Report on an unannounced inspection of

HMP Wealstun

by HM Chief Inspector of Prisons

3–14 October 2022

Contents

Introduction

Wealstun is a category C training and resettlement prison in West Yorkshire. Holding more than 800 convicted adult men, the establishment was founded 27 years ago following the amalgamation of two former prisons. Developments since then have resulted in an extensive, mixed campus of 10 accommodation units, ranging from those built in the 1960s to more modern blocks, set within clean and well-maintained grounds.

At this inspection, we found that outcomes in our healthy prison tests of safety, respect, and rehabilitation and release planning were all reasonably good and that only in purposeful activity were they not sufficiently good. This marked an improvement to the safety of the institution since our last visit to Wealstun in 2019, but a marginal deterioration to outcomes in respect.

The improved safety of the prison was evidenced by falling levels of violence and self-harm as well as improvements to several other indicators. That said, self-harm was still too high and the deployment of batons and PAVA incapacitant sprays was more frequent than we would have expected. The prison had also gripped its drugs issue, a source of considerable criticism at previous inspections.

Staff shortages and the inexperience of many staff were impacting the quality of staff-prisoner relationships and while leaders were working hard to improve this situation, staff would have benefitted from supervisors and middle managers spending more time and being more visible on the wings. More work was needed to promote equality in the prison and more investment was needed in the built environment, particularly in the older units.

The key priority for the prison, however, was the delivery of more time out of cell and a more consistent and active regime for this training and resettlement prison. Regime development and staff-prisoner relationships required greater priority in the prison's plans.

Overall, the prison was benefiting from the energy and stability brought by an enthusiastic and knowledgeable governor who had commendably committed seven years to the establishment, creating a calm and competent environment. Leaders were focused on maintaining the gains they had made to the safety of the prison and were doing good work to fulfil a key element of the prison's mandate: to manage risk and resettle offenders. We highlight in our report several priorities which we hope will encourage further improvement.

Charlie Taylor
HM Chief Inspector of Prisons
November 2022

What needs to improve at HMP Wealstun

During this inspection we identified 15 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **The use of PAVA was high.** Opportunities to de-escalate incidents of force were often not taken and too many staff were not up to date with their refresher training.

2. **Levels of self-harm were high and there was still no strategy or action plan to reduce it.**

3. **Inexperienced officers were not given sufficient support or encouragement to develop meaningful relationships with prisoners.**

4. **The promotion of equality and inclusion were not given sufficient priority.** Monitoring was insufficient, there were not enough diversity representatives and the quality of responses to discrimination incident report forms was poor.

5. **Time out of cell was poor.** This was worst at weekends, when most prisoners were locked up for almost 23 hours a day.

6. **There were not enough activity places for the population.** Too many prisoners were unable to participate in full-time education, skills and work, and too many activities were cancelled because of staff absences.

Key concerns

7. **The management and oversight of the safer custody phoneline was inadequate.** Out-of-hours calls from those concerned about the well-being of a prisoner were unanswered.

8. **The older residential units (A and B) were in a very poor condition and in need of substantial refurbishment.**

9. **Prisoners were not given the opportunity to have regular key worker sessions.**

10. **Prisoners waited too long to see a dentist.** Demand for dental services outstripped capacity, which was long-standing problem.

11. **Leaders had not developed a coherent reading strategy.** Prisoners attending education classes did not develop their reading skills further.

12. **There was too little accredited learning to provide recognition for the knowledge and skills that prisoners gained.** In too many workshops, prisoners were not encouraged to undertake accreditation, despite it being available.

13. **Too many prisoners did not have support to develop life and employability skills before release.**

14. **Not enough was being done to support prisoners to progress in their sentence.** Contact with offender managers was often infrequent, unplanned and usually reactive, and too little offender behaviour work was being delivered. There were also delays in progressive transfers.

15. **Monitoring arrangements for those with public protection concerns were not fully effective.** Their telephone calls were not being listened to when they should have been, and reviews were not always based on up-to-date information, or timely. There were also gaps in procedures for preventing prisoners with child contact restrictions from corresponding with children by letter.

About HMP Wealstun

Task of the prison/establishment
HMP Wealstun is a category C adult training and resettlement prison for men.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 810
Baseline certified normal capacity: 810
In-use certified normal capacity: 806
Operational capacity: 832

Population of the prison
- In the last 12 months, 1,403 prisoners received on transfer from other establishments – an average of 117 prisoners per month, 29 per week.
- In the last 12 months, 1,103 prisoners released into the community – an average of 92 prisoners per month, 23 per week.
- 23% of prisoners from black and minority ethnic backgrounds.
- 304 prisoners receiving support for substance use.
- 60 prisoners referred for mental health assessment each month.
- Around 57% of prisoners aged 35 or under, 16% aged 25 or under.
- 20% of the population were members of an organised crime group.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group, Health in Justice
Mental health provider: Practice Plus Group, Health in Justice
Substance misuse treatment provider: Midlands Partnership NHS Foundation Trust
Prison education framework provider: Novus
Escort contractor: GeoAmey

Prison group/Department
Yorkshire Prison Group

Brief history
On 1 April 1995, HM Prisons Thorp Arch and Rudgate amalgamated to form HMP Wealstun. This created a category C (closed) site and category D (open) site within one establishment. In 2008, the open prison closed and the prison underwent a conversion to an entirely category C prison, which was fully operational in May 2010. Since May 2015, it has served a training and resettlement function for the West Yorkshire area.

Short description of residential units
There are 10 residential units and a 13-bed segregation unit. A and B wings are the original 1960 remand centre buildings, which between them hold 230 prisoners in a combination of single and double cells. A wing is split into two units, a standard residential unit and a residential support unit, to support prisoners who struggle to cope until they can be successfully reintegrated back onto one of the main residential units. C wing holds 180 prisoners in single cells

and includes two safer cells. This wing also accommodates most of the prisoners on the integrated drug treatment system programme. D wing is a prefabricated single-cell accommodation unit, holding 120 prisoners. E, F, G, H, I and J wings hold 300 prisoners between them, with approximately 50 on each unit, in single-cell accommodation. G wing is the incentivised substance-free living unit. I wing supports prisoners on induction/first night.

Name of governor and date in post
Diane Lewis, October 2015

Changes of governor/director since the last inspection
None

Prison Group Director
Helen Judge

Independent Monitoring Board chair
Rebecca Major

Date of last inspection
15–25 October 2019

Section 1 Summary of key findings

1.1 We last inspected HMP Wealstun in 2019 and made 30 recommendations, nine of which were about areas of key concern. The prison fully accepted 28 of the recommendations and partially (or subject to resources) accepted two.

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 from the full inspection

1.3 Our last inspection of HMP Wealstun 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 nine recommendations about key concerns. At this inspection we found that four of those recommendations had been achieved and five had not been achieved. At this inspection, we found that two of the recommendations in safety had been achieved and one had not been achieved. There were no key recommendations in respect. In purposeful activity, one recommendation had been achieved and one not achieved. One recommendation in rehabilitation and release planning had been achieved and three had not been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

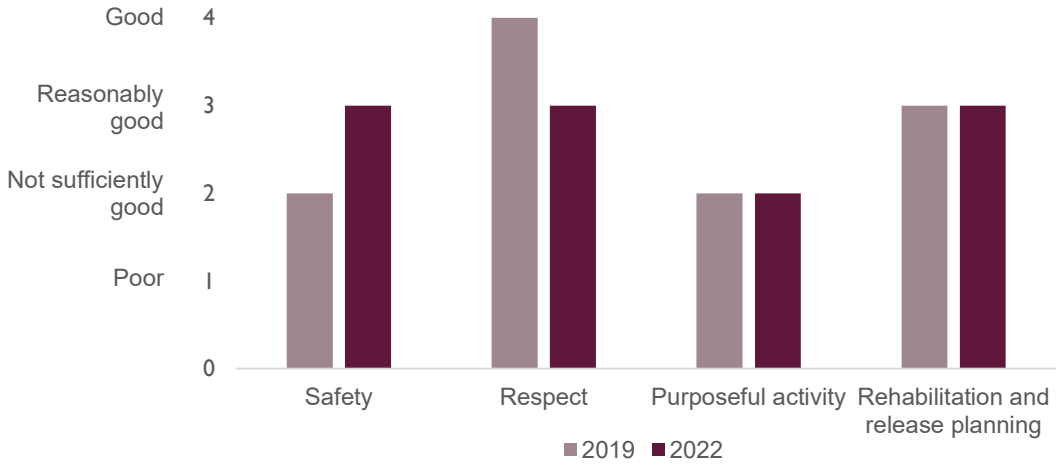
Outcomes for prisoners

1.5 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).

1.6 At this inspection of HMP Wealstun, we found that outcomes for prisoners had stayed the same in two healthy prison areas, improved in one and declined in one.

1.7 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 Wealstun healthy prison outcomes 2019 and 2022



Safety

At the last inspection of HMP Wealstun, in 2019, 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 reasonably good.

1.8 Reception staff were friendly and new arrivals were processed promptly, but not all risks identified on first night interviews were fully explored. Prisoners were not always provided with basic toiletries for their first night. The induction unit was clean and calm, but fewer prisoners than at our last inspection said their induction had covered everything they needed to know.

1.9 In the last 12 months, encouragingly the number of assaults by prisoners on other prisoners had reduced by 50%, and on staff by 37%, when compared with the same period before the last inspection. However, weaknesses in data analysis limited still the prison's understanding of the causes of violence, and there was no longer-term strategy to make the prison safer.

1.10 Incentives to encourage positive behaviour were limited, and targets for those on the lowest level of the scheme were not tailored to individual need.

1.11 The number of adjudications had almost halved since the last inspection and they were now well managed.

1.12 The level of use of force had decreased, but almost all uses were spontaneous and involved full control and restraint. Failure to comply with staff instructions was the most common reason for use of force, and opportunities to de-escalate were often missed. PAVA spray (see Glossary) had been used in seven incidents in the last 12 months, which is higher than we normally see, and only 50% of staff had received refresher training in use of this incapacitant spray. Body-worn

cameras were not switched on early enough to capture the lead-up to incidents.

1.13 More prisoners had been segregated in the last 12 months than in the same period before the last inspection, but the average length of stay was short and reintegration planning was reasonably good. Cells on the unit were shabby and the regime was too limited, but staff had good knowledge of the prisoners in their care.

1.14 Security procedures were generally proportionate, although routine strip-searching during intelligence-led searches and on arrival to the segregation unit was not. Overall, security intelligence was well managed and the number of intelligence-led searches completed had increased. Partnership working with the police had strengthened further and was impressive.

1.15 A wide range of effective actions had been taken to address drug supply and demand. In our survey, fewer prisoners than at the time of the previous inspection said that it was easy to get hold of illicit drugs, and fewer said that they had developed a drug problem while in the prison.

1.16 Levels of self-harm had reduced since the previous inspection, but remained high; the prison was the third highest in its comparator group. Although monthly safety meetings examined a wide range of data, the prison had not developed a strategy or action plan to reduce the level of self-harm.

1.17 There had been two self-inflicted deaths in custody since the previous inspection. Actions taken in response to Prisons and Probation Ombudsman recommendations were reviewed regularly, but not all serious self-harm was investigated to identify learning.

1.18 Staff awareness and understanding of the high number of vulnerable individuals with complex needs was very good. The number of prisoners on assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm had reduced since the previous inspection. The quality of the documentation we reviewed was reasonable, but too many prisoners were negative about the care they had received while on an ACCT.

1.19 There was a safer custody hotline, for families and friends concerned about a prisoner's well-being, but calls made out of hours were unanswered and there was no voicemail facility. We were also told about occasions when requested contact with a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to other prisoners) had not been facilitated.

Respect

At the last inspection of HMP Wealstun, in 2019, we found that outcomes for prisoners were good against this healthy prison test.

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

1.20 In our survey, 74% of respondents said that most staff treated them with respect, which was in line with the figure at the time of the previous inspection and at comparator prisons. Although prisoners told us of some good and helpful staff, we heard reports of others who lacked experience and interpersonal skills. In our survey, fewer prisoners than in similar prisons said that they had a named officer or key worker (see Glossary). The number of recorded key work sessions was low.

1.21 Although residential units were clean and cells were reasonably well equipped, the older units were in poor condition. Although some showers had been refurbished, too many remained badly affected by damp and mould. The outside areas were clean and well maintained.

1.22 The kitchen was well managed and provided a good variety of menu options, but only around a quarter of respondents to our survey said that they got enough to eat at mealtimes. Prisoners also said that they were struggling to afford telephone credit and shop items because of the reduction to mostly part-time wages.

1.23 Although the responses to complaints were polite and timely, the management of applications was inconsistent and, in some cases, unreliable.

1.24 The IDEAL (inclusion, diversity, equality, access and leadership) meetings were a promising development, but the number of prisoners attending was low and few changes had resulted from them. Responses to discrimination incident report forms needed improvement; almost all of those from prisoners were rejected and too many failed to provide an adequate rationale for this. In our survey, more black and minority ethnic prisoners than their white counterparts reported concerns about their treatment by staff, and they also alleged racist treatment by some staff, which required further exploration by leaders.

1.25 Faith provision was well led by the managing chaplain, and access to religious services and classes was good.

1.26 Health care provision was meeting most patient need, but some aspects of governance, such as complaints management, needed strengthening. Although there were staff vacancies, essential services were delivered, despite some difficulties in getting prisoners to appointments because of the shortage of prison officers.

1.27 Mental health services generally provided good support, but prisoners needing care in hospital waited too long to be transferred under the Mental Health Act. Drug and alcohol services were fully integrated with the mental health team, which enabled better coordination of care. Prisoners with addictions were offered good support and there was an impressive resettlement pathway.

1.28 Pharmacy and medicines management arrangements were generally sound, but the single location for dispensing to several wings resulted in protracted medicine rounds.

1.29 Insufficient dental sessions were a longstanding problem and waiting times for treatment were long.

Purposeful activity

At the last inspection of HMP Wealstun, in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained not sufficiently good.

1.30 Prisoners spent far too long locked up, particularly at weekends, when many were locked up for almost 23 hours a day. During the working week, most prisoners were unlocked for around six hours a day. The small number of unemployed prisoners were out of their cells for less than two hours per day. However, almost all prisoners were in part-time work or education. They also had two hours of association each day from Monday to Thursday, but plans to introduce structured activities during these periods were at an early stage.

1.31 The libraries were well stocked, but they had been closed until the week before the inspection and books could only be borrowed via an application. Although prisoners could now attend, we saw few prisoners accessing the library during the inspection.

1.32 Prisoners could attend two gym sessions each week, which they appreciated, and around half of the population attended regularly. The main gym was a good facility.

1.33 There were few full-time activity spaces, and classes and workshops were often cancelled because of staff absence. However, the allocations process was mostly effective and leaders took swift action to identify reasons for non-attendance, although some appointments and other activities were organised during working hours.

1.34 Leaders did not have a clear strategy for teaching reading. Although changes to the curriculum which included reading support had been proposed, this was not yet in place.

1.35 A large proportion of unaccredited provision did not effectively support progression into future learning and employment, and too few prisoners

in prison industries engaged in the opportunity to achieve accredited qualifications.

1.36 Programmes devised for personal development, such as life skills in cooking and budgeting, were not yet running, but care leavers had recently been provided with a course to support them with housing tenancies.

Rehabilitation and release planning`

At the last inspection of HMP Wealstun, in 2019, 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.

1.37 Provision for social visits was good and the 'Jigsaw' family engagement service worked well with the prison to provide support for prisoners and their families, which included well-attended family days. Although the visitors centre and visits hall were welcoming, age-appropriate play facilities were limited. In-cell telephones and the 'email a prisoner' scheme were well used, but more could have been done to encourage use of secure video calls (see Glossary).

1.38 The strategic management of reducing reoffending was good. Frequent meetings coordinated action collaboratively in attempts to improve outcomes for prisoners across all the resettlement pathways.

1.39 Good work took place to make sure that prisoners had an initial offender assessment system (OASys) assessment, but from the sample we reviewed, sentence plans were of varied quality.

1.40 Staffing capacity in the offender management unit was an ongoing challenge in some important areas, such as case administration, and there was frequent redeployment of operational prison offender managers. Contact between prisoners and their offender manager was often infrequent, unplanned and usually reactive, although we also saw some good examples of effective case management. Not all recategorisation reviews were timely and there were delays in the transfer of prisoners for progressive moves.

1.41 About half of the population was assessed as presenting a high or very high risk of serious harm to others, and the interdepartmental risk management meeting routinely considered these prisoners. Overall contact between the prison and community offender managers, to hand over cases in preparation for release, had improved. However, there were gaps in arrangements for those subject to public protection monitoring.

1.42 Needs analyses had been carried out to understand the potential treatment needs of the population, but delivery of the Thinking Skills

Programme had been reduced because of staffing pressures. Some small-scale low-level offending behaviour work was being delivered.

1.43 The primary function of the prison was resettlement, and demand for support was high. Good work took place in efforts to improve accommodation outcomes for prisoners and, on average, 88% had an address to go to on their first night of release. Although the unification of probation services had left some gaps in resettlement provision, the prison had worked creatively to address some of these deficits, such as the introduction of a pre-release discharge board.

Notable positive practice

1.44 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.

1.45 Inspectors found no examples of notable positive practice during this inspection.

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 Leaders told us of their priority to preserve improvements in safety gained since the start of the COVID-19 pandemic, but ongoing regime restrictions, compounded by acute staff shortages, were limiting the prison's ability to fulfil its rehabilitative and resettlement purpose.

2.3 Leaders' assessment of the prison's overall strengths and its challenges had not prioritised purposeful activity or accurately identified other weaknesses, such as staff–prisoner relationships. Assessment of education, skills and work was also over-optimistic and Ofsted judged that this required improvement.

2.4 Although allocation to and attendance at activities were well managed, the largely part-time work and education provision was insufficient to prepare prisoners effectively for release. Prisoners also told us that the reduction in pay that leaders had recently introduced as a consequence of the decision to move to part-time working was driving up debt and limiting telephone contact with families. Leaders had prioritised staff resourcing to run a predictable regime during the working week as far as possible, but the resulting unacceptably poor regime at weekends was fuelling prisoner frustration.

2.5 However, leaders had a clear focus on improving resettlement outcomes and had developed good working links with a range of community partners. There were also several positive initiatives, including support for care leavers and a new 'employment advisory board'.

2.6 Leaders were implementing a comprehensive plan both to retain and attract staff following recent high rates of prison officer attrition. Only around 65% of the full complement of prison officers were available for duties and there were also 10 operational support grade (OSG) vacancies. The prison was running a local OSG recruitment campaign and advertising widely.

2.7 There were insufficient middle managers to supervise the high number of inexperienced officers on the residential units, and the lack of key work (see Glossary) limited opportunities for officers to develop more meaningful relationships with prisoners. Almost a third of officers were still on probation and around half had less than two years of service. During the inspection, we observed some excellent custodial managers

providing good support to new staff, but their availability on residential units at key times was limited, and the number of supervisory officers was also low. Leaders were introducing a new HM Prison and Probation (HMPPS) initiative for officers to improve their confidence and competence through continuous learning, but the effectiveness of this was not yet known.

2.8 The poor condition of the old A and B wings was a challenge for leaders, who were doing their best to maintain the standard of living conditions, but HMPPS investment was needed and refurbishment of some showers was also required.

2.9 Data were used well by leaders in plans to reduce reoffending, but were not used well enough to monitor equality or to inform a longer-term strategy to make the prison safer.

2.10 The committed and energetic governor, who had provided strong and consistent leadership in her seven years at the prison, held regular 'question time' consultation with prisoners and 'open door' sessions with staff. The prison's priorities had been well communicated to staff through the 'our plan on a page' initiative.

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 There were around 30 arrivals each week, mostly from nearby prisons. A friendly and efficient staff team made sure that arrivals did not spend long waiting on the escort van and were processed promptly. In our survey, 70% of respondents said that they had spent less than two hours in reception, which was an improvement since the previous inspection and much better than at similar prisons.

3.2 The reception area was bright and clean. Prisoners were searched using a metal detector and body scanner, after which they could wait in one of two holding rooms. Both rooms were minimally equipped, with only bench seating and no printed information about the prison provided. A reception orderly/Listener (a prisoner trained by the Samaritans to provide confidential emotional support to other prisoners) helped with the reception processes and answered queries from new arrivals. In our survey, 79% of respondents said that they had been treated well in reception.

Holding room in reception

3.3 Dedicated first night officers conducted initial screening interviews in private, with an appropriate focus on safety. However, not all identified risks were fully explored, and as prisoners were not routinely offered a follow-up conversation with staff, we were not confident that all potential vulnerabilities would be identified in this process.

3.4 Prisoners were escorted to the induction wing (I wing), where they spent their first night. This dedicated unit was clean and calm, and cells were functional. New arrivals were checked regularly overnight, and most of our survey respondents said that they had felt safe on their first night.

Prepared cell on the induction wing

3.5 Prisoners we spoke to were positive about being able to make telephone calls on their first night. In our survey, 55% of respondents said that they had been offered free telephone credit and 49% had had numbers put on their PIN telephones in the first 24 hours, both of which were higher than at comparator prisons (43% and 33%, respectively). However, fewer prisoners than at the time of the previous inspection said that they had been offered a shower (39% versus 54%).

3.6 New arrivals were not given access to their property for at least 24 hours and were not always provided with basic toiletries, such as soap or a toothbrush, for their first night.

3.7 Inductions were timetabled daily and were delivered by first-night officers, with input from the offender management unit and a peer support worker, who focused on debt management. Informal input from other peer workers was also valuable. However, several prisoners we spoke to said that they had not received an induction, and in our survey only 75% said that they had had an induction, compared with 92% at the time of the previous inspection. Of those who had had an induction, only 37% said that this covered everything they needed to know about the prison, which was lower than at comparator prisons (49%) and at the time of the previous inspection (59%).

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 The level of violence had reduced since the previous inspection and was similar to that at other category C prisons. The number of prisoner-on-prisoner assaults in the last 12 months had reduced by 50%, when compared with the same period before the previous inspection. Similarly, the number of assaults on staff had reduced by 37%.

3.9 In our survey, fewer prisoners than at the time of the previous inspection said that they had experienced threats or intimidation (19% versus 37%) or physical assault (11% versus 26%) from other prisoners. Thirty-eight per cent of respondents said that they had felt unsafe at some point in the prison, which was similar to the figure at other category C prisons.

3.10 The monthly safety meeting had considered some useful data and identified hotspots for violence. As a result, staff presence had been increased during those times. However, there were weaknesses in the analysis of violence, which limited the prison's understanding of the causes of incidents, and there was no longer-term violence reduction strategy or action plan.

3.11 The challenge, support and intervention plan (CSIP; see Glossary) process for managing perpetrators and victims was not fully effective. Investigations following a referral were reasonable, but not all reviews were up to date or had multidisciplinary attendance to manage the prisoner more effectively. Furthermore, we spoke to prisoners who were on a CSIP but were not aware of what their plan entailed or what the process meant for them. However, all prisoners who were on a CSIP were discussed at the well-attended weekly safety intervention meeting (SIM) and some appropriate actions were generated.

3.12 At the time of the inspection, no prisoners were self-isolating because of threats from others. The prison had introduced a safety peer support mentor, who met all new arrivals and gave advice on how not to get into debt while in prison. Prisoners could complete a useful debt support workbook, which was examined by the safety team, and they received a certificate on completion.

3.13 There were limited incentives to encourage positive behaviour. At the time of the inspection, 45 prisoners were on the lowest level of the incentives scheme, most because of single serious incidents and the prison's policy on zero tolerance of violence. Prisoners could expect to remain on this level of the scheme for 28 days, regardless of any improvement in behaviour. In too many of the case notes we checked,

the improvement targets were generic and did not sufficiently address the issues that had led to the prisoner's demotion. The scheme was not motivational as there was little difference between the levels.

Adjudications

3.14 The number of adjudications had almost halved since the previous inspection, with 1,842 hearings in the previous 12 months, compared with 1,894 in just six months before the previous inspection.

3.15 The management of adjudications had improved. Records we looked at showed a reasonable level of enquiry and most hearings within the prison had been found proven. Conduct reports were usually available. The awards given had not been over-punitive and were within the prison's tariff guidelines.

3.16 At the time of the inspection, there were few adjudications outstanding. A weekly 'crime clinic' with the police was a useful means of following up police referrals, with only 17 cases waiting for a police investigation.

Use of force

3.17 The level of use of force had decreased, with 272 recorded uses of force in the previous 12 months, compared with 201 in just six months before the previous inspection.

3.18 The use of PAVA spray (see Glossary) had been significant, with seven deployments in the last 12 months, making Wealstun the second highest user when compared with similar prisons. Batons had also been drawn on 10 occasions and used four times within the same period. Management enquiries had been completed following most PAVA incidents and had identified lessons to be learnt, but there had been no similar enquiries following the deployment of batons which was an omission.

3.19 Almost all incidents of force had been spontaneous, with full control and restraint techniques used. Failure to comply with staff instructions was the most common reason for the use of force. In the video footage of incidents that we viewed, we found that opportunities to de-escalate the incident were often missed or had not been recorded by staff in their documentation.

3.20 There were strengths to some aspects of governance. Paperwork was mostly up to date, most prisoners were debriefed following an incident of force, and monthly meetings analysed a wide range of data to identify and monitor any experiences and outcomes. However, body-worn cameras were often not switched on early enough to capture the lead-up to an incident and only 50% and 65% of staff respectively had received refresher training in the use of PAVA or use of force in general.

3.21 The prison had recorded no use of special accommodation in the last 12 months, but we found video footage of a prisoner who had been

held in special accommodation for a short period on arrival into the segregation unit, without authorisation.

Segregation

3.22 A total of 245 prisoners had been segregated in the last 12 months, which was an increase since the previous inspection. However, the average length of stay was short and reintegration planning was reasonably good.

3.23 The segregation unit was in the oldest part of the prison and cells were shabby. Televisions could not be offered as the aerial points had been damaged by prisoners, leaving some cells with exposed wires. We reported this to leaders, who arranged for the damage to be repaired. In-cell telephones were available, which segregated prisoners appreciated.

Prepared cell in the segregation unit

Damaged aerial point in a segregation cell

3.24 The unit exercise yard was stark, with some graffiti, and there was no risk assessment procedure to allow prisoners to exercise together. The regime was limited to daily exercise, a shower, distraction packs and library books.

Segregation unit exercise yard

3.25 Staff–prisoner relationships on the unit were good and staff regularly interacted with prisoners. Staff we spoke to had good knowledge of the prisoners in their care and we observed professional relationships. Prisoners we spoke to were generally positive about their treatment in the unit.

3.26 All prisoners located in the unit were taken into the special accommodation cell for a routine strip-search, which was not always necessary and was an unwelcoming reception.

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.

3.27 Security procedures were generally proportionate, but the routine strip-searching on arrival to the segregation unit (see also paragraph 3.26) and during intelligence-led searches was sometimes disproportionate and not always necessary.

3.28 Overall, security intelligence was well managed and led to positive outcomes. In the last 12 months, 6,523 intelligence reports had been submitted. These were processed swiftly by a central team of analysts, based outside of the prison, at a regional centre. The number of intelligence-led searches completed had increased and was rising month by month, with support from regional search teams.

3.29 In our survey, far fewer prisoners than at the time of the previous inspection (37% against 69%) said that it was very or quite easy to get hold of illicit drugs, or that they had developed a problem with drugs while at the establishment (11% against 23%).

3.30 The prison had assessed drugs as a key threat to the prison and had taken a number of effective actions to address drug supply and demand. These included: the appointment of a drug strategy manager who was responsible for an effective reduction strategy; the introduction of the incentivised substance-free living wing; investment in establishing a dedicated search team; use of a new drug testing machine that tested all property entering the prison; continuing to photocopy all incoming social mail, to prevent illicit substances entering the prison on paper; a new process to make sure that legal mail had no trace of drugs; enhanced closed-circuit television across the prison; enhanced gate security to search staff and visitors; the regular use of detection dogs; and effective identification and management of staff corruption. In the last 12 months, the prison had successfully recovered 166 drug finds.

3.31 Mandatory drug testing had restarted in April 2022, following its suspension during the pandemic. Since then, there had been a total of

184 tests taken and 32 positive results. There had been only one positive result for psychoactive substances (see Glossary), the rest being from prescribed medication. The prison's intelligence had suggested that, because of the decrease in the availability of illicit drugs, prisoners were now trading their medication. However, limited staff resources meant there had been only a small number of targeted suspicion tests completed in response to this intelligence.

3.32 Partnership working with the police had been strengthened further and was impressive; there had been several joint searches of visitors, their vehicles and areas in the prison to prevent criminal activities. Intelligence on active 'county lines' and organised criminal gangs was shared between departments.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

3.33 Levels of self-harm had reduced since the previous inspection and were on a downward trajectory. However, incidents remained high, with the prison recording the third highest number against comparator prisons. There had been 629 instances of self-harm in the last 12 months, 49 of which were serious.

3.34 There had been two self-inflicted deaths in custody since the previous inspection. Actions taken in response to the Prisons and Probation Ombudsman recommendations were reviewed regularly, with progress monitored. However, the prison did not investigate all serious self-harm incidents, to identify potential learning points.

3.35 There was a high number of extremely vulnerable individuals with complex needs at the prison, and staff awareness and understanding of these individuals and their needs was very good. The weekly safety intervention meeting (SIM) considered these needs appropriately and had taken a wide range of actions to support individual care. The prison had also developed some creative initiatives to support individuals who were vulnerable or self-harming. For example, the 'Time Out' support group was delivered by safer custody staff, with input from the mental health team, and provided a weekly opportunity for prisoners to come together and take part in craft sessions or to explore different coping strategies. In partnership with the University of York, a promising new initiative – 'PROSPECT' – was providing professional cognitive behavioural therapy-based sessions to a small number of prisoners, although it was too early to assess its impact.

3.36 The number of prisoners at risk of suicide and self-harm receiving support through the assessment, care in custody and teamwork (ACCT) case management process had reduced since the previous inspection and staff were knowledgeable about those in their care. However, feedback from prisoners was generally negative about the care they had received while on an ACCT and several told us that it had not made a difference to the way they felt.

3.37 The ACCT documentation we reviewed was of reasonable quality. In the cases we sampled, there was a good level of consistency in case management, and mental health staff were regularly involved in case reviews. However, risks and triggers were not always fully explored and the initial assessments were not always complete.

3.38 Monthly safety meetings examined a wide range of data, which the safer custody team had used to try to understand causes, patterns and trends in self-harm. However, these data had not been used to develop a strategy or action plan to reduce the levels of self-harm.

3.39 There were 13 Listeners, who were reasonably well integrated into prison life. They attended the safety meetings and told us that they felt supported by the safer custody team and the Samaritans, who attended the prison regularly. Although Listener access to wings across the prison had increased recently, we were told about occasions when requested contact had not been facilitated by wing staff. There was a Listener suite, but not all Listeners were aware of it and it was unclear how often it was used in practice.

Listener suite

3.40 A safer custody 'hotline' number was promoted, for family and friends concerned about the well-being of a prisoner. However, out-of-hours

calls were unanswered and there was no voicemail facility. Calls received at night were also not routinely logged, which was a concern.

Protection of adults at risk (see Glossary)

3.41 The safety policy included a comprehensive overview of the processes of adult safeguarding at the prison, although formal links with the Leeds Safeguarding Adults Board had lapsed. Prisoners at risk were discussed in depth at the SIM, where actions were taken and plans put in place for individuals at risk. Staff we spoke to were aware of what to do if they had a safeguarding concern.

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, 74% of respondents said that most staff treated them with respect, which was similar to findings at the time of the previous inspection and to comparator prisons. Around two-thirds of prisoners said that there were staff they could turn to if they had a problem.

4.2 Although prisoners told us of some good and helpful staff, we heard reports of others who lacked experience and interpersonal skills. We also observed disrespectful behaviour by prisoners towards staff, which went unchallenged. However, prisoners spoke positively of custodial managers, and we saw the latter interacting well in some challenging situations and providing good support to less experienced staff. There was a lack of supervisory officers and custodial managers on the residential units which was a concern, given the high number of new staff needing support (see also paragraph 2.7).

4.3 The shortage of prison officers limited the development of more meaningful relationships with prisoners, and we saw a lack of interaction during association periods, which was a missed opportunity.

4.4 In our survey, fewer prisoners than in similar prisons and at the time of the previous inspection (56% versus 71% and 88%, respectively) said that they had a named officer or key worker (see Glossary). Only a quarter said that a member of staff had spoken to them in the last week about how they were getting on. The number of recorded key work sessions was low, although the sample of case records that we viewed showed that when these took place, they were often of good quality. At the time of the inspection, the strategy for increasing the delivery of key work was under review.

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 There was a marked difference in living conditions between the older units (A and B) and the rest of the prison. These older units were in poor condition and in need of substantial refurbishment. Although efforts had been made to keep these areas functional and clean, structural issues, such as damaged ceilings and flooring, damp and mould, were an ongoing problem. Our survey responses from prisoners living on these units were more negative about some aspects of daily life than from those living elsewhere. For example, only 56% of respondents on these wings said that most staff treated them with respect, compared with 80% on other units. Prisoners living on these units often told us that they felt forgotten.

Double cell on an older residential unit

4.6 In our survey, 94% of respondents said that they had a single cell, which was far higher than at similar prisons. However, population pressures had resulted in 24 double cells being used by the prison, many of which were located on the older units.

4.7 Communal areas on the newer residential units were clean and well kept. Cells were generally well equipped and clean, and we saw little evidence of graffiti or offensive materials. Although showers on some residential units had been refurbished, too many remained badly damaged by damp and mould, and had poor drainage. The outside areas and prison grounds were kept clean and well maintained.

Association area on B wing

Shower unit (left) and inadequate drainage in a shower unit

External grounds

4.8 During the inspection, we heard very loud music in the evenings, which went unchallenged by staff. In our survey, only 55% of respondents said that it was normally quiet enough to relax or sleep at night, which was much lower than at comparator prisons.

Residential services

4.9 The well-managed kitchen was clean and well equipped, and provided a range of training opportunities for prisoners (see paragraph 5.26). The team provided a good variety of menu options, catering for a wide range of dietary requirements, and worked with a charity, 'Food Behind Bars', to provide a daily healthy option choice. However, in our survey only 32% of respondents said that the quality of food was good, which was lower than at similar prisons (42%). In addition, prisoners told us that the portions were too small and that they were often hungry. This was confirmed by our observations, and also in our survey, where only 26% of respondents said that they got enough to eat at mealtimes, again lower than at comparator prisons (38%).

4.10 While weekday mealtimes were reasonable, meagre breakfast packs were delivered with the evening meal on the night before consumption, which was too early. Published weekend mealtimes were also too early, with the evening meal service starting at 4.15pm. Prisoners could access self-catering facilities on the residential units, including microwave ovens and toasters, and these were well used and appreciated by the prisoners we spoke to.

4.11 The serveries were well equipped and generally kept clean. However, they were not always adequately supervised at mealtimes to make sure that the prisoners serving food wore appropriate clothing and maintained good standards of hygiene.

4.12 The range of shop items available for prisoners to buy weekly was adequate, but only 26% said that they had been able to buy something from the shop during their first days at the prison, which was far lower than at similar prisons (56%). Some new prisoners had waits of up to 11 days for their first order, which was too long and increased the risk of debt and bullying. During the inspection, prisoners often told us that they were struggling to afford shop items and telephone credit on their part-time wages, which was a concern (see also paragraph 2.4 and section on purposeful activity).

Prisoner consultation, applications and redress

4.13 While consultation took place, it did not engage with enough prisoners. The governor's 'question time' meeting (see also paragraph 2.10) was well established and provided a good opportunity for prisoners to raise questions and concerns, which received detailed and helpful responses from managers. Managers had restarted forums for the wings and also for specific groups, such as young prisoners. Minutes showed that some useful discussions had taken place, but the number of prisoners involved was small and most were not aware of these consultations. In our survey, only 36% of respondents said that they were consulted about issues such as food, the prison shop, health care or regime changes, which was far worse than at the time of the previous inspection (55%).

4.14 Complaint forms were readily available on the wings. Staff processed complaints efficiently and a sample of responses was quality assured by a senior manager. The responses we inspected had been timely, and nearly all were polite and fully addressed the issues raised. Statistics on the nature of the complaints received were discussed at a monthly performance meeting and some actions had resulted. For example, the deployment of additional staff in reception had reduced the number of property complaints. However, many prisoners told us that their complaints had gone unanswered, and in our survey only 26% said that complaints were dealt with fairly. Managers needed to investigate the causes of these negative perceptions.

4.15 Management of the applications process was inconsistent and, in some cases, unreliable. Arrangements to collect and log applications varied between the wings. Many prisoners said that their applications had been lost or received no reply. Managers had recognised these issues and were planning a review of the process.

4.16 The prison employed 12 prisoner information desk (PID) workers as wing-based mentors, providing information and help to their peers. The fortnightly PID worker meeting was used well to develop the knowledge and understanding they needed for the job. It also provided a valuable forum for hearing prisoners' views.

4.17 Legal visits took place on two days each week, using both face-to-face meetings in private rooms and video-link. It was easy to book these, but there was insufficient capacity, resulting in waiting times of more than four weeks. There was no legal services officer.

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) 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

4.18 The senior manager responsible for diversity and inclusion was making efforts to drive improvements in this area. The diversity strategy was published in 2019 and had not been updated, but the diversity action plan was up to date and was reviewed regularly.

4.19 Work on all aspects of diversity was now monitored through a two-monthly IDEAL (inclusion, diversity, equality, access and leadership) meeting. This received reports about different prisoner groups, and provided an opportunity for prisoner diversity representatives to raise issues with managers. Attendance by managers was reasonably good, but the number of prisoner representatives attending was low –

typically only two or three. These meetings were a promising development and had identified areas for improvement, but they had yet to deliver many positive changes.

4.20 The prison had struggled to recruit suitable prisoners as diversity representatives. At the time of the inspection, there were six in the role, of whom only one had been trained. This was not enough to make sure that all protected characteristics and areas of the prison were covered.

4.21 Diversity issues were considered by the senior management team (SMT) through a recently introduced strategic inclusion group (SIG). Work to support each of the protected characteristics was led by an SMT member and reported to the SIG. These reports provided some useful updates on activities such as forums for protected characteristic groups, but contained few action points to address issues raised by prisoners.

4.22 In the previous 12 months, 100 discrimination incident report forms (DIRFs) had been submitted. In most cases, these were properly investigated and a sample of the replies was monitored by managers. However, the responses made to DIRFs needed improvement. Few of the complaints were upheld and too many responses failed to provide an adequate reason for their rejection. In a few cases, responses had been dismissive in tone and answered only part of the complaint. Recently, managers had strengthened the monitoring of DIRFs, which were now quality assured by the deputy governor, but there was no external scrutiny of the process.

Protected characteristics

4.23 Prison data showed that 23% of prisoners were from a black and minority ethnic background. In our survey, more of these prisoners than their white counterparts reported concerns about their treatment by staff. During the inspection, some prisoners alleged racist treatment by staff and discrimination in areas such as employment on the wings. These issues needed further exploration by leaders. Three forums had been held for this group during the current year. Attendance had been good, but no specific actions recorded. At the time of the inspection, the prison was holding a good celebration of Black History Month, with special meals and an art project, and managers planned a celebration event with performances by prisoners.

4.24 There were only three foreign national prisoners in the prison. Provision for this group had improved since the previous inspection. An officer had been designated to provide them with assistance and act as a link to the Home Office and Border Agency when needed. They were also signposted to charities offering support and advice.

4.25 The prison's data showed that a third of prisoners were under 30 years of age. In our survey, the under-25s reported similar experiences to the rest of the population. However, prison data showed that, compared with other age groups, they were more likely to receive negative reports on the incentives scheme and less likely to have enhanced status.

These issues had also been noted at the previous inspection. Managers had introduced the 'Choices and Changes' programme to help young adults to develop their maturity, but implementation had been affected by staff shortages and progress was too slow.

4.26 Support for care leavers was good. A project involving the St Giles Trust had trained seven prisoners as 'care leaver champions' to offer help on the wings to the 88 care leavers in the prison. Younger care leavers were offered help to prepare for employment and could access further support in the community after release.

4.27 In our survey, 43% of respondents said that they had a disability. These prisoners were more likely than others to feel unsafe and vulnerable to bullying. Only 30% said that they were getting the support they needed. There were reasonable arrangements to identify individual needs at induction, and personal emergency evacuation plans were in place for prisoners who required them. These were regularly updated, although not all night-duty staff had them to hand. Adjustments such as shower seats were available, but some prisoners complained that their additional needs were not met. The prison had recently recognised the difficulties faced by prisoners with neurodivergent needs by appointing a neurodiversity manager (see paragraph 4.61).

4.28 Around 30 prisoners were aged over 55 years. A project in collaboration with the University of York was investigating the needs of these prisoners, and several 'problem solving' prisoner representatives had been recruited to provide support to them.

4.29 The prison was aware of only four gay or bisexual prisoners, whereas around eight respondents to our survey indicated that they belonged to this group. This suggested that prisoners were reluctant to disclose their sexuality to the prison, despite efforts by staff to engage them and offer support. Despite the low numbers, a two-monthly forum allowed these prisoners to express their views and the prison had celebrated Pride week. Quarterly case review records showed evidence of good care and support for transgender prisoners.

4.30 The prison had improved support for veterans of the armed forces. The Care After Combat charity visited every three weeks to hold a discussion meeting and offer advice to veterans. Around 10 prisoners typically attended these meetings.

Faith and religion

4.31 Faith provision was well led by the managing chaplain, with two full-time and 10 part-time chaplains. The team covered most faiths, but some, such as Sikh, Mormon and Rastafari, were not currently represented, despite recruitment efforts. A full programme of religious services was provided and faith classes were offered in aspects of Christian and Muslim faiths. Attendance at religious services and classes had recovered since reopening after the COVID-19 pandemic, but was still below pre-pandemic levels. However, in our survey 86% of

respondents said that they could attend a religious service if they wanted to, which was higher than at comparator prisons.

4.32 Chaplains worked as a team to provide good support to people of all faiths or none. They visited all prisoners as part of the induction programme, to invite them to attend services and to offer support. They also saw all those approaching release, to discuss concerns such as family relationships and accommodation. These prisoners were referred to faith groups in the community which could offer help and support after release.

4.33 The chaplaincy coordinated the prison's support and response to bereavement, including a support group. They could call on specialist bereavement counsellors to support prisoners when needed. They also organised prison visitors for those without family visits, and a prisoner pen pal scheme. A faith forum met every quarter, to inform prisoners about the faith activities and discuss their concerns.

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

4.35 Practice Plus Group, Health in Justice (PPG) was the lead provider of health care in the prison. Partnership working demonstrated good communications and an effective grasp of risk and clinical activity. However, a shortage of prison officers to escort patients to health care services caused some tensions. Clinical governance needed to be enhanced, as multi-agency reviews of service effectiveness and patient experience had only just restarted after the COVID-19 pandemic and needed to be sustained.

4.36 Leadership across the health care team was impressive, with a clear vision and set of priorities which staff understood and felt fully supported to deliver. Management of clinical incidents was robust and we saw examples of appropriate escalation and investigation of serious concerns, as well as learning being disseminated to staff. This included responding appropriately to recommendations made following Prisons and Probation Ombudsman investigations into deaths in custody.

4.37 Patient consultation had deteriorated during the pandemic, but realistic schemes to listen and respond to patient views about the service had been developed. However, in our survey only 14% of black and minority ethnic respondents, compared with 40% of their white counterparts, said that the quality of health care was good, so considerable work was needed to address prisoners' experience of the provision. Some prisoners expressed dissatisfaction with services. In addition, there was inconsistency in notifying them of appointments and a shortage of prison officers to escort them to clinics, which may have contributed to these frustrations.

4.38 Our overall impression was of professional, resilient staff delivering essential services. Staffing was extremely constrained, with the small primary care and pharmacy teams carrying several vacancies, which resulted in regular agency staff use. Considering the size of the establishment, the commissioned size of the workforce appeared remarkably tight. We were told that a business case would be put forward to commissioners to ease these pressures.

4.39 Training and opportunities for professional development were adequate, although, regular clinical supervision was not delivered

consistently. Clinical records were generally of good quality. Facilities in health care were adequate and complied with infection control standards, although the temporary seating in the patient waiting area needed replacing.

4.40 Staff were well trained and had access to appropriate, regularly checked equipment, and arrangements to respond to medical emergencies were robust when the health care team was on duty. However, it was a concern that during our night visit, several officers did not know the location of the automated external defibrillators.

4.41 Arrangements to deal with patient complaints were established, but most were dealt with as concerns, with around 20–30 received per month. Only one of these had become a formal complaint in the current year to date. Responses to initial concerns were not always provided, or detailed enough, and they did not always demonstrate that issues raised had been resolved. These problems were addressed during the inspection, with additional controls and assurance introduced in response to our findings.

Promoting health and well-being

4.42 There was no whole-prison strategic approach to health promotion, but there was a calendar of health events and several schemes of work that needed partnership working to be delivered. This included a recent Black History Month initiative targeting concerns around diabetes and mental health. Wayout TV, the prisoner television service, was used to convey messages to the population, but there was no network of trained peer workers to provide practical advice or signposting.

4.43 The primary care team was active in approaching and encouraging prisoners to undertake a full range of age-appropriate health screens and providing vaccinations. Although uptake of the COVID-19 and influenza vaccines could have been improved, the number of prisoners receiving the hepatitis B vaccine was impressive and the service had been acknowledged for its hepatis C elimination status. An in-house nurse provided a range of sexual health support, including discreet access to condoms. There was no smoking cessation support, which, given the cost of vapes and associated debt issues in the prison, was a missed opportunity.

Primary care and inpatient services

4.44 A primary care nurse screened all prisoners to determine their health needs on arrival, and another offered tests for blood-borne viruses. Referrals for further detailed assessment were made as clinically indicated. Prisoners received useful information on how to access health services in the prison.

4.45 In August 2022, only 23.7% of secondary comprehensive health assessments had been completed within seven days, compared with 29.5% in 2019. Performance had improved up to May 2022, but sickness among the team since then had reduced efficiency. Nurses

from mental health and substance misuse services now undertook the secondary assessments, which enabled prompt identification of patients in need.

4.46 Primary care services met patients' needs. Some prisoners expressed frustration about clinic cancellations and access to health services, but most patients we spoke with were generally satisfied with their care, although views expressed in our survey about health care were less positive. We observed good natured and compassionate exchanges between health care professionals and patients.

4.47 The health centre was of a decent size and well equipped. Some rooms needed refurbishment and decoration. Health service provision reflected the wide age range of the prison population and included nurse-led triage, treatment and long-term condition clinics. Specialist clinics included optometry, physiotherapy, podiatry and sexual health, and visiting diagnostic services such as X-ray and ultrasound. GPs with special interests attended daily during the week. Chaperones were used as necessary, and the patient could choose the gender of the GP who treated them under certain circumstances.

4.48 Waiting times for clinics had become too long in summer 2022, as a result of staffing challenges. The situation was improving quickly with the arrival of new physiotherapy and podiatry practitioners, although the waiting time for the optician remained too long for some patients (up to 14 weeks). Urgent appointments to the see the GP were available each day, and routine consultations within 10 working days, which was similar to the situation in the local community. Out of hours, prison staff concerned about prisoners could seek advice from PPG managers or call or NHS 111.

4.49 Access to health services was problematic because of the unreliability of the internal postal system to deliver appointment notices, as well as a shortage of prison staff to escort patients to appointments. Around 50% of non-attendees (all of whom were followed up) said that they had been unaware that they had an appointment; others said that no officers had come to collect them. Non-attendance at some clinics was too high (for example, the rate was 24% for the optician and 30% for the podiatrist). A new approach of operational support grade staff to deliver appointment letters during nights was showing signs of improving the situation.

4.50 External hospital appointments were well managed by the administrative team, so that cancellations due to low prison staffing were rare.

Social care

4.51 A memorandum of understanding captured partners' responsibilities in identifying and meeting prisoners' social care needs. A trusted assessor, based at HMP Leeds, was employed to assess all referrals. Access to occupational therapy support, specialist equipment and environmental adaptations could be provided as needed, but any

prisoner needing intimate personal care would be transferred to HMP Leeds.

4.52 Only one patient was in receipt of an agreed social care package (see Glossary). Unusually, he had arrived at the prison with a pre-existing care plan, determined by the local authority, which had been appropriately maintained and was overseen by a senior clinician from the mental health team. We found some other prisoners who were receiving lower-level support from peer workers, but it was unclear how this input was coordinated and monitored. Social care provision was not sufficiently well promoted or overseen to deliver effective peer-support worker training and governance.

Mental health care

4.53 PPG provided most mental health services, and these were integrated with substance misuse provision, by Inclusion. Midlands Partnership NHS Foundation Trust (MPFT) was contracted to provide psychology, psychiatry and psychosocial substance misuse services.

4.54 Inclusion mental health and recovery workers were well led, integrated and co-located. Staff felt supported, received supervision and had mostly undertaken mandatory training requirements. Demand was high, and staffing stretched, but the team was fully established and met need, demonstrating a committed and caring approach.

4.55 The mental health staff group comprised three senior nurses, one mental health nurse, one mental health practitioner and one trainee nurse associate providing primary and secondary mental health services. MPFT provided weekly psychology sessions and a psychiatrist attended on two days per week. Patients accessed services within a reasonable timeframe and the wait for a routine psychiatrist appointment was around eight weeks, which was reasonable.

4.56 Prison officers received mental health awareness training during induction but had little further training. The mental health team provided individualised care plans to support wing officers in communicating with some prisoners, and these were a valued resource.

4.57 Applications were routinely triaged, with weekly multidisciplinary team meetings discussing patients of note and allocating new patients to the caseload. Referrals were accepted from numerous sources, including prisoners and prison staff. Any mental health need identified through reception screening also triggered a referral. A duty worker responded to urgent cases, and attendance at assessment, care in custody and teamwork (ACCT) case management meetings was prioritised. The team supported 112 patients, with an additional nine patients with more complex needs supported under the care programme approach (which ensures that patients with mental illness receive continuity of care).

4.58 The patient records we reviewed were detailed and contained person-centred care plans which demonstrated regular support and review.

Some patients received more frequent 'check-in' contacts, which demonstrated the service's caring approach. Patients prescribed mental health medicines received regular physical health checks.

4.59 Mental health interventions included short-term therapies for anxiety and depression, with flexibility around ongoing support if needed. Long-term care was provided to patients with complex mental disorders, with their needs reviewed regularly. Group work had been limited as a result of pandemic restrictions, although sessions led by the psychologist were due to start soon.

4.60 Six patients had been transferred to hospital under the Mental Health Act in the previous 12 months and five had waited longer than the 28-day national guideline, with two waiting for over 120 days, which was unacceptable.

4.61 A neurodiversity care pathway was being developed and the prison had recently appointed a lead in this area. There was no learning disability nurse, but such support could be provided through external referral. Multi-professional complex case meetings provided a helpful forum where all partners discussed the care and support of the most complex patients.

Substance misuse treatment

4.62 The service delivered innovative, person-centred care for prisoners with multiple or complex substance misuse needs. Newly arrived prisoners were screened and signposted towards services based on need. The 149 patients receiving clinical treatment at the time of the inspection had been reassessed promptly after the reception screening and continued to be supported and reviewed at appropriate intervals, with access to a range of flexible, individually tailored treatments.

4.63 Staff assessed need and developed risk management plans for all prisoners, responding promptly to any sudden deterioration in a prisoner's health. Individual recovery plans were developed which appropriately reflected assessed needs, were recovery oriented and were reviewed regularly with prisoners.

4.64 The service leadership was motivated and forward thinking, with prisoner need at the centre of a well-performing, safe service. Prisoners were active partners in the delivery, review and development of the service. In addition, there was a developing service user forum and prisoners were employed in 'recovery volunteer' roles.

4.65 Staff worked collaboratively to make sure that there were no gaps in care, and the service had effective working relationships with other relevant teams, both within the prison and with relevant external providers.

4.66 Prisoners could access services easily. Referrals could be made in a variety of ways, such as on arrival, via wing-based applications, through clinical referral or face to face. Staff assessed and treated

prisoners with urgent care needs promptly, who were then seen by the duty worker.

4.67 The service consisted of a range of staff, including team leaders, administrators, recovery workers, nurse prescribers and doctors. Staff had a caseload of between 60 and 75 prisoners, which the team leaders monitored closely, with regular supervision. While caseloads were high, staff were able to manage them appropriately.

4.68 Service provision had been affected by the shortage of officers to escort and support therapeutic work. This meant that prisoners were not always able to access group work or sessions to strengthen their recovery. This concern had been brought to the attention of the prison by service leads and work was ongoing to improve the situation. Prisoners were well supported to access community support services and other networks through a tailored individualised package of care, which included access to naloxone (an opiate reversal agent) training and supply on release.

Medicines optimisation and pharmacy services

4.69 Medicines were supplied by the prison's on-site pharmacy. Medicines administration on the wings was led by pharmacy technicians, supported by second checkers and nurse colleagues. A pharmacist was available in the prison to support the health care team.

4.70 Prescribing and administration were recorded on SystmOne (the electronic clinical record). Approximately 55% of prisoners on medication received it in-possession (IP). This was low when compared with other prisons and could have been improved. There was an IP policy. IP risk assessments were routinely completed at reception and recorded on SystmOne, and reviewed after 12 months. IP medicines were occasionally provided in clear plastic bags, which did not provide adequate confidentiality.

4.71 In the treatment room serving the newer residential units, medicines were stored in individually labelled trays, but contained both IP and non-IP (NIP) medicines, which increased the risk of the respective supplies being given in error. Additionally, IP and NIP medicines were not regularly reconciled, and we saw one example where a patient's medicine dose intervals had changed, but the two differently labelled products remained in the trays, which increased the risks of error. This risk needed to be addressed as a priority.

4.72 Supervised medicine administration took place twice a day on all wings, at 7.45am and 5pm, with weekend evening rounds starting at 3.45pm (lunchtime administration was available if necessary). Medicine rounds, particularly on the newer residential units, could be fairly protracted, as a result of the single location for dispensing to several wings, which had an impact on the expected medicine administration intervals, but also on the overall prison regime. Medicine administration was generally well managed, with adequate supervision of queues, but

there was inadequate secure in-cell storage for medicines, which increased the risk of bullying and medicine diversion.

4.73 Some health care products were on the prison shop list and a suitable stock of medicines was available to treat minor ailments via a patient group direction (which authorises appropriate health care professionals to supply and administer prescription-only medicine) or from a stock of discretionary medicines which patients could receive for up to three days before being referred to a prescriber. Patients could receive advice at the medicines hatch or see the pharmacist via an appointment, but there were no regular structured medicine reviews with the pharmacist. There was appropriate provision of medicines for prisoners being transferred or released.

4.74 Failures to attend to collect medicines were recorded on SystmOne, and were investigated and referred to a prescriber after up to three missed NIP collections, or sooner, depending on the medicine.

4.75 Governance arrangements were sound, with a full range of policies and procedures. There were well-attended regular medicines and therapeutics meetings, where the prescribing of abusable and high-cost medicines was monitored. Work had been undertaken to reduce the prescription of tradeable medicines. However, the prescribing of mirtazapine (a medicine to treat depression) remained high, which was a concern needing close reconsideration, to ensure clinically appropriate practice. Controlled drug management was generally robust.

Dental services and oral health

4.76 Time for Teeth provided separately commissioned dental services. A permanent dental nurse, a hygienist for one day and a dentist for two days per week were available to triage, assess and treat patients.

4.77 Generally, patients we spoke to were dissatisfied with waiting times, but appreciated the treatments provided and the care received, with some citing improved personal confidence in the service as a result. Governance of the service was strong, with regular auditing of key processes. Staff were up to date with essential training and felt well supported.

4.78 Demand for dental services outstripped capacity, with provision unchanged since 2019. At the time of the inspection, there were 129 patients on the list for a first appointment with the dentist. Additionally, 42 had waited over eight weeks – some up to 17 weeks – for treatment. This situation was unacceptable and clinicians were frustrated by it. The service commissioner had begun an exercise to review the provision. The did-not-attend rate (around 5%) had been much improved since 2019 because of the efforts of the prison officer assigned to the dental suite to service the clinics.

4.79 Unusually, the dental suite was distant from the health centre. The environment was spacious and well equipped. Processes and

equipment met the required standards. The surgery was very clean and achieved 98% in infection prevention standards, a large improvement on 2019. Dental waste management was well managed and safe.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

5.1 Time out of cell was poor. Prisoners spent far too long locked up, particularly at weekends, when most were confined to their cells for almost 23 hours a day. Managers had devised a regime to enable almost all prisoners to be employed at least part time, and to have a two-hour period of association from Monday to Thursday. At other times, they were locked in their cells. For most working prisoners, this meant that they were unlocked for around six hours each day, and the small number of full-time workers were unlocked for up to eight hours per day, on average. Unemployed prisoners had less than two hours out of cell every day.

5.2 In our roll check during the working day, only 7% were locked up, but almost half the population was unlocked on the wing without a purposeful activity. Only a third of prisoners were at work or education and around 10% were working on the wing. Managers had plans to introduce structured activities, such as musical instrument tuition, to occupy prisoners during these periods, but these were at an early stage of development.

5.3 There were two main libraries and two smaller book rooms on the wings. The education provider, Novus, delivered library services, employing two librarians, assisted by two prisoner orderlies. The libraries were attractive spaces with some seating but limited study areas. They were well stocked with up-to-date books which were appropriate to the population, including easy readers and large-print books. The reference section included a wide range of up-to-date legal volumes. A new electronic library system had been installed during the pandemic, to improve efficiency and data collection.

5.4 Access to the libraries had been poor; until the week before the inspection, prisoners had had to complete an application to borrow books, which were then delivered to the wings. They could now attend from education classes or from the wing, on a timetabled basis. Some sessions in the first week of this new arrangement had been busy, but we saw few prisoners accessing the library during the inspection. Library data showed relatively low levels of activity, with fewer than 1,000 book loans made in the previous three months.

5.5 Library staff provided an information service for prisoners – for example, printing out health guidance from the NHS website on request. They planned to offer a range of activities to promote reading and increase library use, but these were not yet in operation. There were no reading groups, but there were plans to start these soon. The librarian also planned to increase the use of the library for project work by education classes.

5.6 Both main libraries had two computers, for use by prisoners to access study materials via the virtual campus (internet access for prisoners to community education, training and employment opportunities). They could also access the New Futures employment hub, for details about job opportunities on release. Library staff provided good support to 14 peer mentors who delivered the Shannon Trust reading scheme (see Glossary) to prisoners with poor reading skills.

5.7 Facilities for physical fitness activities were good. There were two well-equipped gyms, each with large weight training and cardiovascular fitness rooms. One gym also had a sizeable sports hall. There was a large outdoor sports area, but it was rarely used. All prisoners were given a gym induction, and instructors liaised with the health care department to provide suitable programmes for those with injuries or medical conditions.

5.8 Access to the gym was reasonably good. Managers had successfully prioritised the provision of two gym sessions each week to all prisoners. Prisoners appreciated that this was delivered reliably, despite regime restrictions. In our survey, 59% of respondents said that they could go to the gym or play sports twice a week, which was more than in similar prisons (32%). Prison attendance data showed that around half the prisoners attended regularly. There was no analysis of data, to make sure that gym attendance was representative of the prison population or identify which groups were using the facility and which were not.

5.9 The seven full-time and two part-time PE instructors were enthusiastic and proactive in encouraging and supporting prisoners. They led activities such as circuit training and spinning, and had recently introduced yoga classes. The gym had previously offered accredited PE qualifications, but these were not currently available. Instructors planned to reintroduce these courses when regime restrictions allowed.

Education, skills and work activities

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

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

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

5.11 Leaders had a clear expectation for all prisoners to be involved in education, skills and work (ESW) activities that prepared them for release and employment. They had designed the curriculum for ESW based on a range of appropriate factors, including local employment information and prison population demographics. However, they had delivered a large proportion of unaccredited provision that did not effectively support progression into future learning and employment. They had plans to change the education and vocational curriculum to address this, but, at present, too few prisoners in the prison industries engaged in the opportunity to achieve accredited qualifications where these were available. Few prisoners were unemployed.

5.12 Novus managers made sure that the curriculum provided was appropriately planned and sequenced so that prisoners could develop their knowledge and skills over time. However, in education classes, tutors did not do enough to manage behaviour and create an environment in which prisoners could learn and make good progress. They encouraged prisoners to use subject-specific and technical

language, which helped them to develop their confidence and employability skills. In vocational training areas such as joinery, and painting and decorating, prisoners benefited from effective one-to-one training. They developed good levels of basic knowledge and skills, preparing them well for potential entry-level jobs in the industry.

5.13 Leaders had not made sure that there were sufficient activity spaces in ESW. Courses were run mainly on a part-time basis, with few full-time activities. This was caused by the considerable staff shortages across the prison, leading to curtailment of the regime. Prisoners expressed a preference to be working full time. Classes and workshops were also cancelled, often because of staff absences. This further reduced the time available for prisoners to participate in ESW, which slowed the progress they could make in developing and applying new knowledge and skills.

5.14 Leaders did not have a clear strategy for teaching reading. They had proposed changes to the curriculum which included reading support for prisoners, and were working to the recommended timescales, but this was not yet in place. Reading was not part of the main education curriculum, and prisoners were not accessing opportunities to improve their reading skills during lessons.

5.15 Programmes devised for personal development that were included in the prison offer, such as life skills in cooking and budgeting, were not yet running. However, prisoners who had been care leavers as children had recently been provided with a course to support them with housing tenancies.

5.16 The allocations process was mainly effective. Most prisoners were allocated to activities that considered their starting points for English and mathematics, and their chosen work pathway wherever possible. Information, advice and guidance staff identified prisoners' starting points effectively at induction events, which were conducted in a timely way soon after prisoners arrived at the prison. They used this information appropriately to encourage prisoners to make informed choices about work or learning, and to inform the process for allocating prisoners to purposeful activities.

5.17 The pay policy was equitable across ESW. Prisoners in education classes were paid at the same rate as those in work or training. Payment was based on their time commitment for each activity. This included education and responsibilities within job roles, and prisoners were able to gain bonus payments on achieving qualifications in education.

5.18 Punctuality to ESW was good, but attendance in most activities was not consistently high. For example, in functional English and mathematics, attendance across the past month had been low, but in catering and hospitality it had been very good, with full attendance regularly from most prisoners.

5.19 Leaders had effective processes to monitor prisoners' attendance at ESW. When prisoners failed to attend, leaders took swift action to identify the reasons for this and held custodial managers to account. However, they did not have sufficiently effective processes to minimise the number of appointments and other activities taking place during ESW time.

5.20 Leaders used effective processes to monitor the quality of education. However, they recognised the need for extending these to the vocational training provided by prison staff and enhancing the collection of prisoners' feedback to support the improvement of the provision.

5.21 Leaders provided most staff with appropriate training to support improvements in teaching, such as formal teacher training and individual coaching for staff following quality checks. Staff received the training and support necessary for them to carry out their roles, but their opportunities for further development were reduced because of the current pressures created by staff shortages across the establishment.

5.22 Staff had protected non-teaching time and access to support linked to their protected characteristics and to their mental health. However, they commented on how their workload and well-being were being affected by staff shortages.

5.23 Access to the virtual campus was reduced for a few prisoners because of the limited opening hours of the employment hub. This had been open on only a few occasions, as a result of staff shortages, limiting prisoners' access to the technology they needed.

5.24 The curriculum for prisoners working in the kitchen, the machine repair shop, horticulture and warehousing was logically planned and sequenced by staff to enable prisoners to develop, improve and master the knowledge and skills they needed to work effectively in these jobs. Vocational training tutors in joinery, and painting and decorating planned the entry-level and level 1 curriculum effectively so that, through their coaching and teaching of topics, prisoners made good progress in developing, refining and applying subject-specific knowledge and skills to a basic level.

5.25 Tutors in education classes did not use information from prisoners' initial assessments well enough to plan the specific support that those with additional learning needs required. They did not plan and use adaptations to their teaching to help these individuals to engage in and benefit fully from their time in lessons.

5.26 In the prison kitchen, instructors and the visiting trainer from The Clink implemented the curriculum plans well. Through their training and support, prisoners made good progress in developing the knowledge and skills in food hygiene, cooking procedures and techniques that they needed to work in a busy production kitchen. Prisoners working in horticulture, gardens and ground maintenance developed their abilities in these areas well, using modern, commercial tools and equipment. In

sewing machine maintenance, prisoners were trained in detail on the essential maintenance tasks on the range of sewing machines used in the Prison Service. Through this, they developed the skills that they needed to service and repair machines to a high standard.

5.27 Most tutors and instructors used assessment well to confirm with prisoners the progress that they made in education and work, and what they needed to do to improve. In construction subjects, tutors provided clear ongoing verbal feedback that guided prisoners to complete tasks to the required tolerances and standards. However, in a few education lessons, tutors did not make sure that prisoners received or acted on assessment feedback to develop their knowledge and skills further and make progress.

5.28 A high proportion of prisoners who started education classes in English, mathematics, and catering and hospitality gained qualifications that set them up for the next stage of their learning or employment. Prisoners who participated in vocational training courses in construction trades learned and developed good levels of basic knowledge and skills that prepared them well for potential entry-level jobs in the industry.

5.29 Prisoners benefited from a calm environment while attending vocational training and work. They felt safe and knew how to report concerns. They learned about and used safe working practices, and wore appropriate personal protective equipment.

5.30 Prisoners were mostly positive about their learning and understood its impact on their progress and achievement. Those in vocational training in construction and horticulture, and those who worked in prison industries such as the kitchen and machine repair shop had good attitudes to their work and behaved well.

5.31 Prisoners' behaviour was not consistently positive across ESW. In functional English and mathematics, they were not always aware of expectations for behaviour, resulting in some disruption in the classroom. Prisoners regularly left the classroom to vape, and most learners spoke over each other during activities. In prison industries such as textiles, too many prisoners were disengaged from their work and spent the time chatting.

5.32 Staff supported most prisoners to engage in meaningful industry work activity that helped them contribute to society and prepared them for their next steps. For example, prisoners were able to upcycle and build furniture for charities to sell or use. Staff encouraged them to take pride in their work. In art classes, the curriculum supported prisoners' well-being and mental health. They benefited from engaging in art skills development and produced pieces for Koestler Arts, internal events and Black History Month.

5.33 Staff did not make sure that enough prisoners completed skills portfolios as a way of capturing the development of their personal and work skills. Only a few prisoners, in particular those who took on

additional responsibilities such as mentoring, took time to reflect on their personal development.

5.34 Staff worked well with partners to support prisoners' readiness for their next steps on leaving prison, through a multi-agency approach. Staff supported prisoners with job search and job applications. The discharge board effectively identified prisoner needs such as accommodation, allowances, benefits or training, allowing staff to focus on these to prepare them for transition.

5.35 Leaders effectively tracked prisoners' destinations post-release. The proportion of prisoners in employment at six weeks after release was in line with that at similar establishments, and often higher.

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 Provision for social visits was good. They took place six days a week, including at weekends, and there were sufficient sessions to meet demand. In our survey, more respondents than at similar prisons said that they had seen their family or friends in person more than once in the last month (30% versus 20%). Depending on their incentives scheme level, prisoners had the offer of up to five visits per month.

6.2 The visitors centre was a welcoming environment. The charity 'Jigsaw' was often on-site to meet and greet families and answer queries. Searching was carried out appropriately and visitors we spoke to said that staff were helpful and treated them respectfully.

6.3 The visits hall was clean and spacious, and included a 'tearoom' run by prisoners, where visitors could buy hot and cold food and drinks. There was a small children's creche area, but age-appropriate play facilities were limited. Prisoners on the enhanced level of the incentives scheme could wear their own clothes, which helped make the visits experience more relaxed.

Visits hall

Creche in the visits hall

6.4 The Jigsaw service worked well with the prison to provide some good support for prisoners and their families. It had recently won a tender to continue delivering services at the establishment, and at the time of the inspection was in a period of transition. Additional staff had been recruited to cover all visits sessions, including the provision of play workers, and they were due to take up post imminently.

6.5 A programme of popular family days had resumed, and in the last six months over 90 families had attended five separate events, with more planned for the rest of the year. These were organised creatively on topical themes such as the Platinum Jubilee and offered engaging activities to promote and encourage meaningful family contact. Storybook Dads, whereby prisoners record stories for their children, was available and its use was steadily increasing.

6.6 Parenting courses had stopped during the pandemic, but there had been agreement from prison leaders to reintroduce the 'Fathers Footsteps' programme, which was positive.

6.7 The 'email a prisoner' scheme was an efficient and well-used means for prisoners to keep in touch with their families, friends and community offender managers (COMs). In the last 11 months, over 14,000 had been sent to prisoners and they had sent almost 10,000 replies. Secure video calls (see Glossary) were less popular, and more could have been done to encourage uptake and use of spare capacity.

6.8 In-cell telephones were a great asset for prisoners. During the pandemic, prisoners could use them 24 hours a day, subject to having enough PIN telephone credit, but the prison had since reapplied restrictions to turn them off between 11pm and 6.30am, which seemed unnecessary.

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.

6.9 Most prisoners spent a relatively short time at the establishment. The turnover of arrivals and releases was high, which continued to pose challenges for effective offender management and release planning.

6.10 There was a proactive approach to planning and implementing work to reduce prisoners' risk of reoffending. A number of analyses had been undertaken to understand the needs of the population, and these had informed an excellent strategy which clearly outlined the prison's plans and priorities. Effective leadership and frequent meetings coordinated action collaboratively in good efforts to improve outcomes for prisoners across all the resettlement pathways.

6.11 Staffing capacity in the offender management unit (OMU) was a challenge in some important areas that were key to its function. The case administration team was affected by ongoing vacancies and staff turnover, and new staff were not yet sufficiently well trained. The hard-working team was overwhelmed in trying to cover essential daily duties and train new members, which meant that some tasks had to be prioritised over others, leaving gaps. The recent introduction of video-link technology was positive, but case administrators managed the

booking of this busy facility, adding an extra burden to an already overstretched team.

6.12 Caseloads were appropriately allocated to the probation-qualified and prison-employed prison offender manager (POM) team. However, uniformed POMs were often redeployed to undertake duties outside of the OMU, and only two of the four profiled whole-time-equivalent officers were actually in post.

6.13 Nearly all prisoners were serving sentences of over one year and about 47% were serving long sentences of four years or more. Good work had taken place to make sure that these prisoners had an initial offender assessment system (OASys) assessment, and improved coordination with HMP Leeds had resulted in fewer prisoners arriving at Wealstun without one.

6.14 About 85% of prisoners had had some form of review in the last 12 months. There were some inconsistencies in the quality and timeliness of these reviews. We saw some good examples, assessing risk both in custody and the community. These drew on prisoners' personal histories, to offer a deeper insight into possible offending triggers and patterns of attitudes, thinking and behaviour – resulting in meaningful sentence plans. However, there were some weaker examples, usually undertaken by prison POMs, where assessments and plans were simply descriptive, lacked analysis and failed to consider appropriate interventions.

6.15 In our survey, 84% of respondents with a custody plan said that they knew what they needed to do to achieve their objectives, but only 43% said that staff were helping them. Within our case sample, we found that higher levels of POM contact were maintained by those who held full responsibility for their cases than by those who managed cases in a supportive capacity to the COM. Overall, POMs had a reasonably good knowledge of their cases, but contact with those in their care was often infrequent, unplanned, usually reactive and insufficient in driving sentence progression. The deficiency in POM contact might have been mitigated by consistent contributions from key workers (see Glossary), but key work delivery was not yet good or regular enough to enhance offender management (see also paragraph 4.4).

6.16 There were 29 prisoners serving an indeterminate sentence for public protection (IPP). Nearly all had been recalled to the prison and were waiting for a parole board decision before they could move on. Some limited work was being done to help this group, such as one-to-one interventions using modified workbooks and input from psychological services. However, some of these prisoners told us that they did not feel that the prison catered for their needs. There were no peer workers, forums or opportunities to consult with them. The national IPP Project, designed to monitor and support progression for those over tariff, did not currently offer the same provision for IPP prisoners who had been recalled to custody.

6.17 In the previous year, 253 prisoners had been released on home detention curfew (HDC). Most had been released within several days of their eligibility date. However, there had been some longer delays, attributed to several factors, including: the arrival of some prisoners either shortly before or after they qualified for HDC; staffing shortfalls in the OMU case administration team overseeing the process; problems with verifying a suitable address in the community; and the lack of availability of Bail Accommodation and Support Service accommodation. At the time of the inspection, 38 prisoners were beyond their eligibility date – the longest having waited over four months, which was far too long.

Public protection

6.18 About half the population was assessed as presenting a high or very high risk of serious harm to others. The well-attended interdepartmental risk management team meeting routinely considered these prisoners approaching release, in a timely way, along with those subject to more complex multi-agency public protection arrangements (MAPPA). Prisoners subject to lower-level MAPPA (level 1) were not routinely considered in these meetings, but we were confident that joint oversight of risk and release planning was managed appropriately in supervision sessions and by frequent liaison with COMs.

6.19 Overall contact between the prison and community teams, to hand over responsibility for cases and share information at appropriate intervals in preparation for upcoming releases, had improved and was now good. Records showed timely confirmation of MAPPA management levels, although these were not always recorded on electronic case notes.

6.20 Risk managements plans and the prison's written contribution to MAPPA panels varied in quality. Those completed by POMs with a probation background usually contained a better analysis of risk.

6.21 Monitoring arrangements for those with public protection concerns were not fully effective. At the time of the inspection, 79 prisoners were on the monitoring database. There was limited equipment for assigned staff to use to listen to calls, and these staff were often redeployed to other duties. Managers had implemented a system whereby a minimum random sample of 25 calls for each prisoner would be listened to over an initial four-week period following authorisation to monitor, before active monitoring was suspended, pending review. However, this did not always take place. There were long delays in calls being listened to, with some not being listened to at all within this four-week period. Reviews were not always based on up-to-date information, or timely. Prisoners on monitoring were only allowed to make up to one hour of telephone calls a day. For many whose reviews were late (in one case, for nearly five months), these restrictions continued to be imposed, potentially unnecessarily. Managers were receptive to our feedback and were actively implementing measures to improve arrangements during the inspection.

6.22 There was generally good oversight of prisoners subject to child contact restrictions. They were identified on arrival and thorough reviews took place appropriately. Recent measures to make sure that staff managing social visits had up-to-date information on these restrictions were effective. However, staff in the mail room were unaware of these prisoners, exposing gaps in procedures for preventing them from corresponding with children by letter.

Categorisation and transfers

6.23 POMs managed recategorisation processes digitally. Reviews were mostly timely, but there were some delays caused by waiting for input from the regional security department; this was now needed in all cases, irrespective of whether or not a prisoner was being considered for open conditions. Late authorisation of decisions because of OMU staff shortfalls also added to some delays.

6.24 Prisoners were invited to contribute to their review in writing, and in the cases we looked at, their input had been included. Reviews generally considered a satisfactory level of risk information relating to previous and current offending, and behaviour in custody. However, for prisoners being considered for category D status, they were not always informed by an up-to-date review of OASys assessments.

6.25 There were delays in the transfer of prisoners eligible for progressive moves, both to category C and D prisons. At the time of the inspection, there were 22 category D prisoners, 12 of whom were waiting to move – the longest wait being nearly three months. There was a backlog of category C transfer requests waiting to be processed, dating back many months. Shortages in the OMU case administration team resulted in the lack of consistent oversight to deal with requests and moves to other establishments, which affected prisoners' ability to progress.

Interventions

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

6.26 Needs analyses had been carried out to understand the potential treatment needs of the population to inform future provision. Further work was needed to cater for the actual needs of the prisoners, especially in relation to those with a history of perpetrating domestic violence.

6.27 The prison delivered one accredited programme (the Thinking Skills Programme – designed to help prisoners develop cognitive skills to manage their risks), but because of staffing pressures, planned delivery for the year ahead had been reduced.

6.28 Some low-level offending behaviour work was being delivered, but only on a small scale. It was evident that some prisoners would leave the

establishment with unmet treatment needs, including those who were recalled or serving short sentences. This was a gap, given that the prison had a 25% trainer function.

6.29 Prisoners had access to 'thinking skills' and 'victim awareness' in-cell workbooks. POMs rarely returned the completed workbooks or provided prisoners with face-to-face or written feedback. This was a missed opportunity to help them consolidate and reflect on their learning.

6.30 Staff from Leeds Rhinos Foundation had been attending the prison to deliver a 'Tackle It' course (a domestic violence intervention) for those being released to the West Yorkshire area. In 2021, 16 prisoners had completed the programme, with a further 20 places funded for 2022. However, the programme was not currently being delivered.

6.31 In the last two years, 72 prisoners had completed 'Face Up to Conflict' (a long-distance learning course) and those we spoke to who had completed this intervention commented on its value and appreciated the written feedback and certificate they received on completion.

6.32 There were advanced plans to roll out the delivery of 'Choices and Changes' (for young adults with low psychosocial maturity). A trained facilitator was due to take up post within the OMU the week after the inspection, which was positive, given the proportion of young adults at the prison (see paragraph 4.25).

6.33 Two advisers from the Department for Work and Pensions (DWP) offered valuable help to all prisoners with their benefit claims and readiness to apply for jobs. The prison helped prisoners apply to open bank accounts, as well as temporarily helping to source proof of identification while the new finance, benefit and debt provider was becoming established. Some debt management help was offered by the education and skills provider (Novus) on a one-to-one outreach basis.

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.

6.34 The primary function of the prison was for resettlement. Over 90 prisoners were released each month, so demand for support was high.

6.35 The impact of the unification of probation services had left some temporary gaps in resettlement provision. The prison had worked creatively to address some of these shortfalls, and the introduction of a multi-agency pre-release discharge board, which considered all prisoners 10 weeks and sooner before their release, was a good initiative. These arrangements provided a coordinated approach in making sure that prisoners' outstanding needs were known and could

be addressed in good time. The pre-release community integration team was soon to be introduced, which was positive.

6.36 Staff involved in prisoners' resettlement worked well together. In our case sample, we saw generally positive outcomes across all prisoners' resettlement needs, especially for those being released to West Yorkshire. There was evidence of timely notification of and liaison with additional support services such as the integrated offender manager teams for the most prolific offenders. Many COMs made good use of the email a prisoner scheme to schedule times for prisoners to telephone them to discuss release planning arrangements.

6.37 There were good efforts to improve accommodation outcomes and, on average, 88% of prisoners had an address to go to on their first night of release. A housing specialist had developed new partnership arrangements and established fortnightly meetings with local authorities, housing providers and homeless prevention teams, to discuss individual cases to resolve barriers.

6.38 St Giles Trust provided support for any prisoner being released to the West Yorkshire area with an identified accommodation need, following referral from the community probation teams. It worked collaboratively with partner agencies such as Nacro and Shelter for prisoners being released to other parts of Yorkshire and Humber.

6.39 Plans for the employment hub were progressing well. The intention was for prisoners to be able to see resettlement agencies such as DWP, information, advice and guidance, and employment staff all in one place. However, it was reliant on prison staff being available to escort prisoners to the facilities reliably, which rarely happened.

6.40 Practical release arrangements were appropriate, including the availability of discreet holdalls, in which prisoners could carry their possessions, along with a small supply of clothing. Advanced plans were under way to introduce a 'departure lounge', where prisoners could access support on the day of release.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **The use of PAVA was high.** Opportunities to de-escalate incidents of force were often not taken and too many staff were not up to date with their refresher training.

2. **Levels of self-harm were high and there was still no strategy or action plan to reduce it.**

3. **Inexperienced officers were not given sufficient support or encouragement to develop meaningful relationships with prisoners.**

4. **The promotion of equality and inclusion were not given sufficient priority.** Monitoring was insufficient, there were not enough diversity representatives and the quality of responses to discrimination incident report forms was poor.

5. **Time out of cell was poor.** This was worst at weekends, when most prisoners were locked up for almost 23 hours a day.

6. **There were not enough activity places for the population.** Too many prisoners were unable to participate in full-time education, skills and work, and too many activities were cancelled because of staff absences.

Key concerns

7. **The management and oversight of the safer custody phoneline was inadequate.** Out-of-hours calls from those concerned about the well-being of a prisoner were unanswered.

8. **The older residential units (A and B) were in a very poor condition and in need of substantial refurbishment.**

9. **Prisoners were not given the opportunity to have regular key worker sessions.**

10. **Prisoners waited too long to see a dentist.** Demand for dental services outstripped capacity, which was long-standing problem.

11. **Leaders had not developed a coherent reading strategy.** Prisoners attending education classes did not develop their reading skills further.

12. **There was too little accredited learning to provide recognition for the knowledge and skills that prisoners gained.** In too many workshops, prisoners were not encouraged to undertake accreditation, despite it being available.

13. **Too many prisoners did not have support to develop life and employability skills before release.**

14. **Not enough was being done to support prisoners to progress in their sentence.** Contact with offender managers was often infrequent, unplanned and usually reactive, and too little offender behaviour work was being delivered. There were also delays in progressive transfers.

15. **Monitoring arrangements for those with public protection concerns were not fully effective.** Their telephone calls were not being listened to when they should have been, and reviews were not always based on up-to-date information, or timely. There were also gaps in procedures for preventing prisoners with child contact restrictions from corresponding with children by letter.

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, early days support had improved and was good. The proportion of prisoners feeling unsafe at the time of the inspection was similar to that in other category C prisons. Violence levels were slightly higher than in similar prisons, although most incidents at Wealstun were low level. Too many adjudications were not proceeded with. The use of PAVA was not always necessary. Treatment and conditions on the segregation unit were good. Important improvements to physical security had been introduced but not enough searching and testing was being undertaken, which made illicit drugs far too easily available, and this was having an impact on some of the most important outcomes for prisoners. The number of self-harm incidents was very high but a large proportion were committed by a small number of prisoners. Care for those in crisis was reasonably good. Safeguarding work was better than we often see. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The analysis of intelligence should be used to inform a plan that leads to a clear reduction in drug supply and associated violence.
Achieved

The availability of drugs in the prison should be reduced substantially, providing improved outcomes for prisoners in terms of less violence, bullying, intimidation and reduced immediate and long-term risks to their health.
Achieved

Evidence from data analysis and information gained from prisoners about their reasons for self-harming should be used to develop an effective strategy and action plan that address the underlying causes and reduce the number of incidents of self-harm.
Not achieved

Recommendations

The prison should ensure that all staff receive annual refresher training on the use of PAVA.
Not achieved

Prisoners should be able to access Samaritans telephones 24 hours a day.
Achieved

A Listener suite should be available, to allow prisoners in double cells access to Listeners at night.
Achieved

All staff should carry an anti-ligature knife.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, working relationships between staff and prisoners remained a strength. Considerable effort had been made to improve living conditions, although a couple of units remained in need of substantial investment. Food and shop provision were reasonable. Responses to applications and complaints were not sufficiently timely. Consultation arrangements were reasonable overall. Equality and diversity work was improving but data analysis was still too limited. More work was needed to ensure that the needs of the small number of prisoners with physical disabilities were fully met, and the large population of younger prisoners needed more planned support. Faith provision was reasonable. Health care provision and substance misuse work were good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All showers should be clean and have good ventilation and drainage.
Not achieved

Responses to applications, complaints and discrimination incident report forms should be tracked, to ensure that prisoners receive a timely response.
Partially achieved

Comprehensive analysis of data relating to equality and diversity should be used to develop further the action plan for the whole prison, and this should include addressing any disproportionate treatment of prisoners with protected characteristics.
Partially achieved

Regular and effective consultation should be in place for all prisoners with protected characteristics.
Partially achieved

Prisoners with disabilities should be identified and given good, consistent and organised support.
Achieved

Action should be taken to address the potentially disproportionate treatment of younger prisoners and provide them with specific support tailored to their needs.
Achieved

The needs of the small number of veterans should be analysed, and support provided as needed.
Achieved

Health care managers, in collaboration with the prison, should investigate the reasons for high failure to attend rates and implement measures to ensure that prisoners' health care needs are met.
Achieved

Systems to audit non-attendance at medication administration should be developed.
Achieved

Any variances made to in-possession risk assessments should be recorded consistently.
Achieved

Prisoners should be supported to access routine and planned ongoing dental care and treatment in a timely way.
Not achieved

The dental surgery should comply with infection control standards.
Achieved

Purposeful activity

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

At the last inspection, in 2019, a full regime was now in place and it was reliably delivered. Prisoners in full-time activity had a reasonably good amount of time out of cell during the working week. However, time out of cell for some others was poor. We found too many prisoners locked in their cell during the working day. Ofsted graded the overall effectiveness of education, skills and work as 'requires improvement'. The quality of teaching, learning and assessment was good, prisoners' outcomes were positive, and prisoners developed their personal and work-related skills well. However, too many prisoners did not attend their allocated activities and too many left courses before the end. Managers were aware of many of the weaknesses in their provision, yet insufficient progress had been made to date. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

There should be sufficient structured purposeful activity to ensure that all eligible prisoners are engaged in work or training activities during the working day.
Not achieved

The number of prisoners attending their allocated activity sessions during the working day should be increased, by removing conflicting priorities within the prison regime.
Achieved

Recommendations

Leaders and managers should greatly reduce the proportion of prisoners who start qualifications but do not complete them, by ensuring that they allocate prisoners to activities according to the length of time they have left to serve.
Achieved

Leaders and managers should ensure that teachers plan the activities that they use in classes carefully, so that prisoners find them interesting and useful. Teachers should ensure that they check sufficiently learners' understanding of topics taught before they move on to new learning.
Not achieved

Leaders and managers should ensure that prisoners engaged in prison work use their skills portfolios effectively, to record the knowledge and skills that they are developing.
Partially achieved

Leaders and managers should ensure that the proportion of prisoners who achieve their functional skills qualifications in English and mathematics improves substantially.
Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, support for prisoners to build and maintain family ties had improved and was now very good. Work to reduce reoffending was reasonably good. However, too many prisoners did not have an up-to-date offender assessment system (OASys) assessment and the levels of contact with prison offender managers did not drive sentence progression. Home detention curfew processes were sound. Some public protection measures were poorly understood. Planning for the release of the large number of high-risk prisoners was inconsistent. Accredited offending behaviour programmes were delivered reliably but there were too few other opportunities for prisoners to address their offending behaviour.

Support for finance, benefit and debt was good and most prisoners were released to sustainable accommodation. Release planning was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment to inform their progression and access to interventions.
Not achieved

All eligible prisoners should have regular contact with an appropriately trained prison offender manager, in order to progress.
Not achieved

Contact restrictions to protect the public should be appropriately enforced and managed.
Not achieved

The release of prisoners who present a high risk of harm to others in the community should be robustly overseen by the interdepartmental risk management meeting and include regular and meaningful contact with the community-based offender manager, including confirmation of multi-agency public protection arrangements (MAPPA) management levels where relevant.
Achieved

Recommendations

An up-to-date analysis of the offending behaviour needs of the population should inform the provision of an appropriate range of accredited programmes and other interventions to help prisoners address their attitudes, thinking and behaviour.
Partially 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 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 identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

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

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

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

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

This report

This report 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/). Section 7 summarises the areas of concern

from the inspection. 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 Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Jade Richards	Inspector
Natalie Heeks	Inspector
Ali McGinley	Inspector
Dionne Walker	Inspector
Steve Oliver-Watts	Inspector
Helen Downham	Researcher
Joe Simmonds	Researcher
Emma King	Researcher
Reanna Walton	Researcher
Steve Ely	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Craig Whitelock	General Pharmaceutical Council
Chris Barnes	General Pharmaceutical Council
Matthew Tedstone	Care Quality Commission inspector
Mark Griffiths	Care Quality Commission inspector
Johnny Wright	Ofsted inspector
Cath Jackson	Ofsted inspector
Malcom Fraser	Ofsted inspector
Karen Carr	Ofsted inspector

Appendix II Glossary

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

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

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

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

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

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

Offender management in custody (OMiC)
The Offender Management in Custody (OMiC) model, 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).

Psychoactive substances
Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances.

Secure video calls
A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a 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.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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

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

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