Report on an unannounced inspection of

HMP & YOI Aylesbury

by HM Chief Inspector of Prisons

22 November – 9 December 2022

Contents

Introduction

We inspected Aylesbury at a time of transition. An institution dating from the mid-19th century and formerly part of the high security estate, the prison had a longstanding function to hold up to 402 long-term and high-risk young adult prisoners. On 1 October, just months before our arrival, and in response to national population pressures, the prison had been re-designated a category C training establishment. We were told that this decision had been quite sudden and had involved only minimal planning and consultation. Prisoners had been arriving from other establishments since October, with category C prisoners now comprising about three-quarters of those held; the remaining 23% were a residual group of young adults who had yet to move on. Issues relating to this transition underpinned or were key contributory factors in almost all of our findings at this inspection.

The Inspectorate has been consistently critical of Aylesbury prison over many years. This inspection was no different. Outcomes for prisoners remained insufficient in three of our four healthy prison tests, and for the provision of purposeful activity it was now poor, although the prison's new purpose must be taken into account when making direct comparisons with previous inspections. That said, prisoners were still not treated well enough, and their needs were still not being met.

A further contributory factor to this malaise was the great difficulty the prison had in recruiting staff. A shortage of officers and staff in other disciplines was impacting nearly all aspects of prison life. The prison was, for example, short of about 50 officers and in health care the situation was so dire that it had been determined that it was an unacceptable risk to send prisoners over the age of 40 to the prison. The most apparent consequence of these shortages was the paucity of the daily regime. About 40% of prisoners were unemployed and those without activity could spend up to 23 hours a day locked up. Time in the fresh air was limited to 30 minutes a day and our colleagues in Ofsted considered provision of learning to be 'inadequate', their lowest assessment. Only in the under-resourced PE department were there some mitigations, with valuable efforts being made to provide gym sessions.

The situation was equally concerning in relation to rehabilitation. There were only limited offender management or progression opportunities, virtually no key work, and hardly any support for resettlement on release, something which was now a priority following the transition. Only in the provision of interventions was the situation more encouraging. In terms of safety, some outcome measures seemed to be on a downward trajectory: for example, recorded incidents of violence were falling. But objectively several of these measures remained very high when compared to other category C prisons. The number of times batons and chemical incapacitants had been deployed was particularly unusual and needed to be understood more fully. A good start might be a strategy to build better staff-prisoner relationships, which were hampered by the very limited regime, inadequate supervision of staff and the near absence of key work.

There was a sense that leaders were working hard to catch up with the changes imposed upon them. The transition and delivery of a new category C prison was clearly the priority, but it was important that leaders approached this task positively and proactively, rather than allowing the considerable challenges to overwhelm them and the transition to become the explanation for all their problems. Fundamentally leaders needed help from HMPPS in securing the staffing resources they needed.

Charlie Taylor
HM Chief Inspector of Prisons
January 2023

What needs to improve at HMP & YOI Aylesbury

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

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

Priority concerns

1. **A shortage of staff in all grades and disciplines was limiting outcomes for prisoners.** This included access to health care, time out of cell, education, skills and work and rehabilitation services.

2. **There was a considerable shortage of suitably trained and experienced nursing and pharmacy staff.** Patients' routine or changing needs, including the management of long-term conditions, were not being assessed or met in a timely manner. This was creating serious risk.

3. **Many prisoners spent less than one hour out of their cell each day.** There was not enough education, training and work for the whole population to be meaningfully employed which was not good enough for a category C training prison.

4. **Leaders and managers did not use data effectively to evaluate the impact of the education, skills and work curriculum and drive improvements.**

5. **Aylesbury had been rerolled to a category C training prison with inadequate planning or support**. Work to reduce reoffending did not reflect the prison's new population. Most of it still related to high risk, long-term young adults, who now made up only 23% of the population and would gradually leave altogether.

Key concerns

6. **Levels of violence against staff and among prisoners were too high.** The safety team was under-resourced and few incidents of violence were investigated.

7. **The incidence of use of force was too high, as was the use of the highest level of force such as PAVA incapacitant spray, batons and the body belt.**

8. **Work to promote equality was weak.** Differences in treatment or access to the regime were not investigated or addressed.

9. **Governance arrangements, including those for medicines management, were weak. Incident reporting was poor and risks to patient safety were not fully recorded or addressed.**

10. **Prisoners had very limited access to work or study.** The planned six to seven hours a week was severely affected by poor attendance as prisoners prioritised other activities such as the gym.

11. **The provision of careers information, advice and guidance (CIAG) was inadequate.** Too few prisoners benefited from high-quality, impartial CIAG and, as a result, too few prisoners had a planned learning pathway that prepared them for their future.

12. **Leaders had not prioritised reading in education.** Leaders had not developed the curriculum to include reading as a distinct part of the education offer.

13. **Leaders had not ensured that prisoners completed appropriate training for their work roles**. Prisoners did not work to industry standards. They did not receive appropriate training and, as a result, had not developed appropriate employment skills. Prisoners did not adhere to safe working practices, including wearing appropriate personal protective equipment in all work and vocational areas.

14. **There was too little support to help prisoners maintain or rebuild ties with their families and friends.**

15. **The number of releases was increasing but no dedicated resettlement support was offered.**

About HMP & YOI Aylesbury

Task of the prison/establishment
HMP & YOI Aylesbury became a category C training prison on 1 October 2022.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 378
Baseline certified normal capacity: 402
In-use certified normal capacity: 401
Operational capacity: 402

Population of the prison
- 342 new prisoners received over the last year
- 23 foreign national prisoners
- 57% of prisoners from black and minority ethnic backgrounds
- 51 prisoners released into the community over the last 12 months
- 66 prisoners receiving support for substance use
- 25 prisoners on average referred for mental health assessment each month

Prison status (public or private) and key providers
Public

Physical health provider: Central and North West London NHS Foundation Trust
Mental health provider: Central and North West London NHS Foundation Trust
Substance misuse treatment provider: Forward Trust
Prison education framework provider: Milton Keynes College
Escort contractor: GeoAmey

Prison group/Department
South Central

Brief history
The prison was opened as a County Gaol in 1847 and served as such until 1890 when it became a women's prison. Two new wings were added in 1902 serving initially as an Inebriates Centre and in the 1930s as a girls' Borstal. In 1959 the prison was converted to house adult male prisoners and in 1961 it changed again to house young male offenders aged between 18 and 20. In 1989 Aylesbury was designated as a long-term young offender institution. The prison is transitioning to a category C training prison and currently three quarters of the population are category C prisoners.

Short description of residential units
Seven residential wings (A – G) and a segregation unit

Part of G wing is the first night centre.

Name of governor and date in post
Mark Allen, June 2020 -

Changes of governor since the last inspection
Laura Sapwell until March 2020
Andy Routley, acting governor, March – June 2020

Prison Group Director
Andy Lattimore

Independent Monitoring Board chair
Rebecca Walton

Date of last inspection
September/October 2019

Section 1 Summary of key findings

1.1 We last inspected HMP & YOI Aylesbury in 2019 and made 26 recommendations, 13 of which were about areas of key concern. The prison fully accepted 19 of the recommendations and partially (or subject to resources) accepted six. It rejected one of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.3 Our last inspection of Aylesbury 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 report on progress in areas of key concern to help leaders to continue to drive improvement.

1.4 At our last full inspection, we made 13 recommendations about key concerns. At this inspection we found that two of those recommendations had been achieved, one had been partially achieved and 10 had not been achieved. One of the three recommendations made in the area of safety was partially achieved, the other two were not achieved. In respect one of the four recommendations was achieved, the other three were not achieved. None of the four recommendations made in purposeful activity was achieved, and in rehabilitation and release planning one recommendation was achieved and the other was not achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

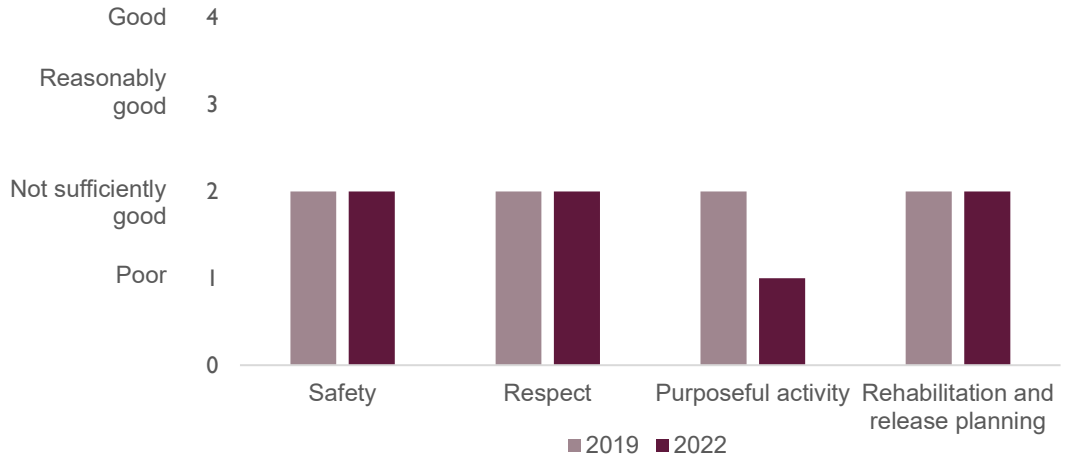
Outcomes for prisoners

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 & YOI Aylesbury, we found that outcomes for prisoners had stayed the same in three healthy prison areas 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 & YOI Aylesbury healthy prison outcomes 2019 and 2022



Safety

At the last inspection of HMP & YOI Aylesbury 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.

1.8 The reception was welcoming and we observed respectful interactions between staff and prisoners. Health care staffing pressures meant that first night screenings did not always take place. First night cells were well prepared and frequent welfare checks were carried out, but the absence of a formal induction was a gap.

1.9 In our survey, 53% of prisoners said they had felt unsafe at some point during their time at Aylesbury and 27% felt unsafe at the time of the inspection. Levels of violence, both against staff and among prisoners, had reduced considerably since our last inspection but remained higher than comparable prisons. The reasons for this reduction in violence were unclear although since the last inspection the population and the regime had changed. The efforts of the safety team to address the high levels of violence were severely hampered by a lack of staff, for example, only 10% of violent incidents were investigated and the challenge, support and intervention plan (CSIP, see Glossary) process was underused.

1.10 There was little to motivate prisoners to engage with the regime and behave well. There was a high number of adjudications concerning issues that perhaps could have been addressed less formally. Many police referrals for more serious offences, such as assaults, remained unresolved which undermined efforts to ensure proper accountability.

1.11 The number of prisoners segregated had increased since our last inspection. The segregation regime was limited, prisoners could only

expect a shower, half an hour in the open air and access to the telephone each day. Oversight had, however, improved and appropriate authorisations were now in place for all prisoners.

1.12 The level of force used against prisoners had reduced considerably since our last inspection but was still high compared to similar prisons. The use of more extreme interventions including PAVA, batons and the body belt was far higher than we see in similar prisons. Some good governance was undermined by limited use of body-worn video cameras.

1.13 Oversight of security was good, security information was prioritised effectively and targeted searches produced good results. This limited the availability of drugs and alcohol.

1.14 There had been two self-inflicted deaths since the last inspection and one recent death in custody of unknown cause. The death in custody action plan required consolidation and review to make sure that all recommendations had been actioned. Rates of self-harm were similar to the previous inspection and slightly higher than comparable prisons. Not all serious incidents of self-harm were investigated. Case management of prisoners at risk of self-harm was reasonably good. Assessment, care in custody and teamwork (ACCT) assessments were good, but care plans were inconsistent.

Respect

At the last inspection of HMP & YOI Aylesbury 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.

1.15 Opportunities to build positive relationships were hampered by limited time out of cell, although the interactions we observed were normally respectful. There was, however, not enough supervision and challenge by staff of prisoners when needed. Very little key work was being done.

1.16 Prisoners lived in single cells, most of which were maintained in a decent condition and adequately equipped. Communal areas were reasonable and wall art had been used to brighten up some wings and outside areas. The exercise bikes on each wing were good additions to the recreational equipment. Most showers had been refurbished, but prisoners did not have daily access to them.

1.17 Only 21% of prisoners said they had enough food to eat at mealtimes which was worse than the category C training prison comparator and the previous inspection. Meals were served too early, and prisoners had no opportunity to eat together. There were no facilities for prisoners to cook for themselves.

1.18 Leaders discussed equality data but differences in treatment or access to the regime were not investigated or addressed. Forums for prisoners with protected characteristics were taking place but too much reliance was placed on the equality officer to deliver them and they were often uncoordinated and with only limited actions that followed. Discrimination complaints were investigated well but responses were sometimes late. In our survey, prisoners from black or minority ethnic backgrounds had poor perceptions of staff relationships and safety.

1.19 There were considerable staff shortages in primary care and the pharmacy. A limited, prioritised service was delivered, severely limiting routine patient care. Most of the nursing staff had been in post for less than two months. New staff had not received an induction and mandatory training was out of date. Reception screening was not always completed and health care risk management was not sufficient to ensure patient safety. Few errors and incidents were reported which resulted in concerns not being identified promptly or addressed. Despite no clinical substance misuse service in the prison, two prisoners who needed this support arrived during the inspection.

1.20 Mental health services were stretched but patients were generally seen promptly and provided with reasonable support.

1.21 The oversight of medicines management was inadequate and prisoners did not always receive their medicines on time. Supervision of medication queues by officers was inconsistent or absent which provided an opportunity for the diversion of medication.

Purposeful activity

At the last inspection of HMP & YOI Aylesbury 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 poor.

1.22 There was not enough purposeful activity to provide employment for all prisoners. About 40% were unemployed or had not had their induction. This was far too high for a category C training prison. Time out of cell was poor, particularly for 150 prisoners without allocation to activity who could spend less than an hour each day unlocked. At weekends prisoners were unlocked for about two and a half hours. Evening activities provided for only half of each wing at a time, further limiting prisoners' opportunity to mix with staff and their peers. Staff shortages led to further regime curtailments which frustrated prisoners.

1.23 The PE team was understaffed but made good use of the available resources. The library was well stocked but access was poor except for prisoners employed in a workshop.

1.24 Leaders and managers had only a superficial understanding of education, skills and work data. Areas of underperformance, including

poor-quality teaching and learning and a lack of careers information, advice and guidance, were not identified swiftly enough. Induction did not provide prisoners with information about training or work opportunities. Too few prisoners had a personal learning plan. The limited regime caused prisoners to prioritise activities such as the gym and a shower over education.

1.25 Leaders and managers did not make sure that prisoners in workshops, cleaners or servery orderlies had access to training and accreditations. Prisoners did not understand or adhere to legislative requirements such as food handling and hygiene or the use of appropriate personal protective equipment.

1.26 Leaders did not use data adequately to monitor the retention, attendance and timeliness of prisoners taking their examinations. As a result, too many prisoners remained in classes past their planned end dates, increasing the waiting list for places.

1.27 Leaders and managers had not been swift enough to formulate a strategy for promoting reading across the prison. There were no specific classes for non-readers or emerging readers or focus on improving the fluency and confidence of prisoners' reading abilities. Managers had been too slow to put in place appropriate assessment of prisoners' reading levels. A minority of tutors had received training in using phonics and too few prisoners benefited from appropriate support in the early stages of developing and improving their reading skills.

Rehabilitation and release planning

At the last inspection of HMP & YOI Aylesbury 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.

1.28 Many prisoners were far from home and there was too little support to help them maintain family ties. Access to video visits was poor and this valuable resource had been squandered. Social visits capacity was adequate but support from the Prison Advice and Care Trust was sometimes unreliable.

1.29 Aylesbury had recently become a category C training prison in response to national population pressures. Work to reduce reoffending did not match the needs of the new population. Leaders had prioritised the completion of OASys assessments and sentence plans and 75% of prisoners now had an assessment which was less than a year old. There were not enough prison offender managers and caseloads were unmanageable. Contact was not good enough and did not consolidate any progress made through interventions. There was no meaningful key work to support sentence progression. There was no dedicated provision for indeterminate sentenced prisoners.

1.30 There were not enough progression opportunities for newly arrived category C prisoners and those we spoke to did not want to be at Aylesbury. Individual progressive moves were very hard to facilitate and prisoners could not transfer to a resettlement prison near their home ahead of release.

1.31 Most prisoners who were released from Aylesbury were assessed as being high risk. The interdepartmental risk management team meeting was not well attended and high-risk prisoners were not discussed far enough ahead of release to address gaps in risk management planning.

1.32 A good range of accredited programmes was reliably delivered by a well-staffed team. However, a lack of delivery during the pandemic meant there was now a long waiting list for most programmes. This impeded the progression of some prisoners. The Pathways service (part of the national offender personality disorder pathway and designed for high-risk, high harm prisoners) continued to deliver good support to prisoners with complex needs.

1.33 The number of releases was increasing but no formal resettlement support was offered. Prisoners did not have resettlement plans that reliably identified need. Timely handovers to community offender managers mitigated some gaps in release planning. There was no on-site provision to help prisoners seek accommodation on release. Support to help prisoners open a bank account and access benefits was adequate.

Notable positive practice

1.34 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.

1.35 Inspectors found two examples of notable positive practice during this inspection.

1.36 The regular consultation with prisoners about the use of force was very good. Prisoners were consulted in small groups and records showed that their feedback was listened to and actions taken. Prisoners participated in the monthly use of force meetings, asking questions and representing their peers. Their concerns were taken seriously and responded to by senior leaders. (See paragraph 3.29)

1.37 The recent installation of exercise bikes on each residential wing supported prisoners to engage in physical exercise when unlocked on their wings. (See paragraph 4.7)

Section 2 Leadership

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

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

2.2 The role and function of Aylesbury had recently changed from a long-term young offender institution holding 18- to 21-year-olds to a category C training prison. This had happened at short notice in response to acute population pressures in the prison estate, and had required local leaders to act very quickly to better align the resources of the prison to the needs of the new population. The lack of planning for this change had meant that inevitably some issues remained unresolved, and the transition was at the heart of many of the shortcomings we saw at Aylesbury. Leaders had taken the sensible decision to cap the age of prisoners at 40, which partially mitigated the impact of risks, most notably in the very weak health care service.

2.3 The governor had identified many of the prison's systemic weaknesses in his self-assessment report and had set priorities for improvement. However, this vision for the establishment was now out of date because of Aylesbury's new designation and the transition that followed.

2.4 At the time of our inspection, leaders were still working in the context of some uncertainty and, for example, were unclear about the precise staffing resource profile or composition of activity that would be available to the prison. There seemed to be no immediate or urgent plan in place to resolve this uncertainty.

2.5 HMPPS leaders had not consulted partner agencies adequately before the announcement of a re-role of the prison. The announcement was, for example, made one week before a new provider took over a seven-year health care contract designed to meet the needs of a population aged 18 to 21.

2.6 Local leaders were faced with chronic staff shortfalls and, at the time of the inspection, just 80.5 of potentially 131 frontline prison officers could be deployed. It was, therefore proving impossible to deliver a consistent and productive regime. The staffing situation in health care was even worse with only nine of 38 posts filled, rendering elements of the health care service unsafe.

2.7 Leaders had decided to allow showers and a domestic period for prisoners only every other day during the week, even though staff ratios were sufficient to allow greater flexibility and the unlock of more

prisoners. Oversight of education, skills and work was inadequate and too many prisoners were not engaged in meaningful activity at Aylesbury.

2.8 Residential leaders had maintained decent living conditions on the recently refurbished wings. However, first line managers did not consistently support safety processed including challenge, support and intervention plans (CSIPs, see Glossary). This meant that these plans to challenge perpetrators were not good enough and many victims were not referred for support.

2.9 There were gaps in support for prisoners to maintain relationships with family and friends and weaknesses in offender management and release planning which leaders had not prioritised.

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 About 13 prisoners arrived each week from prisons across the country. Reception was staffed to receive prisoners on Tuesdays and Wednesdays, although prisoners were increasingly arriving at other times. Resourcing reception during these times impacted on leaders' ability to deliver other aspects of the regime.

3.2 The atmosphere in reception was calm and relaxed. Prison staff and a Listener (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) greeted new prisoners positively and respectfully. In our survey, 71% of prisoners said they were treated well in reception.

3.3 A dedicated search team used a body scanner to search prisoners on arrival. In our survey, 63% of prisoners said they had been searched in a respectful way. Routine strip-searches were not carried out and prisoners waited in one of the welcoming reception rooms before being interviewed.

Welcoming reception area

3.4 The reception areas were clean and in good order. Reception procedures were timely, including a welfare interview by first night staff, but health care staff shortages (see paragraph 4.52) prevented some first night medical health screenings from taking place.

3.5 All new arrivals were able to buy a vape or confectionery pack to tide them over until their first order from the prison shop. Often personal property arriving on transfer was issued on the following day after it had been searched by the dedicated search team. Reception staff ensured that all prisoners had sufficient overnight possessions before they left reception.

3.6 The initial safety interview was conducted in private. There was an appropriate focus on safety and asking about concerns that the prisoner might have which were shared with the appropriate departments.

3.7 G wing had 12 cells designated for first night prisoners. First night checks were made hourly throughout the night and all prisoners were moved on to another landing or wing on the following day to make space for new arrivals.

3.8 First night cells were well prepared, clean and mostly in good order.

Cell ready for new arrival

3.9 Some cells had damp on the ceiling because of the age of the building, but the painting programme kept pace with the maintenance of cells. Every prisoner was provided with a new electric shaver which was a positive initiative.

Induction cell with damp on the ceiling

3.10 In our survey, only 61% of prisoners said that they had felt safe on their first night and prisoners' overall perception of their first night and early

days was less favourable than in similar prisons. Prisoners attributed this to the lack of information about what would happen next and where they would move to, which was understandably unsettling.

3.11 There was no induction programme to help prisoners settle in, which was inexplicable. Most prisoners relied on each other for important information such as the regime, how to access visits and how to gain employment.

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

3.12 Prisoners did not have positive perceptions of safety at Aylesbury. In our survey, 53% of prisoners said they had felt unsafe at some point and 27% felt unsafe at the time of the inspection against respective comparators for similar prisons of 38% and 18%.

3.13 Levels of violence had reduced since our last inspection. Assaults by prisoners on staff had reduced from 421 to 219 per 1,000 prisoners. Assaults among prisoners had more than halved from 1,151 to 515 assaults per 1,000 prisoners. Despite these reductions, levels of violence were still high compared to other category C prisons.

3.14 The safety team should have consisted of a senior manager, a non-operational manager, three officers, an analyst and administrative support staff. Staff shortfalls meant that the reality was starkly different and we only saw the senior manager in post and an analyst who worked half time for safety and half for security. This affected all elements of safety work including analysis of patterns and trends, leaving leaders uncertain why there had been a reduction in the level of violence. The reduction had happened since the prison had started to hold older category C prisoners who were less likely to be involved in violent incidents. However, 23% of the population were still long-term young offenders and some problems, such as gang-related violence, remained.

3.15 The recently appointed head of safety was committed to reviewing policies to adapt them to the new function of the prison. A consolidated safety action plan contained suitable targets to help reduce violence and it was notable that the head of safety had consulted prisoners to inform the strategy and action plan.

3.16 The head of safety had reviewed the monthly meetings which were now better attended and had started to review a greater range of data. However, the lack of staff meant that the safety team had to rely on wing staff to conduct investigations or take forward actions.

3.17 Only 10% of all violent incidents were investigated and local data indicated that 71% of all victim assessments for challenge, support and intervention plans (CSIPs, see Glossary) were not carried out. Leaders were, therefore, unaware of many of the causes of violence, some perpetrators were not challenged and a high number of victims of violence were not supported.

3.18 At the time of the inspection, 11 CSIPs were in place, 10 of which were for perpetrators of violence and one for a victim. The quality of CSIPs was inconsistent and actions were often generic. Initial actions recorded on CSIPs were generally weak and did not change the prisoner's violent behaviour.

3.19 The SIM meeting should have reviewed the care of the most vulnerable or challenging prisoners, but work usually carried out before the meeting by the safety team was not done. As a result, the SIM had to initiate plans that had been missed. This undermined the effectiveness of the meetings.

3.20 At the time of the inspection, two prisoners were self-isolating because they felt under threat. However, the regime for these prisoners was too restrictive and most only left their cells to collect meals and medication.

3.21 Twelve safer prison peer mentors were available to support prisoners, but they told us that it was not easy to fulfil their role as they were regularly locked in their cells and it was hard to move around the prison.

3.22 Four prisoners and eight staff had been trained as mediators which was a good initiative due to start soon after the inspection, with the aim of promoting conflict resolution between groups of prisoners. Leaders planned to train more prisoners in the future.

3.23 The limited time out of cell and lack of activity provided little motivation for prisoners to engage and behave well. The rewards and sanctions scheme was ineffective: there was not enough differentiation between the three levels to encourage prisoners to attain the highest level which was awarded for consistent good behaviour. Rewards and sanctions did not link to key motivators such as a prisoner's progression through their sentence plan targets or to resettlement programmes such as re-categorisation or release on temporary licence (ROTL, see Glossary).

Adjudications

3.24 There had been 2,662 adjudications during the previous 12 months, many of which involved lower level offences that could have been dealt with more swiftly and effectively by staff on the wing. The standard of enquiry into the charges laid against prisoners was inconsistent. The sample of adjudication records that we reviewed varied from good to poor. There had been no quality assurance of the adjudications process for some time and the poor quality of some had not been addressed.

3.25 Too many adjudications that had been referred to the police, for the most serious offences, remained outstanding. About 300 adjourned hearings were awaiting an outcome, but several recording systems were in operation and the actual number was difficult to determine. The lack of consequences for the most serious incidents undermined the management of behaviour by leaders.

Use of force

3.26 The level of force used had reduced considerably since our last inspection. During the previous 12 months, force had been used on 382 occasions compared to 973 before our previous inspection. However, this was still a high number in comparison to other category C training prisons.

3.27 The use of PAVA (incapacitant spray) and batons was also high. PAVA had been used 29 times and batons drawn on 30 occasions during the previous 12 months. While all incidents were reviewed and fitted the criteria, we had concerns about the very high levels of use.

3.28 Oversight and governance of force were good but had been impaired recently since the body-worn video camera system had stopped working. It had taken more than two months for it to be repaired. Leaders tracked the use of body-worn cameras and usually expected to see footage from more than 80% of incidents. Levels of use had not yet returned to the previously good level.

3.29 The monthly use of force meeting reviewed a wide range of data to establish trends in the use of force and viewed areas of concern when footage was available. The meetings were well attended. It was very good to see that prisoners were invited to the meetings and diversity and inclusion representatives attended each month. The prisoners took an active part in the meetings and questioned leaders about areas of concern.

3.30 Forums on the use of force had taken place and we saw evidence that leaders had used feedback from these events to embed appropriate actions, for example prisoners' debriefs had been delayed for 24 hours to allow prisoners more time to reflect and prisoners' engagement with these meetings had subsequently improved.

3.31 All use of force incidents were scrutinised at weekly meetings led by the deputy governor to ensure that force had been both necessary and proportionate and that de-escalation had been used when appropriate. The effectiveness of these meetings had again been hampered by the recent lack of body-worn video camera footage, although this had been mitigated by the good standard of CCTV coverage around the prison.

3.32 The sample of footage that we examined involved a wide range of incidents including the use of PAVA and batons. In most cases, force had been justified and proportionate and, where this was not the case, leaders had identified the issues and taken appropriate action.

3.33 During the previous 12 months, the body belt had been used twice, a very restrictive physical restraint which ties a prisoner's hands to his sides by two handcuffs attached to a thick leather belt. No footage of these restraints was available and the records that we reviewed indicated that neither use appeared justified or proportionate in the circumstances. Senior leaders had also taken this view and had asked HMPPS to carry out a fact-finding exercise.

Segregation

3.34 During the previous 12 months, 813 prisoners had been held in the segregation unit, a higher number than at our previous inspection. Other prisoners had been segregated on the wings for short periods awaiting adjudications. At the time of the inspection, many segregated prisoners were refusing to locate from the segregation unit because they were unhappy with the regime at Aylesbury and wanted a transfer to another category C prison.

3.35 Oversight and governance of segregated prisoners were much improved. Every prisoner on the unit was appropriately authorised by a manager and had been seen by a health care professional. The duty manager, chaplaincy and health care representative saw each prisoner every day to check on their welfare. The doctor attended every three days but the governor, who should have visited each week, did not do so.

3.36 Some reintegration plans were in place for prisoners who had refused to leave the segregation unit, most of whom were trying to get a transfer to another prison to aid their sentence progression or to stay safe from other prisoners. These plans were largely ineffective and a significant proportion of plans that we viewed were blank.

3.37 Living conditions in the segregation unit had improved since our last inspection. It was bright and clean and efforts had been made to remove graffiti in the cells. The regime was poor. Prisoners could exercise for 30 minutes a day on one of two small fenced exercise areas and could have a shower. A room designated as a gym was being used as a storeroom.

3.38 Prisoners who were not held in the segregation unit for good order or discipline or for their own protection were now allowed a television which alleviated their boredom. Prisoners who were taking part in offending behaviour courses were risk assessed and allowed to continue their attendance, which was positive.

3.39 Telephone calls could be made during the exercise period on the yard or on the wing in a cubicle in poor weather. In-cell phones had been fitted to all cells except the segregation unit, which limited the time that prisoners could contact their family and restricted calls to times when families were less likely to be home.

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.

3.40 The security department was well staffed and included a dedicated searching team from the prison's previous designation as a high security establishment. The monthly security meeting was attended by the governor and deputy governor and other key stakeholders such as residential unit managers and the police.

3.41 A considerable amount of information was submitted each month and leaders had to triage the reports to identify and prioritise immediate risks. This was carried out well and any backlogs were processed reasonably swiftly.

3.42 A comprehensive local tactical assessment was produced each month which identified the key security threats and highlighted areas that needed more attention. The actions drawn up to address identified security threats were proportionate and completed within a suitable timescale.

3.43 Leaders were able to respond well to information that they received with dedicated searching staff consistently available, and a high percentage of searches produced results. This was enhanced by a regional dog team which regularly attended the prison.

3.44 In our survey, only 14% of prisoners said it was easy to get drugs and 9% alcohol, compared with 29% and 26% respectively at other category C establishments. Random testing had showed that drug use had spiked in the late summer of 2022, but a coordinated approach and good targeted actions had reduced supply. This was a successful area of work.

3.45 Some security procedures were too restrictive for a category C prison. We observed every prisoner being metal detected when leaving their cell in the segregation unit, for example, and prisoners were escorted by two officers, and prisoners were routinely strip-searched leaving visits and entering segregation.

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

3.46 There had been two self-inflicted deaths and one recent death in custody of unknown cause since our previous inspection. The death in custody action plan needed consolidation and a review to make sure that all recommendations were being actioned and that compliance continued.

3.47 During the previous 12 months, there had been 215 self-harm incidents. Rates of self-harm remained similar to the previous inspection and slightly higher than comparable prisons. Ten prisoners had required hospital treatment. Not all serious incidents of self-harm were investigated and not all investigations that did take place involved speaking to the prisoner.

3.48 The safety strategy did not focus on the factors that caused self-harm. The safety committee held regular well-attended meetings, but the ensuing actions were vague and not time bound. Relevant data were discussed at the monthly safety meetings, but leaders had not used the data to inform their understanding of the causes of self-harm and formulate an action plan to reduce it.

3.49 During the previous 12 months, 76 ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) had been opened and each prisoner on an ACCT was monitored for an average of 30 days. At the time of the inspection, eight prisoners were subject to ACCT monitoring. Case management of prisoners at risk of self-harm was reasonably good. Some ACCT assessments that we reviewed were very good, but care plans were inconsistent. Nurses did not always attend the first case review or the final review when the ACCT was closed.

3.50 Most ACCT documents that we reviewed were well presented and periods of supervision were recorded. Residential staff whom we spoke to knew which prisoners were subject to ACCT support and were sensitive to individual needs. In our survey, 20% of prisoners said they had been on an ACCT but only 43% of these said they had felt cared for by staff. Prisoners we spoke to expressed mixed views about the level of support they had received.

3.51 There was now a team of 12 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who operated on a call-out roster. Very few overnight call outs had been recorded and leaders did not know the overall frequency

of call outs. In our survey, only 24% of prisoners said they could speak to a Listener if they needed to.

3.52 Listeners told us that they were well supported by prison staff and the local Samaritans coordinator, who met them each week. There were no specific Listener suites, but Listeners we spoke to were content with the arrangements that had been put in place for listening sessions.

3.53 Anti-tear clothing had been used nine times during the previous 12 months, but records of authorisation and monitoring of these prisoners had not been kept. The Pathways team (see paragraph 6.20) had introduced targeted support for prisoners most at risk of self-harm.

Protection of adults at risk (see Glossary)

3.54 The adult safeguarding policy was under review. The prison safeguarding lead was not well known and many staff we spoke to were not aware of what would meet the threshold of a safeguarding referral or how to report one. Few staff we spoke to demonstrated an acceptable level of understanding of safeguarding.

3.55 The limited links with the local safeguarding board that we had noted at the previous inspection had deteriorated further. Initial screening took place to identify safeguarding concerns, but there were no records of actions that had been taken.

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, the percentage of prisoners feeling they were treated with respect and had a member of staff they could turn to if they had a problem was similar to other category C prisons and our previous inspection.

4.2 The poor regime (see paragraph 5.2) restricted opportunities for staff and prisoners to build positive relationships. Staff were visible on the residential units, but many prisoners were not unlocked for long enough to build meaningful relationships. We saw mostly respectful interaction between staff and prisoners and examples of good staff care for the well-being of individual prisoners. Staff did not always supervise prisoners effectively at key times including serving of food and collecting their medication.

4.3 In our survey, 74% of prisoner respondents knew they had a key worker (see Glossary), but regular one-to-one key work sessions were not routinely taking place. This was compounded by the lack of regular prison offender manager contact (see paragraph 6.7). Prisoners repeatedly raised with us the difficulty they had in getting responses to requests about progressing in their sentences. The lack of key work was a missed opportunity for residential staff to work with prisoners to understand and address their frustrations about the regime and help them to progress.

Daily life

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

Living conditions

4.4 All prisoners lived in single cells. Most cells were maintained to a reasonable standard and equipped adequately. In many cells, walls and the back of doors had been painted to remove graffiti, although some was still evident. Most furniture was in reasonable condition.

Occupied cell

4.5 In our survey, 47% of prisoners said they had access to cleaning materials every week compared with 61% at similar prisons and 65% at the previous inspection. Since the last inspection, each cell had been equipped with a rubbish bin and each prisoner had in-cell equipment to clean the floor and toilet. However, access to cleaning products was restricted by the amount of time that prisoners were locked up. The cleanliness of cells varied. Prisoners in the better kept cells said they made the effort to keep them clean. Other cells were not so well looked after and in a few cases there was evidence of staff support and encouragement for prisoners who were struggling to maintain their hygiene.

4.6 Positively, more prisoners than at the previous inspection said that their cell bell was responded to within five minutes (43% compared with 19%).

4.7 Communal areas were reasonable and association areas had usable recreational equipment, although some was damaged. Exercise bikes had been installed on each unit which was a good initiative. Wall art indoors and outside helped to brighten the environment.

Communal areas

4.8 Shower facilities had been improved but they were not cleaned thoroughly enough by wing cleaners and many prisoners were not able to have a shower each day. This was reflected in our survey in which only 14% of prisoners said they could shower every day. Prisoners had regular access to the on-site launderette where staff supervised the prisoner workforce. Throughout the inspection prisoners raised the difficulties that they faced in replacing personal clothing. Only prisoners on the highest IEP level were allowed to have clothes sent in by family or friends and they experienced delays when parcels reached the

prison. We observed some parcels that had taken six weeks to be searched. Leaders were aware of the issue and had plans to remedy it.

Residential services

4.9 In our survey, only 21% of prisoners said they had enough to eat at mealtimes compared with 37% at other category C training prisons and 38% at the last inspection. Prisoners selected their food from a four-week menu cycle which catered for a range of diets.

4.10 The daily hot meal was served after the morning activity period. Some prisoners had their meal before the advertised 11:45am start time which was too early for the main meal of the day. A cold tea and breakfast pack for the following morning were similarly handed out earlier than the published time. Portion sizes were adequate but supervision on serveries was not robust enough to make sure that all prisoners received equal servings.

4.11 Meals were eaten in cells and there were no facilities for prisoners to cook for themselves. It was evident when we checked cells that prisoners were using their kettles to heat food.

4.12 The kitchen team had been hampered by staff vacancies and issues with the maintenance of equipment. The main kitchen was being deep cleaned at the time of the inspection and it was difficult to assess the usual cleanliness. Food trolleys were returned from wings in a poor condition. Prisoners raised several concerns with us about the proper preparation and serving of religious diets (see paragraph 4.32) which needed to be resolved definitively by leaders.

4.13 Prisoners employed in the kitchen completed a level two qualification. Those who served food on the wings were given a basic food safety booklet, but some did not recall completing it. More oversight from the kitchen team and residential staff was needed to make sure that staff and prisoners were following required practices when serving food.

4.14 In our survey, fewer prisoners than at similar prisons and at our last inspection said that the shop sold the things they needed. Standard shop arrangements were in place and some prisoners had to wait more than 10 days after arrival to receive their first full canteen order. Prisoners we spoke to raised concerns about rising prices and some issues of stock availability. Prisoners could also buy items from approved suppliers and it was positive that staff still collected items from Argos so that prisoners did not have to pay delivery charges.

Prisoner consultation, applications and redress

4.15 A prison council meeting took place each month attended by leaders and prisoner representatives from each wing. Issues discussed at the meetings were taken forward by leaders, but progress was sometimes slow and it was not clear to prisoners that changes were made as a result of consultation. Leaders tried to keep prisoners updated on changes via notices and a prisoner newsletter.

4.16 Seventy-eight per cent of prisoners said in our survey that it was easy to make applications but several shared with us their belief that applications were not being processed. All applications were recorded in wing application books but there was then no tracking of whether a response had been made or what the outcome was.

4.17 Prisoners' perceptions of the timeliness of responses to complaints had improved since the last inspection but 27% said they had been prevented from making a complaint when they wanted to, although this too was an improvement when compared with 44% of respondents at the previous inspection. Prison analysis showed that, over the previous six months, the number of complaints responded to had increased by 284% to 746 compared with the same period a year earlier.

4.18 Blank complaint forms were available on residential units and good records were maintained of complaints that had been submitted. In discussion with prisoners, leaders needed to address the reasons for complaints being returned.

4.19 Most complaints that were investigated received timely responses and in the sample that we examined most responses were polite and focused on the issue raised by the prisoner. Responses did not always indicate that the prisoner who made the complaint had been spoken to as part of the investigation.

4.20 Quality assurance of 10% of complaints took place each month. The findings were shared with all managers who responded to the complaints, together with a monthly analysis of complaints submitted. This analysis had, for example, identified a large increase in complaints submitted about OASys assessments, the offender management unit and prisoners wanting to be transferred to a different prison.

4.21 Support for prisoners' legal rights was unchanged since the last inspection. Despite the governor's efforts, work to provide private facilities for legal visits had not been completed and they still took place in the main social visits hall once a week. The library had a suitable range of legal texts and prison service documents, but poor library access limited their usefulness (see paragraph 5.9). Legal correspondence was handled appropriately.

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

4.22 Oversight of equalities was weak. Some monitoring data was collected and discussed at the equality action team meetings but differences in the treatment of protected characteristic groups (see Glossary), including important issues such as segregation, use of force or access to the regime, were not investigated or addressed. Similarly, consultation about equalities issues was poorly coordinated and generated limited actions. This left leaders with a limited understanding of the perceptions or experience of prisoners from different groups.

4.23 Equality and diversity prisoner peer mentors and support from the Zahid Mubarek Trust had been re-established since the relaxing of the pandemic restrictions, although many mentors expressed frustration at not being unlocked enough to give their support to other prisoners. These prisoners received good support from the equality officer but very few other staff we spoke to were knowledgeable about their role, or even who they were.

4.24 Investigations into discrimination incident report forms (DIRFs) were thorough, the quality of responses was good but responses were sometimes late. In most cases, the relevant individuals were interviewed and there was a good record of the investigation. The deputy governor quality assured all responses before they were returned. There was good independent analysis of DIRFs by the Zahid Mubarek Trust and leaders had invited feedback from prisoners on some DIRFs which provided transparency.

Protected characteristics

4.25 Prison data showed that 57% of prisoners identified as coming from a black and minority ethnic background. In our survey, black and minority ethnic prisoners responded more negatively than their white peers to questions on daily life, canteen, respect from staff and being treated as an individual. Leaders were not aware why this group of prisoners held these perceptions. We spoke to black and minority ethnic prisoners who felt that staff were dismissive of them and most consultation was superficial with no meaningful outcomes.

4.26 Gypsy, Roma and Traveller prisoners had little support. Consultation had last taken place with this group in January 2022 where several of the prisoners had raised concerns with the equality officer and other

staff that had yet to be addressed. It was also disappointing that basic entitlements, such as additional pin credit to help maintain family ties, were inconsistent and only addressed after we raised it during the inspection.

4.27 At the time of the inspection, there were 23 foreign national prisoners, about 6% of the population. Home Office immigration staff had not been asked to set up clinics with prison staff to identify these prisoners' needs. Visiting orders were exchanged for an additional £5 telephone credit. A professional telephone interpreting service was available, but leaders relied too much on staff and prisoners to interpret, which was inappropriate.

4.28 Work to support prisoners with disabilities was underdeveloped. In our survey, 36% of prisoners said they had a disability but only 30% of these said they were receiving the support they needed. Personal emergency evacuation plans were in place, but there was no oversight of prisoners with other disabilities by prison leaders, health or education staff.

4.29 Very few prisoners identified as gay, bisexual or other sexual orientation. Excellent support was provided to these prisoners by the equality officer, but links with local or national LGBT support networks had not yet been forged.

Faith and religion

4.30 The chaplaincy facilities included a large chapel and a multi-faith room. The team covered most faiths practised by prisoners and there were sessional chaplains for the faiths with small numbers of observers. Leaders had struggled to find a Rastafari minister, despite seeking help with recruitment from HMPPS. Prisoners identifying as Rastafari expressed frustration at not having a minister.

4.31 Weekly corporate worship had resumed for the religions with greater numbers of observants and large numbers of prisoners attended. Muslim prayers and the Roman Catholic service both took place on Friday afternoons and many prisoners expressed frustration at having to decide between a shower and a hot meal or attending their faith service. Leaders agreed that this was unacceptable and planned to remedy it after the inspection.

4.32 Many prisoners complained about cross-contamination of utensils used to prepare halal food, and we found this to be the case in the kitchen and most of the wing serveries. We also received many complaints of non-halal food being served to prisoners by mistake. The uncoordinated approach by leaders to resolve this was disappointing.

4.33 At the time of the inspection, the Sycamore Tree programme (a volunteer-led, non-accredited victim awareness programme) was not running due to a violent incident that had occurred on a previous course (see paragraph 6.21). Faith groups were now running and a programme of faith events had been published.

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. CQC took enforcement action in the form of a Warning Notice, served to the provider on 21 December 2022 under Section 29A of the Health and Social Care Act 2008. The regulatory breaches will be followed up with the health care provider.

Strategy, clinical governance and partnerships

4.35 Central and North West London NHS Foundation Trust (CNWL) was the provider of primary care, including mental health. The subcontracted services included dentistry from Time for Teeth, Dr PA Secure Health supplied GPs, and the Forward Trust delivered psychosocial substance misuse services. All contracts had been awarded for the provision of services to meet the needs of a young adult population aged 18 - 21 years. From our interviews, it was evident that the failure of HMPPS to consider the impact of a changed prison role on health care provision had left providers to carry risks to the service and patient safety which had not been accounted for in the awarding of the contract.

4.36 The health needs assessment had been produced in 2019 and did not reflect the changed population. Services worked with no clear strategic direction and with the potential for unmet patient need, which was poor.

4.37 Partnership boards and local governance meetings had continued. Senior leaders with strategic oversight had endeavoured to adapt to the new population. A number of action plans were focused on managing the prevailing risks while awaiting the outcome of a new health needs assessment.

4.38 Incident reporting levels were low and potential risks to patient safety were not readily identified.

4.39 At the time of our inspection, only two of the permanent members of staff had been in post for more than six weeks and there were many vacancies in primary care and the pharmacy.

4.40 Staff levels made the service unsafe on occasions. The vacancy rate for nursing and health care assistants was high, 80% for nursing and 100% for health care assistants and pharmacy staff. Cover for nurses was provided by staff seconded from nearby prisons and agency staff, but this was not enough to fill the gaps. Cover had not been arranged for health care assistants leaving a further gap in the delivery of care.

Technicians from a nearby prison and nursing staff provided cover for the pharmacy.

4.41 Clinical leaders participated regularly in medicines administration or emergency response and were not available to offer oversight of the wider clinical risks.

4.42 Staff had not received regular supervision, compliance with mandatory training was low and there was no induction for new or agency staff. This had the potential to undermine patient safety.

4.43 The provider did not attend prisoner forums and there was no process for gathering patient feedback. The post of patient engagement lead was vacant and there were no peer health champions to provide information and support to patients, which was a missed opportunity.

4.44 The health care environment was poor and there were not enough clinical rooms to meet the needs of a service for adults. A recent audit had identified areas of non-compliance with infection control standards and an appropriate action plan had been developed.

4.45 Health care applications and repeat prescription requests were made on a paper-based system and were collected each day. A complaint was submitted using a health care or prison complaint form, but complaints were not always placed in the health care box and confidentiality could not be guaranteed.

4.46 The head of health care met all complainants for a face-to-face meeting to resolve concerns, but patients had not received a written summary of these meetings nor information on how to escalate concerns, which was poor.

4.47 The emergency red bags were regularly checked and adequately supplied. They were heavy and not easily transported which was a risk to staff health and well-being. An ambulance was not automatically called for an emergency with the potential to delay care for patients. This was poor practice.

Promoting health and well-being

4.48 Resources to promote the health and well-being of patients were limited and it had not been possible to appoint a dedicated health promotion lead. There were information leaflets on living healthier lives in the health care department, which was appropriate.

4.49 Sexual health clinics were not operating and there was no specialist sexual health nurse in place, which was a gap. A waiting list had been drawn up with a view to running clinics, but there was no specific starting date which was concerning. Condoms were available from the health centre but were not advertised, which was poor.

4.50 Blood-borne virus and sexual health testing were offered at reception and patients were referred to the appropriate service. This included

referral to the local hospital for assessment and treatment for hepatitis C, which was good.

4.51 Communicable disease outbreak plans were in place and, with the support of the UK Health Security Agency, a programme of mass tuberculosis screening was being carried out following identification of a positive case in the prison.

Primary care and inpatient services

4.52 CNWL was commissioned to deliver a nurse-led service seven days a week, supported by four GP sessions. Severe staff shortages prevented nurse clinics from running effectively as emergency care, reception screening, medication and blood tests had to be prioritised.

4.53 Nursing staff screened new arrivals in reception and made appropriate referrals to other services. However, there had recently been an increase in the number of new arrivals and patients occasionally arrived late which meant that a brief unstructured assessment was made. We raised the lack of structure to identify patient risks and a short formal assessment tool was put in place, which was positive. We identified patients who had not had a reception screening and some reception screenings were undertaken outside national timescales, which was poor.

4.54 A secondary health assessment was expected to take place within seven days. Data indicated that between 80-100% of secondary screening was completed within the expected timeframe, which was adequate.

4.55 Patients were seen promptly for urgent GP appointments and routine waiting times were equivalent to those in the community.

4.56 During November 2022, just five nurse clinics had operated with a total of 12 patients booked, which was poor.

4.57 There were no clinics for patients with long-term conditions. Some had a generic care plan which had been completed remotely by staff at another prison with no patient input. This did not meet national guidance.

4.58 A range of visiting practitioners and allied health care professionals included a physiotherapist, podiatrist and optometrist. Waiting lists were low, which was positive.

4.59 Most patient records were sufficiently detailed and the care plan was clear. However, we identified one incident where a patient had become very unwell, their vital signs had not been monitored in accordance with national guidance and there had been a significant delay in sending the patient to hospital. We also found examples of treatment plans not being followed and patients experiencing a delay in assessment or care which was not appropriate to their needs.

4.60 Despite the pressures, patients spoke highly of health care staff and we observed positive interactions between staff and patients.

4.61 Patients attended external hospital appointments, although on occasion their appointments were rearranged because of a shortage of officers. Telemedicine appointments could also be facilitated.

Social care

4.62 A refreshed memorandum of understanding between the partner agencies responsible for social care was awaiting approval and appeared fit for purpose. The on-site health care provider was the expected supplier of any identified personal care, but no care packages were being delivered at the time of the inspection. A local authority social worker undertook assessments supported by an occupational therapist who could also visit independently to review need, provide equipment or suggest necessary adaptations.

4.63 No assessments had been undertaken during the previous 12 months. The local authority was invited to the Partnership Board meetings but had not attended recently. The local authority lead understood that the prison profile was changing and demand was likely to increase and recognised the need to enhance partnerships and provide a greater presence on the site.

Mental health care

4.64 CNWL had delivered mental health services since October 2022. The service faced considerable challenges. The team's constitution reflected the needs of a young offender population and the change in contract had created several vacancies resulting in a fragile staffing position. This was exacerbated by considerable pressure to support primary care. The team was well led and the new clinical lead had taken substantial steps to introduce systems to improve the identification of risk and deliver essential care.

4.65 Mental health staff comprised a clinical psychologist, assistant psychologists, well-being practitioners, and a speech and language therapist alongside a more traditional mental health nurse approach supported by two psychiatry sessions a week. A family therapist and art therapist were to join the staff imminently. Three nursing posts and a lead psychology role were vacant. The clinical lead had advanced plans to recruit a learning disability nurse and a mental health nurse to lead on early days in custody, which would strengthen the team. Opportunities for supervision and professional development were available.

4.66 The service operated seven days a week with agency staff covering weekend rotas. New referrals were now considered and allocations to case loads were made at the weekly multi-professional meeting attended by all health stakeholders. Face-to-face assessments were undertaken within five days and care allocated to a specific case worker. The Aylesbury Pathways service was a well-resourced stand-

alone provision (see paragraph 6.20), part of the national personality disorder framework, and links with the local mental health team were good.

4.67 The service adopted a priority rating approach based on acuity and need. Services ranged from guided self-help to regular structured therapeutic support for more common problems and specialist support for individuals with more complex needs. The clinical lead had a case load and was a prescriber providing considerable support for patients. Despite the major staffing problems, there appeared to be very few waits for services, although regime limitations restricted group work. The overarching caseload stood at 50 at the time of the inspection. Seven patients with a severe and enduring mental illness were subject to the care programme approach and appeared to be receiving good support.

4.68 Staffing issues prevented the team from always attending ACCT review meetings (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm), although the team assessed any prisoner started on an ACCT within 24 hours. Clinical records demonstrated reasonable support and largely regular contact, although the quality of care planning was more variable.

4.69 There had been no Mental Health Act transfers during the previous 12 months. Release planning arrangements needed further development, although individuals with identified risk who were returning to the community or other establishments generally received reasonable support.

Substance misuse treatment

4.70 The Forward Trust delivered substance misuse services. There was no clinical substance misuse service which reflected the previous young adult population.

4.71 Prisoners who were on opiate substitution therapy (OST) were not accepted into the prison. Despite this, two prisoners on OST were transferred to Aylesbury during our inspection. The primary care team assessed both patients and a recovery worker saw them before they were transferred out the following day. Prison and health care staff worked well together to manage the potential risk to patient safety from arrival to departure.

4.72 The Forward Trust team manager had recently taken up post and was supported by their regional manager. They worked with the prison drug strategy manager and had maintained attendance at key meetings throughout the transition from young adult to an adult establishment, which was positive.

4.73 There was no up-to-date needs assessment to reflect the adult male population and the staffing model reflected the previous role. A vacancy existed for a recovery worker.

4.74 All new arrivals were screened for drug and alcohol issues in reception and all prisoners were advised of the Forward Trust service. A recovery worker provided workbooks and face-to-face appointments to address the psychosocial needs of patients, which was positive.

4.75 There were no health care peer mentors which was a missed opportunity. There was no group work and no mutual aid groups to support patients, which was poor.

4.76 The team saw all patients who were suspected of using psychoactive substances or 'hooch' to offer support and advice.

4.77 Harm minimisation advice was offered to all prisoners and Naloxone, an agent used to reverse an opioid overdose, was given on release if appropriate.

Medicines optimisation and pharmacy services

4.78 The governance and effective delivery of pharmacy services had been affected by a shortage of staff, a recent change in the health care provider and re-categorisation of the prison. There was some input from the lead pharmacist who was not based on site, but medicines management systems had not yet been fully embedded. The provider could not, therefore, be confident that all patients received medication in a timely manner or that incidents were reported and investigated appropriately.

4.79 Staff reported some medicines-related incidents, but reporting was not sufficiently robust and did not facilitate learning from incidents.

4.80 Medicines were administered twice a day from a treatment room which was not fit for purpose, lacked sufficient storage space and had an administration hatch on the main health care lobby which was used as a thoroughfare. This location, combined with the variable quality of supervision of medicine queues by officers, presented the potential for diversion of medication. The management of queues was not orderly and the proximity of other patients and staff compromised confidentiality. ID cards were checked by the pharmacy technicians and there was a good rapport between staff and patients.

4.81 Approximately 70% of patients received their medicines in possession, with the rest receiving supervised administration. In-possession status and risk assessments were not always reviewed in a timely manner and some patients who could have had medication in possession were not able to do so, which was poor. Suitable medicines were available to treat minor ailments without a prescription which was positive.

4.82 The prescribing of tradeable medicines was well controlled apart from some prescribing of codeine and Lisdexamfetamine (for ADHD) which required monitoring and oversight to make sure that safe practice was maintained. The lead GP and pharmacist had recently started clinics to assess patients' continuing need for pain medication, which was good.

Dental services and oral health

4.83 Time for Teeth were commissioned to deliver two dental sessions a week. Waiting times for appointments were about five weeks which was good.

4.84 The dental nurse gave patients advice on how to minimise deterioration in the health of their teeth and gums. The health care and dental team triaged patients and offered pain relief if required for those awaiting an appointment.

4.85 Care records that we reviewed indicated that treatment was well documented and that patients had been informed of possible options. The justification and quality of x-rays were documented and supported by recent audits.

4.86 A considerable number of patients did not attend appointments or were unable to because of a shortage of officers. This wasted effective clinical time to deliver treatment.

4.87 The dental surgery was functional and all equipment was well maintained and in good working order. A digital developer had been ordered by Central North West London NHS Foundation Trust to improve their service.

4.88 Decontamination procedures were followed and infection control standards were met. The service had enhanced air purification capability. The dental team had ordered an emergency medicine from the pharmacy which they had still not received after three months, which was poor.

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 Throughout the inspection, prisoners raised lack of work and education and limited time out of cell as being among their principal frustrations.

5.2 There was not enough purposeful activity to provide employment for all prisoners. About 40% of prisoners were unemployed or had not had their induction which was a requisite for allocation to work, training or education. This was far too many for a category C training prison.

5.3 Attendance at activities was inconsistent for those who were employed: workshop equipment was broken; there were staff vacancies and absences; and PE was often prioritised over work, training and education.

5.4 During our roll checks we found an average of 51% of prisoners locked in their cells during the core day. Time out of cell was poor, particularly for unemployed prisoners and at weekends. Those prisoners who were in employment were full time and could expect between six and seven hours unlocked each day, dependent on whether they could access evening activities as well. Prisoners with no allocated activity could spend less than an hour each day out of their cells. On days when they were not scheduled to have early evening association or PE, unemployed prisoners only left their cells only for a brief period of exercise and to collect meals and medication. At weekends, the regime for most prisoners allowed about two and a half hours unlocked each day with slightly more for those attending visits and religious services.

5.5 Time in the open air was available each day but was too short at only 30 minutes. In our survey, 88% of prisoners confirmed they went outside for exercise more than five times a week compared with 70% at other category C training prisons. The exercise yards were well equipped with seating, telephones and exercise equipment.

Exercise area

5.6 Prisoners could only access association every other day during the week. In addition, staff shortages led to some regime curtailments which frustrated prisoners.

5.7 In our survey, 64% of prisoners said they were able to go to the gym or play sports twice a week compared with 34% at other category C training prisons. The PE team was down to 50% of its compliment but provided decent access to recreational PE four days a week. Use of prison officers trained in sports and games helped to maintain this provision and there were credible plans to fill the vacancies. Data maintained by the PE team showed that 63% of prisoners attended a PE session each week. Facilities were good apart from the communal showers and leaders had recognised that more privacy in the showers could encourage more prisoners to attend.

Sports hall

5.8 No PE qualifications were offered but leaders had plans to reintroduce them once the team was fully staffed. Other initiatives were in progress, including a twinning project with Wycombe Wanderers football club which was due to start in January 2023.

5.9 The library was run by Milton Keynes College and had a good stock of books, audio books and magazines for a range of needs and interests. The librarian and the prisoner orderly kept the library in good order but access was poor for most prisoners; this was reflected in our survey with 29% of prisoners saying they were able to visit the library each week compared to 53% at the previous inspection. Workshop groups were able to visit the library regularly, but the timetabled wing slots were often cancelled because of staffing constraints.

5.10 An outreach service was in place for prisoners unable to attend the library. The wings had small stocks of books, but upkeep of these stocks varied greatly.

Variations in wing bookshelves

5.11 The reading ahead challenge (where prisoners are encouraged to read six books and write a review about what they have read) was supported by the library and education, and one book club had taken place. Just four prisoners had benefited from Storybook Dads (where prisoners record a story to send to their children) through the library (see paragraph 5.27).

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.

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

Overall effectiveness:	Inadequate
Quality of education:	Inadequate
Behaviour and attitudes:	Inadequate
Personal development:	Inadequate
Leadership and management:	Inadequate

5.13 Leaders and managers had planned a curriculum that met the needs of the younger offenders in the establishment. Managers had reassessed the curriculum since the recent re-role of the prison to an adult category C establishment that took prisoners up to the age of 40. Managers had been proactive in planning and implementing a resettlement programme that met the needs of the prison population and supported progress into sustained employment. They had recently introduced initiatives including a new multi-skills centre and an employability hub. Managers had successfully established relationships with local and national employers and key stakeholders to support prisoners to prepare for their release. As a result of employer engagement, three prisoners had received job offers in the last six months. Plans to develop opportunities in education, skills and work included more qualifications, but they were still in their infancy and were yet to have an impact.

5.14 Prison leaders and managers had, however, failed to ensure that there were enough activity spaces to meet the development needs of

prisoners. There were not enough spaces for prisoners who needed to improve their English and/or mathematics skills. Since the last inspection, leaders had not implemented an effective strategy to improve the opportunities available to prisoners engaging in training and work. Managers and instructors had not ensured that prisoners in workshops and those undertaking roles such as cleaning and servery orderlies had access to any training or accreditations. A quarter of prisoners were unemployed which was too many for a training prison.

5.15 Prison leaders delivered only a part-time regime for most prisoners. They had not ensured the prioritisation of education, skills and work. As a result, the majority of prisoners selected activities such as the gym and having a shower over education. Punctuality to education and work was good for the small minority of prisoners who attended. Managers had been too slow to take actions that provided alternative opportunities such as in-cell learning which would enable prisoners to continue their learning. This had had a detrimental impact on prisoners' achievement of accredited qualifications and development of essential employability skills.

5.16 Careers information, advice and guidance (CIAG) for prisoners was inadequate. Prisoners had not had access to high quality, impartial CIAG since the pandemic. Tutors and instructors did not help prisoners to identify what steps to take to develop the skills and attributes needed to achieve their career goals. Too few prisoners had a planned learning pathway to prepare them for their careers in prison or on their release.

5.17 Managers' oversight of education was superficial. They relied on third-party information and data, with insufficient challenge through robust analysis of the data provided and assessment of the quality of teaching. As a result, too many prisoners, particularly in English and mathematics, exceeded their planned end dates by many weeks and in barbering by many months. More than half these prisoners were not yet ready for their planned assessments. This further affected the available spaces in mathematics and English, resulting in a substantial waiting list.

5.18 Leaders had developed an appropriate curriculum plan based on a needs analysis. However, they were not able to offer key elements as a result of too many long-term tutor vacancies in education. Managers' escalation of concerns about the considerable time taken to recruit tutors were not dealt with swiftly by Milton Keynes College. As a result, prisoners working towards their barbering qualification had been without a tutor for five months. Managers' plans to deliver a course aimed at reducing violence, debt and drug use in the prison had been on hold for nearly a year.

5.19 Managers had not ensured that all prisoners had access to a timely prison-wide induction, despite this being a target in the leaders' last self-assessment. Too many prisoners waited too long for an induction. Staff did not ensure that prisoners received information about all the training and work options available to them. As a result, prisoners did not make swift progress towards the aims of their sentence plans

through completion of co-ordinated activities in education, training and work.

5.20 Managers and tutors used the assessment of prisoners' starting points well to plan learning in education. Prisoners' additional needs were identified at induction and appropriate strategies were put in place to support them. However, staff in work and industries did not have enough understanding of prisoners' additional needs or how to support them. Consequently, prisoners did not receive the support required to overcome their learning difficulties and/or disabilities and to make good progress and achieve their personal and learning goals.

5.21 Teachers in vocational and employability subjects effectively embedded English, mathematics and employability skills. Prisoners in music technology developed technical vocabulary, for example mixer, synthesizer and automation. In employability, learners improved their speaking and listening skills and confidence through class discussion on making positive decisions.

5.22 Prison and education leaders at Milton Keynes College, the Prison Education Framework provider, had a good understanding of the key weaknesses in the provision, but they had not made enough progress in rectifying these weaknesses since the previous inspection. In quality improvement and contract meetings, leaders did not focus closely enough on tackling weaknesses in education. None of the three recommendations made by inspectors at the previous inspection had been achieved.

5.23 Tutors' feedback on prisoners' work did not help them to improve. The feedback highlighted errors in spelling, punctuation and grammar, but prisoners continued to make the same errors over time. There was little explanation that would help prisoners to improve their work by understanding where they had gone wrong.

5.24 Prisoners did not develop sufficient understanding of how to keep themselves and others safe at work and in training. As a result, prisoners did not adhere to legislative requirements such as food handling and hygiene and control of substances hazardous to health regulations or wear appropriate personal protective equipment (PPE).

5.25 Too many prisoners did not have access to appropriate PPE. No overalls were available in the bicycle repairs workshop despite prisoners using oils and dirty tools. The requirement to wear safety boots in the brickwork workshop was not rigorously enforced. Prisoners did not develop appropriate attitudes to working safely, which did not prepare them sufficiently well for the world of work.

5.26 Prisoners developed good vocational skills in catering, construction and the bicycle repairs workshop. Prisoners, many of whom had little or no previous experience, quickly learned the skills required to work in their industry. For example, in catering, prisoners prepared and packed meals on a very large scale, including catering for a range of dietary

needs. In construction, prisoners learned the technique for cutting in paint and the differences between oil and water-based paints.

5.27 Leaders and managers had been slow to introduce the reading strategy. They had sensible plans such as the introduction of the Shannon Trust (provides peer-mentored reading plan resources and training to prisons) to support prisoners on the wings aided by mentors and expansion of the Storybook Dads initiative. However, it was too soon to judge the impact of these initiatives.

5.28 Managers had been too slow to put in place appropriate tools to enable tutors and instructors to assess prisoners' reading levels. A small proportion of tutors had completed phonics training, but this was not yet having an impact on ensuring that prisoners received the support they needed in the early stages of developing and improving their reading skills.

5.29 Prisoners benefited from a calm and orderly learning environment that supported them to participate well in their activities. They appreciated the return to face-to-face learning after the restrictions imposed by the pandemic. Staff reinforced the values of tolerance and respect with prisoners during work and education by modelling appropriate behaviour. However, they did not consistently reinforce their expectations such as challenge of inappropriate language used in workshops. As a result, prisoners' development of appropriate employability skills was restricted.

5.30 Leaders and managers did not ensure that activities to promote equality, diversity and inclusion were effective. As a result, prisoners did not develop an awareness and understanding of political and social changes in society and how these applied to them in prison and in preparing for release.

5.31 The prison pay policy was fair, including bonus payments for prisoners achieving their English and mathematics qualifications. Fewer than a third of prisoners working towards these qualifications had qualified for a bonus payment.

5.32 Leaders from the education provider, Milton Keynes College, had worked collaboratively with prison leaders to plan an education and vocational curriculum that met the needs of prisoners. However, delays in recruitment of teachers had exacerbated the shortage of education spaces. In mathematics and barbering, too many prisoners did not make the progress of which they were capable and too many prisoners failed to achieve their qualifications in a timely manner.

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 Many prisoners were far from home as the prison held category C prisoners who had transferred in from other establishments. In our survey, only 17% of prisoners said that it was easy for family and friends to get to the prison compared to 34% at the previous inspection. Prisoners continued to benefit from in-cell phones but otherwise there was too little support for prisoners to maintain family ties.

6.2 Access to video calls was poor and this valuable resource, which had the potential to support other areas of prison life such as safety, had been squandered. Only two laptops were available and no video calls were offered in the afternoons, evenings or at weekends. The limited number of sessions that were scheduled were routinely cancelled because of a lack of staff to escort prisoners to the video calls room. Prison data showed that only 8% of available sessions had been facilitated during the previous 12 months. In our survey, only 1% of prisoners said they had been able to have more than one video call (see Glossary) in the previous month, far fewer than at similar prisons. Family and friends were still able to book video calls, even though most would not take place, which was disrespectful to prisoners and their families.

6.3 Social visits capacity had returned to pre-pandemic levels and was adequate, with space for 115 visits across the week. Visitors told us that visits sometimes started late. The visits hall was light and spacious and decent refreshments were provided. Family days had restarted in the summer but the children's play area in the hall was very underdeveloped. Support for visitors from the Prison Advice and Care Trust (PACT) was sometimes unreliable because they had struggled to recruit enough staff or volunteers. For example, nobody had attended to run the visitors' centre or help in the visits hall for two successive weekends before the inspection.

6.4 A part-time restorative practice caseworker was supporting eight prisoners to rebuild damaged relationships with family and friends. There was no other family casework and no parenting courses.

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.

6.5 National population pressures had led to Aylesbury being re-designated to a category C training prison from 1 October 2022, having previously been a young offender institution. In reality the transition was happening gradually and category C prisoners had been arriving from different establishments for months to fill spaces. Initially, the age of new arrivals had been capped at 25, but this cap had been increased several times and prisoners up to 40 years of age were now accepted. HMPPS had not provided enough planning or support for this re-role. Work to reduce reoffending was in flux and did not reflect the prison's new priorities. Most of it still related to high risk, long term young adults, who now made up only 23% of the population and would gradually leave altogether. Managers were faced with a huge challenge.

6.6 We examined 20 cases in depth which all had a sentence plan, three-quarters of which were of a reasonably good standard or better. Almost 150 OASys had been completed by community probation officers who interviewed prisoners on the phone and completed OASys remotely. About 20 prisoners were awaiting an initial assessment at the time of the inspection.

6.7 There were not enough prison offender managers (POMs). There were supposed to be 6 full-time equivalent probation officers working as POMs, but only two were in post. Several probation officers had departed in recent months and there was no imminent prospect of new staff arriving. A recent recruitment exercise by Aylesbury and other prisons in the area had generated hardly any applicants. Alongside the two probation officers, two prison staff were in POM roles, both relatively new in post. Each of the four POMs carried caseloads of about 100, which was unmanageable. As a consequence, recorded contact with prisoners was not good enough and mostly related to milestone events such as parole or release. Importantly, contact could not and did not consolidate any progress made through interventions. Less than half the prisoners in our sample had been seen by their POMs often enough to drive sentence plans forward.

6.8 There was no meaningful key work to support sentence progression. Our sample of 20 cases showed that, during the last six months, there were no recorded key worker entries at all in eight cases and never more than three entries in the remainder.

6.9 About 10% of the population were indeterminate sentenced prisoners (ISPs). There was no dedicated provision for this group. The needs of the ISPs had been changing as the prison re-roled, from those of

young prisoners at the start of a life sentence to those of prisoners approaching their parole window. A probation officer had started to develop avenues of support, but staff pressures had curtailed this work.

6.10 Only four prisoners had been released on home detention curfew (HDC) during the previous 12 months. However, as the population changed, more prisoners serving shorter sentences who were eligible for HDC were arriving. Offender management unit (OMU) staff typically only started the HDC approval process about a month before a prisoner's eligibility date, which was too close to ensure a timely release. No community offender managers (COMs) had been allocated to the cases to approve release addresses which was also a barrier.

Public protection

6.11 Seventy per cent of the population were assessed as a high risk of serious harm to the public. The number of releases had increased since our last inspection and most were high risk. POMs had sensibly chosen to focus on achievable tasks from their heavy case loads. They typically made prompt contact with COMs to complete a useful handover and discuss risk management planning. However, safe release planning was undoubtedly compromised by the POMs' high caseloads and problems with allocating cases promptly to COMs in areas like London and the south-east.

6.12 There was an urgent need for an effective interdepartmental risk management team meeting (IRMT), but the current meeting was not well attended by the full range of prison departments and high-risk prisoners were only discussed four weeks before release, which was not long enough to address any gaps in risk management planning. The November 2022 meeting had not taken place and very few of the high-risk prisoners being released in the three months after our inspection had ever been discussed at the IRMT.

6.13 Most prisoners did not have a MAPPA (multi-agency public protection arrangements) management level confirmed until very close to release which did not support good planning. The quality of contributions from POMs to community MAPPA panels did not always provide a sound analysis of a prisoner's behaviour at Aylesbury.

6.14 At the time of our inspection, five prisoners were subject to phone and mail monitoring. Logs were kept up to date but authorisation to continue monitoring had lapsed in several cases because POMs had been too busy to review the evidence and recommend further action. Potentially useful risk information was therefore missed.

6.15 Staff responsible for enforcing restrictions on contact with victims and children, for instance in the mailroom, did not always understand the difference between short-term monitoring to identify risk and strict enforcement of longer-term restrictions where risk had already been identified. They needed more training and support from the OMU to make sure that the correct prisoners had their contacts blocked.

Categorisation and transfers

6.16 The prison was transitioning to a new population but at the time of our inspection there were not enough progression opportunities for newly arrived category C prisoners. Progress against sentence plans was sufficient in only about half the 20 cases that we examined. Prisoners we spoke to did not want to be at Aylesbury and at the time of the inspection the OMU was in receipt of 133 applications from prisoners seeking a transfer.

6.17 There were hardly any spaces across the whole prison estate when we inspected, so individual progressive moves to open prisons or to complete a particular intervention were very hard to facilitate. Instead, the overwhelming focus of activity had been to fill Aylesbury with category C prisoners. Managers had recently arranged for two category D prisoners to be escorted to an open prison in a taxi, but further such moves were unlikely. Prisoners approaching release would almost certainly not transfer to a resettlement prison near their home but would be released from Aylesbury (see paragraph 6.23).

Interventions

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

6.18 The team reliably provided a good range of accredited offending behaviour programmes: Identity Matters (a gang-related intervention), Kaizen (a high intensity programme which addressed violence), Becoming New Me (a high intensity violence intervention for prisoners with learning difficulties), Resolve (a medium intensity violence intervention) and the Thinking Skills Programme.

6.19 There was a long waiting list for offending behaviour programmes resulting from a lack of delivery during the pandemic restrictions. Priority for programmes was given to prisoners who would reach eligibility for parole or their earliest release date in the next two years. About 100 prisoners met these criteria and were likely to access an intervention in the next couple of years at the existing rate of delivery. However, this decision made at national level meant that nearly 50 prisoners with release dates from 2025 to 2027 were unable to progress to open conditions as quickly as they might have done by promptly completing an intervention required by their sentence plans. This left some men very frustrated.

6.20 The Pathways complex needs service (part of the national personality disorder pathway) continued to deliver good support to 32 prisoners. The team was well staffed, with four operational team members and 10 full-time equivalent clinical staff. Initially designed for young adults assessed as high risk and high harm, prisoners any age were now considered if they met a range of entry criteria.

6.21 There was a gap in interventions provision for about 25 prisoners convicted of sexual offences. Given the lack of enough POMs to do one to one work or the relevant accredited programmes, many would need to transfer to address their offending behaviour. Six prisoners had completed an individual piece of work with the psychology team in the previous 12 months. Since pandemic restrictions lifted, only one group of seven prisoners had completed the Sycamore Tree victim awareness course run by the chaplaincy (see paragraph 4.33).

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.

6.22 Following the influx of category C prisoners and the change in the prison's role, the number of releases was increasing. There had, for example been 40 releases during the previous 12 months compared to just five in the six months before our 2019 inspection. Sixty-seven prisoners were due for release in the coming 12 months.

6.23 Despite increasing need, no formal resettlement support was offered at Aylesbury because it was not designated as a prison which released prisoners into the community. No staff were dedicated to release planning and, very unusually, none of the prisoners we checked had a resettlement plan of any kind that reliably identified their needs. Timely handovers by overstretched POMs to COMs mitigated some gaps in release planning, but there were too many other problems to have confidence in consistently safe and effective release planning, including the lack of keyworker support at Aylesbury and shortages of COMs in areas like London (see paragraph 6.11).

6.24 There was no provision on site to help prisoners seek accommodation on release. About half of those released during the previous 12 months had gone to live in approved premises as a condition of their licence because they were assessed as a high risk of serious harm to others. Most of the remainder had planned to live with family or friends on the day of release, but there were as usual no data to indicate if they had sustained this accommodation over the next three months. Two prisoners were recorded as having had nowhere to live on the day of release.

6.25 There was adequate support to help prisoners manage their finances, benefits and debt. They could apply for a bank account and 11 prisoners had successfully opened one in the previous year. They could also apply to see a visiting worker from the DWP to access benefits.

6.26 There was good through-the-gate support for young adults aged 18 to 25 from Trailblazers (a charity that aims to reduce youth reoffending) which provided a volunteer mentor to support prisoners for six months

before and six months after release. At the time of the inspection, 12 prisoners were receiving this support at Aylesbury and another eight in the community.

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. **A shortage of staff in all grades and disciplines was limiting outcomes for prisoners.** This included access to health care, time out of cell, education, skills and work and rehabilitation services.

2. **There was a considerable shortage of suitably trained and experienced nursing and pharmacy staff.** Patients' routine or changing needs, including the management of long-term conditions, were not being assessed or met in a timely manner. This was creating serious risk.

3. **Many prisoners spent less than one hour out of their cell each day.** There was not enough education, training and work for the whole population to be meaningfully employed which was not good enough for a category C training prison.

4. **Leaders and managers did not use data effectively to evaluate the impact of the education, skills and work curriculum and drive improvements.**

5. **Aylesbury had been rerolled to a category C training prison with inadequate planning or support**. Work to reduce reoffending did not reflect the prison's new population. Most of it still related to high risk, long-term young adults, who now made up only 23% of the population and would gradually leave altogether.

Key concerns

6. **Levels of violence against staff and among prisoners were too high.** The safety team was under-resourced and few incidents of violence were investigated.

7. **The incidence of use of force was too high, as was the use of the highest level of force such as PAVA incapacitant spray, batons and the body belt.**

8. **Work to promote equality was weak.** Differences in treatment or access to the regime were not investigated or addressed.

9. **Governance arrangements, including those for medicines management, were weak. Incident reporting was poor and risks to patient safety were not fully recorded or addressed.**

10. **Prisoners had very limited access to work or study.** The planned six to seven hours a week was severely affected by poor attendance as prisoners prioritised other activities such as the gym.

11. **The provision of careers information, advice and guidance (CIAG) was inadequate.** Too few prisoners benefited from high-quality, impartial CIAG and, as a result, too few prisoners had a planned learning pathway that prepared them for their future.

12. **Leaders had not prioritised reading in education.** Leaders had not developed the curriculum to include reading as a distinct part of the education offer.

13. **Leaders had not ensured that prisoners completed appropriate training for their work roles**. Prisoners did not work to industry standards. They did not receive appropriate training and, as a result, had not developed appropriate employment skills. Prisoners did not adhere to safe working practices, including wearing appropriate personal protective equipment in all work and vocational areas.

14. **There was too little support to help prisoners maintain or rebuild ties with their families and friends.**

15. **The number of releases was increasing but no dedicated resettlement support was offered.**

Section 8 Progress on recommendations from the last full inspection reports

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2019, the experience for new arrivals of reception and first night was reasonably good but induction needed to be better organised. In our survey, 27% of prisoners currently felt unsafe and violence remained high. However, the number of serious incidents had reduced significantly. The incentives and earned privileges scheme remained ineffective. Use of force was high but governance had improved. The segregation unit was a decent environment, but the regime was basic and some stays were very long. Management of security had improved and was good. Self-harm had reduced and was low. ACCT management had improved but care maps remained variable. The safeguarding of vulnerable adults was underdeveloped. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

A motivational and transparent rewards and sanctions scheme should be put in place to promote good behaviour and to address poor and antisocial behaviour swiftly and proportionately. (S46)
Not achieved

A violence reduction action plan should be developed from all available data and used to reduce levels of violence. (S47)
Not achieved

The governor should improve the regime for prisoners who are segregated: risk assessments should be carried out for prisoners who can be reintegrated; activities, including education, should be properly scheduled; and records should be kept of activities undertaken by prisoners. (S48)
Partially achieved

Recommendations

A health care professional should respond to all incidents to prevent delays in the care of injured prisoners. (1.31)
Achieved

Prisoners on the segregation unit should be allowed entitlements consistent with their level on the incentives and earned privileges scheme, such as wearing their own clothes and access to a television and kettle. (1.41)
Achieved

Authorisation, including by prison group directors, should be in place for all segregated prisoners. (1.42)
Achieved

All prisoners should be able to receive parcels containing clothes, footwear and books. (1.53)
Not achieved

The safeguarding policy should be reviewed and all staff should be aware of how and to whom safeguarding concerns should be reported. (1.63)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2019, prisoners continued to have some poor perceptions about staff and the regime allowed little time for staff to build meaningful relationships with prisoners. Cleanliness had improved across the prison and most cells were reasonably well furnished. Access to showers and other essentials had improved and was good. However, there was still some graffiti. Consultation had improved. The complaints system was not always effective. Equality and diversity work was in disarray which was a significant concern in a prison holding such a diverse population. The enthusiastic chaplaincy offered a very good service. Health and substance misuse services were reasonably good, but access required further improvement. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Managers should ensure there is enough time for staff to develop meaningful and effective relationships with prisoners. (S49)
Not achieved

The management of all types of complaints should be improved and meaningful investigations should be carried out to ensure that prisoners receive focused responses and redress. (S50)
Achieved

A new equality policy and action plan should be implemented with effective consultation and analysis of data and oversight by purposeful equality meetings, so that the needs of prisoners in all protected characteristic groups are understood and met. (S51)
Not achieved

All prisoners should have appropriate and prompt access to health services. (S52)
Not achieved

Recommendations

The response times to cell bells should be monitored effectively to ensure that prisoners do not wait for more than five minutes. (2.11)
Not achieved

Prisoners should be able to eat in association. (2.16)
Not achieved

A private area should be made available to prisoners for legal visits. (2.22)
Not achieved

A local operating instruction and improvement plan should be produced as a matter of urgency to ensure that there is an effective joint response to local emergencies. (2.57)
Not achieved

Prisoners should receive dental treatment within a reasonable timescale. (2.94)
Achieved

Governance arrangements should ensure effective oversight of maintenance checks and timely escalation of risks associated with dental equipment. (2.95)
Achieved

Purposeful activity

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

At the last inspection in 2019, time out of cell remained poor and too many prisoners were locked up during the working day. Access to the gym and library had improved since the previous inspection. Teaching and learning in education had improved and behaviour in most sessions was good. Outcomes in key subjects including English and mathematics had also improved since our last inspection, although there remained significant areas for improvement. There was not enough activity to engage the population fully and there were few opportunities for prisoners to achieve qualifications in prison work. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prisoners should have a predictable regime throughout the week, with at least 10 hours out of their cell including evening association time. (S53)
Not achieved

Leaders and managers should improve the feedback that prisoners receive on their written work and ensure that teachers help all prisoners, including those lacking in confidence, to progress as well as their peers. (S54)
Not achieved

Leaders and managers should provide opportunities for prisoners working in industries to gain a qualification related to their job. (S55)
Not achieved

Leaders and managers should improve attendance, reduce unemployment, and provide sufficient and purposeful high-quality learning, skills and work activities that meet the needs of the population. (S56)
Not achieved

Rehabilitation and release planning

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

At the last inspection in 2019, work to support prisoners to maintain contact with family and friends had improved and visits now started at the advertised time. Rehabilitation work was fundamentally undermined by the inability of the National Probation Service to complete assessments of risk and need. A simple screening for prisoners devised locally only partially addressed this deficit. Staff shortages affected contact between prisoners and prison offender managers. Public protection work was good. Prisoners had access to a wide range of interventions, including offending behaviour programmes and the Aylesbury Pathways Service. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All prisoners should have an up-to-date assessment of risk and need using the nationally approved assessment tool (OASys). (S57)
Achieved

All prisoners should have regular contact with their prison offender manager to support their sentence progression. (S58)
Not achieved

Recommendations

The prison should understand and address the distinctive needs of indeterminate sentence prisoners. (4.20)
Not achieved

Prisoners over 21 should be transferred promptly to prisons that meet their identified needs to progress their sentence. (4.25)
No longer relevant

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
Angus Jones	Team leader
Dominic Herrington	MOJ Executive Director (observing inspection)
David Foot	Inspector
Martyn Griffiths	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Jonathan Tickner	Inspector
Emma King	Researcher
Joe Simmonds	Researcher
Alexander Scragg	Researcher
Reanna Walton	Researcher
Sarah Goodwin	Lead health and social care inspector
Steve Eley	Health and social care inspector
Noor Mohammed	Pharmacist
Jennifer Oliphant	Pharmacist
Bev Grey	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Dave Baber	Ofsted inspector
Sheila Campbell	Ofsted inspector
Darryl Jones	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.

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).

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

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).

Special purpose licence ROTL
Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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