a high very/high risk of harm were managed appropriately. The sharing of information and handover of responsibility for prisoners' risk management were not always robust or timely, and risk management plans were of variable quality.

Key recommendation: Public protection assurance arrangements should make sure that all prisoners approaching release who present a high or very high risk of harm to others are managed appropriately and have a comprehensive plan in place in sufficient time to address any gaps in risk management and resettlement needs.

(To HMPPS and the governor)

- 7.12 Key concern (1.52): Resettlement planning arrangements were fragmented, creating gaps and confusion in what support could be offered, by whom and when. This was having a negative impact on too many outcomes for prisoners.

Key recommendation: Resettlement planning for all prisoners, irrespective of their release area or risk-of-harm status, should be timely, coordinated and comprehensive, to make sure that any outstanding needs are addressed.

(To the governor)

Recommendations

- 7.13 Recommendation (3.7): Prisoners should be given a free telephone call on arrival, subject to a risk assessment.
(To the governor)
- 7.14 Recommendation (4.12): Managers should make sure that staff respond to cell call bells within five minutes.
(To the governor)
- 7.15 Recommendation (4.13): Prisoners should have prompt access to their property and to incoming parcels.
(To the governor)
- 7.16 Recommendation (4.42): The prison should identify the needs of prisoners with protected characteristics and work to meet them accordingly.
(To the governor)
- 7.17 Recommendation (4.46): Prisoners should receive weekly corporate worship.
(To the governor)
- 7.18 Recommendation (4.62): There should be a prison-wide systematic approach to promoting prisoner well-being, outlined within a health promotion strategy which is monitored regularly.
(To the governor and the partnership board)
- 7.19 Recommendation (4.93): Officer supervision of medicine administration should enable compliance, promote confidentiality and minimise the risk of diversion.
(To the governor)

- 7.20 Recommendation (5.10): All prisoners should have weekly access to the library.
(To the governor)
- 7.21 Recommendation (6.6): Arrangements for the booking of visits should be improved.
(To the governor)
- 7.22 Recommendation (6.25): Category D prisoners should be able to move to open conditions without delay.
(To the governor)
- 7.23 Recommendation (6.32): There should be sufficient offending behaviour programme places to meet need.
(To the governor)

Section 8 Progress on recommendations from the last full inspection

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. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, reception and first night processes were good and prisoners were supported well. Despite a comprehensive violence reduction action plan, too many men still felt unsafe and experienced violence. Levels of violence were similar to other category C prisons and were often linked to drugs and debt. Force was used frequently, but managerial oversight was good. Segregation was used less frequently than previously, but the regime was poor. Security arrangements were good. Drugs, particularly new psychoactive substances were easily available and had a detrimental impact across the prison. The prison had an impressive supply reduction strategy and action plan, and drugs were becoming less available. Levels of self-harm were relatively high. Prisoners at risk of self-harm felt they received good support, although assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm did not always demonstrate that they did. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The focus on violence and drug reduction should continue. Plans to reduce the availability of drugs and violence should be embedded and their impact measured. (S46)

Achieved

Prisoners subject to ACCT procedures should be better assessed and monitored. Planning should be improved and should include effective care planning and better attendance at review meetings. Recommendations arising from the PPO's investigation into previous deaths should be implemented consistently. (S47)

Achieved

Recommendations

All prisoners should receive all relevant elements of the induction programme. (1.7)

Partially achieved

Special accommodation records should provide a comprehensive record of observations and occurrences. (1.22)

No longer relevant

The prison should monitor the usage, conditions, occupancy and regime of the segregation unit to improve conditions, identify trends and patterns of usage and address any identified concerns. (1.25)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, most staff treated prisoners well. Living conditions had improved overall and prisoners had good access to clothing and basic amenities. Food and access to shop goods was much better than we are used to seeing. Applications and complaints processes lacked confidentiality. Outcomes for most prisoners with protected characteristics were reasonable, but not enough was being done to meet the needs of disabled and younger prisoners. Faith provision was good. Health services were sound overall, although substance misuse and dental services needed improvement. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Psychosocial interventions for prisoners with substance misuse problems should be sufficient to meet their individual and group treatment needs. Drug recovery workers should attend relevant multidisciplinary meetings, including regular individual treatment reviews. (S48)

Not achieved

Recommendations

The enabling environment on house block 3 South should be monitored to establish whether it improved relationships and behaviour. (2.5)

No longer relevant

Prisoners should not be required to share cells designed to accommodate one person. (2.11)

Not achieved

The prison should explore and address prisoners' negative perceptions of the confidentiality of the applications and complaints processes. (2.25)

Not achieved

Legal visitors should be able to interview their clients in private. (2.26)

Not achieved

Equality monitoring tool data should be sent to the prison promptly and any adverse data should be swiftly investigated. (2.33)

Not achieved

DIRFs should receive a prompt response. (2.34)

Not achieved

Arrangements should be made so that prisoners can disclose their protected characteristics in confidence. (2.45)

Achieved

The prison should ensure the service of halal food is appropriate. (2.46)

Not achieved

The needs of prisoners with disabilities should be met and should include the provision of reasonable adjustments, up-to-date evacuation plans and wing care plans. (2.47)

Achieved

Provision for younger prisoners should be developed in consultation with this group. (2.48)

Not achieved

The memorandum of understanding for social care should be reviewed and updated. (2.78)

Achieved

Patients with mental health conditions should have prompt access to evidence-based treatments, including psychotherapeutic groups, to meet their needs. (2.85)

Achieved

Opiate substitution prescribing should be flexible, based on individual needs and conform to national guidelines. Opiate substitution should be administered in a timely fashion so prisoners can attend work and health appointments. (2.93)

Not achieved

All cells should have individual lockable storage facilities for medicines. (2.100)

Partially achieved

A published out of hours policy should be introduced. (2.101)

Achieved

The drugs and therapeutics committee should ensure that there are robust up-to-date controlled drugs SOPs, which ensure legal requirements and best practice are followed. (2.102)

Achieved

All prisoners on the waiting list should receive prompt access to dentistry following the installation of new equipment. (2.105)

Achieved

Purposeful activity

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

At the last inspection, in 2018, most prisoners were unlocked for a good amount of time. The library and physical education provision was sound. Education, skills and work provision was good. There were sufficient activity places for the population. Attendance had improved. Teaching was engaging and motivating. A range of training activities provided good employment opportunities, although some work was mundane. Prisoners generally behaved well, although punctuality was poor. Achievement rates were high. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Library and gym use should be monitored so that data can be obtained on which groups of prisoners are less likely to visit the facilities to inform remedial action. (3.11)

Not achieved

Prison and college managers should ensure that teaching continues to improve by extending quality assurance procedures to the vocational training delivered by the college's external partners. (3.22)

No longer relevant

There should be enough activity places for all eligible prisoners to be allocated to education, work or training. (3.23)

Not achieved

Monitoring arrangements should ensure prisoners attend scheduled activity sessions or return to them if they leave an activity to attend a medical or other appointment. (3.24)

Achieved

A detailed and comprehensive curriculum needs analysis should be undertaken to inform education, skills and work provision. (3.25)

Not achieved

Technical difficulties with the virtual campus should be resolved so that staff can use the facility to help prisoners find work after their release. (3.26)

Not achieved

Tutors should make regular and frequent checks on what prisoners have learned, especially in vocational training sessions, through, for example, better use of question and answer techniques. (3.34)

Achieved

Prisoners undertaking routine, mundane work in the commercial workshops should be able to develop higher-level skills to better prepare for work. (3.35)
Not achieved

Prisoners' punctuality should be improved and prisoners should move swiftly to their scheduled activity. (3.41)
Achieved

Achievement rates on the few underperforming courses should be improved in line with those of other vocational and classroom-based courses. (3.45)
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, the provision for visits was satisfactory, but children and families work was underdeveloped. Too many prisoners did not have an up-to-date offender assessment system (OASys) report or ongoing contact with their offender supervisors, which caused frustration and hindered progression for some. Home detention curfew (HDC) processes were sound, but a lack of suitable accommodation meant some prisoners who should have been released remained in custody. Public protection measures were good overall. Release planning was mostly good and prisoners received support to address housing, finance and debt issues. Accredited offending behaviour courses were well managed, but there was no strategy for meeting the needs of those who were not suitable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Offender supervisor contact should be improved, particularly for prisoners presenting a high risk of harm. Contact should be meaningful and focus on risk reduction and progression. (S49)
Not achieved

Recommendations

All prisoners arriving at HMP Ranby should have an up-to-date and good quality OASys report and sentence plan to inform their allocation and promote progression. (4.21)
Not achieved

The number of hostel places for HDCs should be increased so prisoners can be released on their earliest eligibility date. (4.22)
No longer relevant

Category D prisoners should be able to move to open conditions without delay – the number of places should be increased and the availability of transport should be more flexible. (4.31)

Not achieved

Prisoners should be supported in maintaining contact with their family. (4.8)

Not achieved

The reducing reoffending strategy should be based on a comprehensive needs analysis to ensure that resettlement and offender management provision meets the diverse population's needs. (4.20)

Not achieved

The effectiveness of the IDRMT should be improved – staff from all relevant departments should attend meetings, and reviews of all high-risk prisoners due for release should be undertaken so information can be shared, robust action plans developed and progress monitored. (4.27)

Not achieved

A comprehensive strategy should be developed to provide progression opportunities for prisoners who are not offered a place on an accredited programme. (4.35)

Not achieved

Resettlement plan reviews should be undertaken for all those nearing their HDC eligibility date to ensure they do not miss out on receiving help, guidance or support in preparation for their release. (4.41)

Not achieved

Appendix I About our inspections and reports

Her Majesty's 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, police and 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.

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 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 Her Majesty's 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 one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: 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 provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on

our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 7 lists all recommendations made in the report. Section 8 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 Appendix II: 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
Sara Pennington	Team leader
Paul Rowlands	Inspector
Sumayyah Hassam	Inspector
Martin Kettle	Inspector
Jade Richards	Inspector
Dionne Walker	Offender management inspector
Charlotte Betts	Researcher
Rachel Duncan	Researcher
Grace Edwards	Researcher
Rahul Jalil	Researcher
Emma King	Researcher
Maureen Jamieson	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Richard Chapman	Pharmacist
Dayni Turney	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Charles Searle	Ofsted inspector
Jonny Wright	Ofsted inspector
Allan Shaw	Ofsted inspector

Appendix II Glossary of terms

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

Aerosol-generating procedures

Certain medical and patient care activities that can result in the release of airborne particles (aerosols), and a risk of airborne-transmission of infections that are usually only spread by droplet transmission.

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.

EMDR (eye movement desensitisation and reprocessing)

This is a form of psychotherapy that helps individuals to process and recover from past experiences that are affecting their mental health and well-being.

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, 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.

PAVA

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit (RCU)

Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

Secure video calls

A system, commissioned by HMPPS, that requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Shannon Trust

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

Social care package

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

Time out of cell

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

Virtual campus

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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