Report on an unannounced inspection of

HMP Featherstone

by HM Chief Inspector of Prisons

9 and 16–20 May 2022

Contents

Introduction

Featherstone is a category C training prison near Wolverhampton that contained 661 prisoners at the time of our inspection.

The impressive work leaders had undertaken to reduce the supply of drugs had led to large falls in violence, despite the regime being far more open with more prisoners in activities and work than we have seen in recent inspections of similar prisons.

The effective and well-respected governor had come into post at the beginning of the pandemic and had, alongside her strong and supportive deputy, taken on some of the challenges that had dogged this prison in recent years. In our survey, a far larger proportion of prisoners told us that they felt safe than at our 2018 inspection, and ambulance call outs and general alarms on the wings were becoming much rarer than in the past.

Senior leaders, however, had not paid enough attention to offender management and the unit was not operating effectively. There were examples of poor leadership in the unit and a staff group that lacked direction or support. As a result, prisoner progression was often limited and we received many complaints from men who were unable to get any response from offender managers. There was also a long backlog of prisoners waiting to get onto accredited programmes. Poor public protection arrangements meant that some higher-risk prisoners were not having their telephone calls monitored promptly, undermining the collection of timely risk information.

It was disappointing to find that some acutely mentally ill prisoners were ending up in the segregation unit, where staff did not have the training or the skills to create a therapeutically orientated environment. There were also unacceptable problems in getting these prisoners to the inpatient wing at HMP Birmingham, as well as delays in moving those in crisis to a secure hospital. Improvement in this area must be a priority for both local and regional leaders.

Despite competing with nearby prisons, leaders had worked hard to improve staff retention rates, which had been some of the worst in the area. Thought had gone into providing the newer and often younger officers with the support they needed to feel more comfortable and skilled in the role.

Education provision had reopened, but ongoing teacher shortages meant that it was not yet as effective as at our last inspection. Due to a new regime, prisoners were only in work or education for half of the day – this did not replicate working hours in the community and the ambition must be to run a full regime. Prisoners at Featherstone were getting out of their cells for longer than we have seen in most recent inspections and it was good to see association rooms open with pool, snooker and table tennis in use.

The governor had recognised that improvements were needed to the staff culture – in our survey prisoners reported victimisation and bullying from officers at a higher level than comparable prisons. This was disappointing, because we also saw some very skilled officers maintaining high standards and helping the

men in their care. Officers often did not switch on their body-worn cameras and consequently, scrutiny and oversight of the use of force was lacking. Leaders had commissioned a staff climate report that was helping them to identify poor practice and attitudes.

As we said in our last two inspections, much of the accommodation at Featherstone was very run down, and some of the older house blocks were beyond repair and need replacing. High standards set by staff meant that the prison was, at least, generally clean.

There is much to be optimistic about Featherstone where, if the current senior leadership team remains in place and staff can be retained, there is every reason to believe that this prison can continue to improve.

Charlie Taylor
HM Chief Inspector of Prisons
July 2022

What needs to improve at HMP Featherstone

During this inspection we identified 11 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. **The older house units (1 to 4) were in a very poor condition and needed significant renovation or replacement.**

2. **Despite a high level of need, no seriously mentally unwell prisoners had been transferred to the regional inpatient unit at HMP Birmingham.** This left leaders trying to manage very disturbing behaviour, which often involved the use of the segregation unit, which was a far from therapeutic environment.

3. **Senior leaders did not have an effective strategy for improving prisoners' skill levels in English and mathematics.**

4. **Arrangements to protect the public from serious harm were poor and senior leaders did not have oversight of the potential risks.**

5. **There were too few opportunities for prisoners to demonstrate progression or complete their sentence plan targets and some fundamental offender management processes had broken down.**

Key concerns

6. **Oversight of and accountability for the use of force against prisoners was lacking.** Despite a high rate of force being used, almost 80% of recent incidents had not been recorded by staff on body-worn video cameras.

7. **Some of the very basic aspects of prison life were poorly managed.** Prisoners' access to their personal property was fraught with difficulties. The applications system and the management of complaints were very weak. Prisoners reported a variety of problems with the quality and quantity of food, and that the range of products available from the prison shop was limited.

8. **Oversight of the management of medicines was limited, with no onsite pharmacist to provide regular supervision.**

9. **There was insufficient support for prisoners who did not have English as their first language.**

10. **The curriculum did not meet the needs of specific groups of prisoners.** Prisoners waiting to go to an open prison or wanting to study at higher levels or become self-employed could not access learning or work activities that met their needs.

11. **Staff shortages meant that the curriculum delivered was too narrow.** There were vacancies or staff absences in teaching information and communications technology (ICT), painting and decorating, bricklaying, warehousing and automotive technologies.

About HMP Featherstone

Task of the prison
HMP Featherstone is a closed adult male category C training and resettlement prison.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 661
Baseline certified normal capacity: 664
In-use certified normal capacity: 661
Operational capacity: 687

Population of the prison
- 839 new prisoners received in the last 12 months (around 70 per month)
- 35% of prisoners from black and minority ethnic backgrounds
- 8.3% of prisoners were foreign nationals
- 41.8% of prisoners were aged 30-39 years
- about one in five prisoners were supported by the mental health team
- 567 prisoners had been released in the last 12 months (approximately 47 a month).

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group (PPG)
Mental health provider: Inclusion (Midlands Partnership NHS Trust)
Substance misuse treatment provider: Inclusion (Midlands Partnership NHS Trust)
Prison education framework provider: Novus
Escort contractor: GEOAmey

Prison group
Midlands

Brief history
HMP Featherstone opened in November 1976 as a long-term category C training prison with four residential house units; three further house units were added over the years. In 2014, it became a designated training and resettlement prison for prisoners returning to Warwickshire and West Mercia.

Short description of residential units
House block 1 – general residential for 120
House block 2 – general residential for 120
House block 3 – general residential for 120
House block 4 – general residential for 120
House block 5 – first night centre and induction for 100
House block 6 – awaiting transfer to category D prison for 35
House block 7 – enhanced healthy living unit for 72

Name of governor and date in post
Laura Whitehurst, March 2020

Changes of governor since the last inspection
Babafemi Dada, March 2015 to November 2019

Prison Group Director
Teresa Clarke

Independent Monitoring Board chair
Paul Jay

Date of last inspection
1–5 October 2018

Section 1 Summary of key findings

1.1 We last inspected HMP Featherstone in 2018 and made 46 recommendations, four of which were about areas of key concern. The prison fully accepted 35 of the recommendations and partially (or subject to resources) accepted 10. 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 HMP Featherstone 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 four recommendations about key concerns. At this inspection we found that the two recommendations in the area of safety had been achieved, but the recommendation on purposeful activity and the one on rehabilitation and release planning had not been achieved.

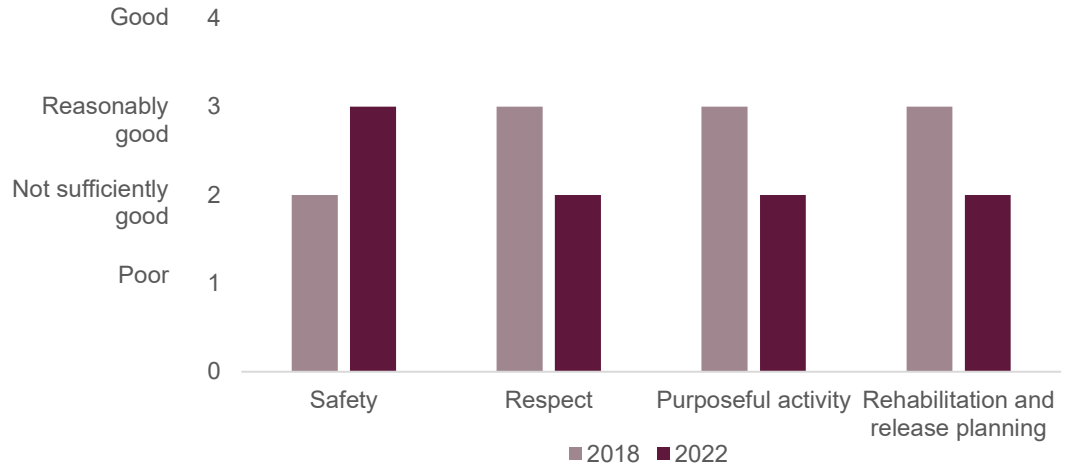
Outcomes for prisoners

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 Featherstone, we found that outcomes for prisoners had improved in one area and declined in three.

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 Featherstone healthy prison outcomes 2018 and 2022



Safety

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

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

1.8 Reception processes for new arrivals took a long time to complete and they were searched excessively, despite the use of a body scanner. Cells on the induction unit were clean but bleak, and many contained graffiti and were poorly equipped. Prisoners on the induction unit had very little time out of cell each day and some stayed there for several weeks before they were moved.

1.9 In our survey, 19% of prisoners overall said they currently felt unsafe but this rose to 29% for those with mental health problems against 11% without. Violence against staff and between prisoners had decreased consistently and significantly over the previous three years and very few assaults were serious. All incidents were investigated, but challenge, support and intervention plans (CSIPs) were not yet used effectively to manage perpetrators or victims.

1.10 The use of force had been increasing over the last year and was now higher than similar prisons. Most incidents (87%) were spontaneous and many reflected prisoners' frustrations with some basic aspects of daily life and the regime. Staff did not routinely use body-worn video cameras to record incidents, which meant that management oversight was weak. The use of segregation was increasing, and we were concerned about the number of prisoners relocated to the unit who were experiencing an emotional or mental health crisis.

1.11 There had been many positive steps to disrupt the supply and demand for illicit substances, and in our survey, the proportion of prisoners saying they were easy to get hold of had had reduced to 33% from 61% at the last inspection.

1.12 Recorded levels of self-harm were lower than at our last inspection and at other category C prisons. Most of the recommendations made by the Prisons and Probation Ombudsman following its investigations into three deaths in custody since 2018 had been achieved. Prisoners at risk who had been on self-harm care case management felt reasonably well supported, but the quality of assessment, care in custody and teamwork (ACCT) documents was variable and care planning was too often poor. Constant supervision was rarely used to support prisoners in crisis. We noted several instances of prisoners who were actively self-harming being located in the segregation unit, which was not an appropriate or therapeutic environment.

Respect

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

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.13 In our survey, about two- thirds of prisoners said that staff treated them with respect, but this was much lower for those from a minority ethnic or Muslim background. We saw day-to-day staff-prisoner interactions that were positive, but in our survey prisoners' perception of bullying and victimisation from staff was high compared with similar prisons.

1.14 House units 1 to 4 needed major refurbishment or replacement. Most cells were generally well equipped, although some lacked lockable cupboards and many had broken furniture. The management of prisoners' property remained poor, which was a huge frustration for many.

1.15 In our survey, prisoners were more negative about the quality of food than in comparator prisons, and less than half said the prison shop catered for them, which was also worse than similar prisons. Prisoners said that the range of shop items was too limited and expensive.

1.16 The application system was very weak and the number of complaints was higher than at our last inspection and increasing. Both processes were poorly managed.

1.17 Strategic oversight of equality and diversity work was well developed, with senior leaders taking ownership. Consultation with prisoners from protected characteristics groups had restarted and there was now a dedicated equality adviser in post. A range of local equality data was analysed to determine disproportionality in outcomes between different groups, but the action plan to tackle these was not up to date. Our survey showed few disproportionate outcomes across most of the protected and minority groups. However, significantly more disabled prisoners and those with a mental health problem felt unsafe at the time of the inspection, with far more experiencing victimisation from

other men. A higher proportion of prisoners who had been in the care of the local authority also reported being victimised by others.

1.18 Around 8% of the population were foreign nationals and their needs were not always met. Key documents were not available in languages other than English and professional interpreting was not always used when needed.

1.19 The layout of house units 1 to 4 did not meet the needs of some disabled prisoners who were not able to access certain areas and services easily.

1.20 Although the chaplaincy continued to experience major staff shortages, it provided a good service and was integrated into prison life. Prisoner attendance at corporate worship had resumed much earlier than we have seen in many prisons.

1.21 Strategic partnership work for health, well-being and social care was effective. Despite a high level of need from patients who were seriously mentally unwell, none had been transferred to any of the regional inpatient units. Staffing shortages in primary care, mental health and substance misuse services persisted. The primary care team worked hard to provide a range of services to meet patients' needs, but the staffing shortages meant that essential care had to be prioritised. There were more GP clinics to reduce waiting times, and nurse-led triage and long-term conditions clinics took place. Mental health and substance misuse services provided by Inclusion were well-led and responded effectively to needs.

1.22 Oversight of the management of medicines was limited, and we identified concerns with medicines reconciliation, stock management, including timely processing of repeat prescriptions, and some patients did not receive medicines on release into the community. As few prisoners had their medications in possession they had to go to the medication hatch on their unit to collect them and this, combined with the shortages of staff, had a knock-on effect on the day-to-day regime, including attendance and punctuality at activities.

Purposeful activity

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

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.23 The introduction of part-time activity meant prisoners had less purposeful time out of cell on weekdays than when we inspected in 2018. However, in our checks, we found about 14% of prisoners locked in their cell during the core working day, which was much lower than we have recently seen elsewhere. Leaders had been ambitious in re-

opening activities at the earliest opportunity once COVID-19 restrictions had been reduced.

1.24 Prisoners had good access to the library, which provided an impressive range of activities and initiatives. A full physical education timetable catered for different needs, but not all prisoners could access the sessions.

1.25 Leaders had a clear vision for the development of the education skills and work curriculum. However, at the time of inspection it did not meet the needs of prisoners waiting to move to open prisons, higher-level learners or those for whom English was a second language.

1.26 At the time of the inspection, 70% of prisoners were involved in part-time activity and were making slow progress towards qualifications, and they could not combine work with education. There were sufficient spaces in education, prison services and work to keep all prisoners in activity for about 12 hours a week, but too few were improving their mathematics and English skills. Many of the vocational training workshops were closed due to staff shortages. Prisoner attendance was improving in education but was still too low in industries and work.

1.27 While there was a good process to identify prisoners' additional needs and devise support plans, industries and work instructors did not make sufficient use of this information to apply strategies to support these prisoners.

1.28 Recent arrivals were given appropriate initial advice and guidance and were allocated to activities in line with their sentence plan, interests and job aspirations. However, not all prisoners already held had benefited from this service, and some had been allocated to courses which did not match their needs.

1.29 Managers did not collect comprehensive information about the outcomes for prisoners on release so were not able to fully evaluate the impact of education, training and work.

Rehabilitation and release planning

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

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.30 A range of support in developing and sustaining prisoners' family ties included a part-time family engagement worker and a parenting course. Storybook Dads, enabling detainees to record bedtime stories for their children, was very well used, and monthly family days had restarted. All prisoners had a telephone in their cell, and they could make at least one secure video call a month.

1.31 Strategic oversight of work to reduce reoffending was adequate. There was a reasonably good and recent population needs analysis and the resettlement pathways meeting had restarted, but the strategy was underdeveloped and there was no action plan to drive continuous improvement.

1.32 Work delivered by the offender management unit had deteriorated since the last inspection. Some fundamental processes had broken down and senior leaders did not have good oversight of the potential risks.

1.33 There were not enough prison staff prison offender managers (POMs) in post and their contact with prisoners was very inconsistent. Although we saw some good levels of recorded contact, too often there was none at all.

1.34 Public protection arrangements were poor. There had been only two interdepartmental risk management meetings in the previous six months, and most prisoners eligible for multi-agency public protection arrangements (MAPPA) who were approaching release did not have confirmation of their management level in the community. There was a large backlog of prisoner telephone calls waiting to be monitored, and processes to authorise and review the application of monitoring were flawed. Not all prisoners who potentially posed an ongoing risk to children had been assessed for their suitability of contact with them.

1.35 Only four prisoners had completed an accredited programme to address their offending behaviour in the previous year. The programmes team was aiming to have 58 completions in the current year, but this was far too few.

1.36 The number of releases had doubled since the last inspection but there was only one resettlement worker to plan for the release of about 30 low- and medium-risk prisoners a month and she was unable to keep up with the work. The prison had introduced a regular resettlement clinic to mitigate the repercussions of changes to delivery of resettlement services.

1.37 Workers from PACT (Prison Advice and Care Trust) delivered a very good range of interventions to prepare prisoners for release, including the CFO3 programme. Finance, benefit and debt support was good and where need for accommodation on release was identified, part-time Nacro staff completed assessments and made referrals. There were no reliable data about housing outcomes for prisoners on and after release.

Notable positive practice

1.38 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.

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

1.40 The drug strategy was informed by a good range of local data. A custodial manager also gathered intelligence about the entry and use of drugs by prisoners at Featherstone and completed an exit questionnaire with some prisoners who left the establishment. The data helped to develop understanding about the use of illicit substances, which in turn informed the strategy and action plan to reduce supply and demand. (See paragraph 3.24.)

1.41 There had been an impressive and exceptional commitment to restoring library access early in the pandemic. The library provided a wide range of activities and initiatives to engage prisoners. A chess club had started, the 'Story down the line' scheme encouraged fathers to read to their children through their in-cell phones, and Storybook Dads had thrived despite COVID-19 restrictions, with a very high number of stories recorded. (See paragraph 5.5.)

Section 2 Leadership

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

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

2.2 The governor had been in post since March 2020 and the deputy since March 2021. Neither had run the prison outside of COVID restrictions, but they had a sound vision for the future of the prison and a set of relevant priorities with clear measures of success. Most staff we spoke to were positive about the leadership.

2.3 Throughout the COVID-19 pandemic, leaders had been ambitious in reopening services as soon as was possible while maintaining a focus on keeping staff and prisoners safe from the virus.

2.4 The prison's role was set to change next year with the removal of the resettlement function, leaving the full population needing sentence progression opportunities. Leaders had not developed clear plans to make sure provision, including accredited offending behaviour programmes, would support the progression of this of this new population.

2.5 Insufficient oversight by leaders of the offender management unit had resulted in a poorly functioning department. This allowed significant weaknesses in some of the fundamental processes to persist, including poor oversight of the authorisation for monitoring telephone calls made by prisoners and the assessment of suitability for contact with children.

2.6 There were shortages of staff in some key functions, including health care. Senior leaders were working hard to address many of these through recruitment campaigns. They had also achieved a much-improved retention rate for prison officers.

2.7 Managers and the wider staff group were relatively inexperienced. Just under a quarter of officers had less than a year in service and several middle and senior managers were new to or acting up in post. Leaders recognised the risks of a poor retention rate for officers and had taken several steps to improve this. New officer apprentices were supported well by leaders and a disused portacabin had been turned into a learning and support hub. Leaders had also recently introduced supervision sessions for officers to improve support and oversight which was a positive step to take.

2.8 A climate assessment report from 2020 and a staff survey in 2021 commissioned by the prison identified significant concerns about attitudes and behaviours in the senior leadership team and the wider staff group. Although the governor had taken these concerns seriously through the delivery of a comprehensive action plan, problems persisted. We saw evidence of this in the negative perceptions by prisoners in our survey about staff bullying and victimisation.

2.9 A charter and a set of behavioural standards for senior leaders had been introduced to improve their openness and develop a positive commitment to supporting operational staff. Despite this, 30% of staff completing our survey said their morale was low and a further quarter said it was very low; 30% felt their well-being was quite poorly supported and 14% said this was very poorly supported.

2.10 The delivery of workshops to promote a positive staff culture had been hampered by COVID-19 restrictions, but were planned to resume now that restrictions had been lifted. The training package looked useful and a small team of staff had been trained as facilitators.

2.11 Delivery of staff training had been severely hampered by the COVID-19 restrictions imposed on prisons. Leaders were taking a number of steps to address this, for example a training committee was being established and weekly training days had restarted but it would take time for this to recover fully.

2.12 Leaders had not been able to sustain the good provision in education, skills and work seen at the previous inspection, in part due to ongoing staff shortages. Regionally, Novus had been under an improvement notice. This was now closed, but performance still required improvement according to its own self-assessment.

2.13 Leaders had taken decisive action to make the prison safer, including steps that had significantly reduced the supply of drugs. However, improvements in the oversight of the use of force were needed to make sure it was used appropriately.

2.14 In addition, leaders had not made sure that the applications and complaints systems were full effective to enable prisoners to get requests and concerns addressed swiftly and thoroughly. Many problems with the management of prisoner property persisted and leaders were not doing enough to address these.

2.15 Leaders had not developed appropriate provision to support prisoners with deteriorating or complex behavioural problems, including self-harm.

2.16 Some of the house units were old and in very poor condition. A bid by leaders to the Ministry of Justice to replace them had been rejected.

2.17 Data analysis was good but leaders needed to make sure that there were comprehensive strategies and action plans, for example in safety, to promote a prison-wide approach to the work and drive continuous improvement.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

3.1 There was an average of 70 new arrivals a month. Staff in reception were welcoming and approachable, and the environment was well maintained. The reception processes took a long time to complete, and we saw prisoners waiting at least three hours before they were moved to the induction unit. Prisoners had an initial safety interview and a health care screening before they began their induction.

Reception

3.2 The searching of new arrivals took far too long, which often delayed other reception processes. All new arrivals had to go through four different types of searches with no individual assessment of risk. This included the metal detector, lithium pole, X-ray body scanner and a strip search. Such excessive searching was unnecessary. The body scanner was the most effective measure and in the last quarter,18% of arrivals had tested positive (see paragraph 3.23).

3.3 During the initial safety interview, staff gave prisoners the opportunity to disclose sensitive information privately. Although there was one induction and one reception orderly, they worked primarily on cleaning and routine tasks and new arrivals had no support from peer workers or Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) either in reception or on the induction unit, which was a gap.

3.4 In our survey, less than a third of prisoners said they received a shower on arrival, well below the 44% in comparator prisons. Those arriving on to the induction unit late in the evening often missed out on this. Cells were bleak with many containing graffiti and poorly equipped. All new arrivals received hourly observations during their first night, which was good.

First night cell

3.5 Leaders had begun to allocate some prisoners on the induction unit to purposeful activity, which gave them more time out of cell, but for the rest, the regime was poor with only 45 minutes a day out of their cell during their five days of COVID-19 isolation. After that, they received between 30 and 90 minutes a day, depending on the day. Too many prisoners stayed on the unit for far too long – up to six weeks – under this very limited regime.

3.6 In our survey, the proportion of prisoners who said they had received an induction had fallen to 78% from 92% at our last inspection, and only 38% of them said it covered everything they needed to know. The programme was very limited and tended to focus on the signing of compacts. Staff from other departments did not take part in the initial induction, but prisoners had inductions from the gym and education

after their isolation period was complete. Peer workers were not involved in delivering the induction.

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

3.7 Violence against staff and prisoners had decreased consistently and substantially over the last three years. The rate of prisoner-on-prisoner assaults had more than halved since the last inspection and was now lower than in similar prisons. In the previous 12 months, there had been 70 assaults against prisoners and 43 against staff; very few were serious. In our survey, 11% of prisoners said that they had experienced physical abuse from other prisoners compared with a quarter at the previous inspection.

3.8 In our survey prisoner perceptions of safety were similar to comparator prisons, but those with a disability or a mental health problem were far more negative. Significantly more in both groups said they currently felt unsafe and far more said they had experienced victimisation.

3.9 A weekly taskforce meeting provided leaders with effective oversight of prisoners who were frequently involved in violence and helped to make sure that all incidents were investigated. However, challenge, support and intervention plans (CSIPs, see Glossary) were not yet used effectively to manage perpetrators, and wing staff did not always know who was on a CSIP or why. There was no formal support for victims, but the prison planned to introduce a restorative justice programme.

3.10 The violence reduction strategy was not informed by local data but did focus on key priority areas, such as the availability of drugs and alcohol. There was no action plan to measure and monitor success or promote continuous improvement.

3.11 Leaders had good oversight through the weekly safety intervention meeting (SIM) of a few prisoners who were self-isolating, for reasons such as bullying or being in debt. The self-isolators we spoke to said they did not always receive daily access to showers or exercise.

3.12 There were too few incentives to encourage positive behaviour. In our survey, only 37% of prisoners said that the incentives in the prison encouraged them to behave well and only 22% reported that they had been treated fairly in the behaviour management scheme. A prison policy enabled staff to remove prisoners' televisions following poor behaviour, but this was applied inconsistently and there was no oversight to ensure fair treatment for prisoners.

Adjudications

3.13 There had been 1,582 adjudications in the previous 12 months, a reduction since the previous inspection. Most charges were for drugs, illicitly brewed alcohol and mobile phones. Many adjudications had previously been dismissed because of problems obtaining camera footage in sufficient time, which meant that poor behaviour went unchallenged. Leaders had implemented a plan to address this and the number of remanded adjudications had reduced.

3.14 In the records we viewed, awards were generally proportionate. Discussions with prisoners sometimes lacked enquiry into the individual circumstances that may have led to their poor behaviour, such as bullying or being in debt. Serious incidents involving violence were referred to the police or an independent adjudicator for further investigation.

Use of force

3.15 The use of force had been increasing over the last year and was now higher than at similar prisons. There had been 294 uses in the last 12 months; around 87% of these were spontaneous and reflected prisoners' frustrations with some basic aspects of daily life and the regime.

3.16 Officers did not routinely use body-worn video cameras and nearly 80% of incidents involving the use of force in the previous four months did not have footage to view. Additionally, not all planned interventions had been recorded. Action by leaders had led to some recent improvements in staff use of cameras, but more needed to be done.

3.17 The lack of camera footage meant that oversight of incidents was weak. The monthly use of force committee meetings only viewed available footage of planned interventions and fact-finding investigations relied upon prisoners or staff raising complaints about the excessive or inappropriate use of force, rather than routine scrutiny by managers. The committee meetings were poorly attended and had not taken place for the previous two months. In the limited footage we were able to view, force was not always necessary and staff did not always demonstrate effective de-escalation techniques.

3.18 Batons had been drawn and used on one occasion in the last 12 months, which was lower than we have seen at similar prisons recently, and PAVA incapacitant spray had been drawn on four occasions and used twice. In one instance, the use of the baton and PAVA was not proportionate and could have been avoided.

3.19 Special accommodation had been used three times in the last 12 months, and in all instances the prisoner was on assessment, care in custody and teamwork (ACCT) case management (see also paragraph 3.31). Management oversight of this practice required improvement to make sure it was always necessary.

Segregation

3.20 The use of segregation was increasing; 163 prisoners had been segregated in the last 12 months with an average of 13 days on the unit. Despite the high level of need, no prisoners who were seriously mentally unwell had been transferred to the regional inpatient unit at HMP Birmingham (see paragraph 4.63). This left leaders trying to manage very disturbing behaviour through the use of segregation, which did not provide a sufficiently therapeutic regime. Although staff on the unit generally had a good knowledge of those in their care, they lacked training to support prisoners in crisis appropriately.

3.21 The segregation unit was run-down. Showers needed refurbishment and cells did not have power sockets. The outdoor exercise yard was in a caged space. The daily regime for prisoners was limited to around 30 minutes exercise, a telephone call and a shower. Prisoners had too little to occupy them while they spent almost all day locked up.

Segregation unit showers

3.22 Oversight of segregation was reasonable. The quarterly meeting discussed a range of data and there was a 20% quality assurance check of paperwork to make sure that reviews took place on time.

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.

There had been significant reductions in the availability of drugs and illicit items, which had improved safety outcomes for prisoners. In our survey, a third of prisoners now said that it was easy to get hold of illicit drugs compared with 61% at the previous inspection; 30% said it was easy to get hold of alcohol. Prison data also showed that the number of times that an ambulance had been called because a prisoner had overdosed on drugs had fallen from 65 in a four-month period in 2021 to just three in the same four months in 2022. Prisoners we spoke to commented on this change, with one noting that they no longer saw so many people under the influence of drugs.

3.23 Following an increase in the use of psychoactive substances in the middle of 2021, the prison had taken many positive steps to disrupt supply. These included enhanced gate security, the increased use of drug dogs and use of the body scanner for all new arrivals (see paragraph 3.2). The prison had also just started to photocopy all incoming mail to detect drugs.

3.24 The drug strategy was informed by a good range of local data. A custodial manager gathered intelligence about the entry and use of drugs and also completed an exit questionnaire with some prisoners who left the establishment. This helped to develop understanding about the use of illicit substances, which in turn informed the strategy and action plan to reduce supply and demand.

3.25 Physical security arrangements were proportionate. CCTV around the perimeter of the prison was now in full working order and provided reasonable coverage of outside areas identified as risk spots for throw-overs of illicit items. There were good links with the police and the local community to report sightings of drones so that action could be taken quickly.

3.26 There had been 6,546 intelligence reports in the last 12 months, which were collated, analysed and disseminated well. The lack of staff in the security department and their frequent cross-deployment meant that not all requested cell searches and mandatory drug tests were undertaken; this was a significant gap.

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

3.27 Recorded levels of self-harm were lower than at our last inspection and at similar prisons, but had fluctuated in the previous 12 months and had begun to increase recently. Some prisoners repeatedly self-harmed, and in the last quarter three had accounted for over 40% of all recorded incidents.

3.28 There had been one self-inflicted death, one non-natural death and one death from natural causes since the last inspection. Most of the recommendations made by the Prisons and Probation Ombudsman (PPO) following their investigations had been achieved. The quality of local investigations into incidents of serious self-harm varied in quality but learning was shared via the monthly safety meeting and SIM.

3.29 Useful data about self-harm were analysed at the safety meeting but were not used to inform actions or promote continuous improvement. The safety strategy covered a range of areas but was not underpinned by local data and did not have a specific action plan to reduce self-harm. The weekly SIM was a useful platform which identified prisoners who might need additional support, but attendance was limited and many actions were often repeated.

3.30 Prisoners managed through ACCT procedures told us the support they received was reasonably good but depended on the member of staff involved, noting this was not always consistent. The quality of ACCT documentation was variable and too often care planning was poor; it did not sufficiently address underlying issues and some ACCTs were closed without these issues being addressed. More than half of the ACCTs opened in the previous three months had been reopened shortly afterwards.

3.31 Constant supervision was rarely used to support prisoners in crisis, with only two uses in the previous 12 months. Several prisoners who were actively self-harming were located in the segregation unit, and in some cases in special accommodation, which was not an appropriate or therapeutic environment for them (see paragraph 3.19). Although the psychology and the safer custody teams worked in partnership, there were no formal arrangements to support prisoners before they reached crisis.

Constant supervision cell

3.32 The Listener scheme had stopped during the COVID-19 restrictions. Six prisoners were trained as Listeners but there had been no call outs for at least the last 12 months, despite need.

Protection of adults at risk (see Glossary)

3.33 Staff we spoke to were aware of the adult safeguarding policy and knew what they needed to do to report any concerns. The prison's links with the local safeguarding adults board had declined since our last inspection. Although there was a lead manager for adult safeguarding, they were no longer attending local authority meetings.

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, two-thirds of prisoners said that staff treated them with respect, but perceptions from Muslim prisoners and those from a racial minority were more negative. Only a third of Muslim prisoners said that staff treated them with respect compared with three-quarters of non-Muslim prisoners, and only 53% from a racial minority compared with 76% of white prisoners said they were treated with respect.

4.2 Many prisoners we spoke to could point to a helpful member of staff and we observed some positive and supportive day-to-day interactions. We saw examples of staff who were approachable and who had a good understanding of the prisoners in their care. However, in our survey, only 56% of prisoners living on house units 1 to 4 said they had a member of staff they could turn to compared with 78% on the newer units.

4.3 Less than a quarter of prisoners who completed our survey said that a member of staff had talked to them in the last week to see how they were getting on, and far fewer than in similar prisoners and at our last inspection said they had a key worker. In the sample of entries by key workers in prisoner case files that we reviewed, sessions were inconsistent in frequency and quality, and more like basic welfare checks with no direct link to sentence progression.

4.4 Staff did not always challenge low-level poor behaviour by prisoners, such as vaping on the landings. Despite the focus by leaders on promoting a positive staff culture (see paragraph 2.6), some poor staff behaviour continued to have a negative effect on prisoners' experiences, and our survey showed that more prisoners had experienced bullying and victimisation from staff, including verbal abuse, threats and intimidation and physical assault than at similar prisons. Prisoners gave us examples of staff being disrespectful and victimising more vulnerable prisoners. In our staff survey, just over a quarter of those who responded said they had witnessed other staff behaving inappropriately towards prisoners.

4.5 COVID-19 restrictions had limited peer working and very few prisoners were assigned to these roles compared with our last inspection. This had left a gap, but leaders were aware of this and had plans to improve this once again.

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

4.6 Few prisoners lived in overcrowded conditions and most had single cells. The older house units (1 to 4) were dark and oppressive. An ongoing decorating and repair programme had improved a proportion of the cells and some showers had been replaced. But structural issues and poor conditions remained an urgent priority needing significant investment to be refurbished or, ideally, replaced. Many prisoners we spoke to reported damp, broken windows, damaged flooring, and problems with heating and water.

Damaged flooring in the association area

Damaged flooring in a cell

Damp in the association room

4.7 In our survey, prisoners living on units 1 to 4 were more negative about their living conditions than those on the newer units. For example, only 58% on units 1 to 4 said they could shower every day compared with 88% on the newer units, and they also said that they were less likely to have access to cleaning materials and clean sheets every week. Only 52%, against 88%, said that the communal areas on their units were

normally clean, and only 47% said they had enough time for domestic chores every day, against 77% on the other units.

4.8 With the exception of broken furniture, most cells were generally well equipped, although some did not have lockable cupboards. Some of the shared cells on the induction unit lacked screening around the toilets.

Toilet without screening

4.9 The management of prisoners' property remained poor, which was a huge frustration for many we spoke to. In our survey, 37% said they had experienced issues with lost or delayed property after arriving at the prison, and 65% said they had problems sending or receiving parcels, both higher than at comparator prisons. Only 9% said they had prompt access to their property if they needed it. We found a wide range of problems persisting across almost every aspect of property management including: delays in property getting to new prisoners; property missing following transfer in from another prison or cell clearance by staff; delays with the distribution of catalogue orders; and overly restrictive rules limiting parcels being sent in. It was no surprise that, given these problems, a high number of complaints were about property. Despite an awareness of this long-term problem, the prison was doing too little to address it.

4.10 Staff response times to prisoner cell bells was good; 57% of respondents to our survey said they had received a response within five minutes, which was higher than at our last inspection and at comparator prisons. The speed of response to cell bells was recorded, and late responses were monitored and investigated. However, the system did not enable monitoring of the number of late responses as a percentage of the total, which made it difficult to determine the full picture.

Residential services

4.11 The quality and quantity of food remained a concern for prisoners. In our survey, only 27% said the food was good which was significantly lower than in similar prisons. Only 21% said they had enough to eat at mealtimes, compared to 38% in similar prisons. Portion sizes we saw were small, including the breakfast packs.

4.12 There were no self-catering facilities other than microwaves, which was a gap for a population mainly serving long prison sentences.

4.13 Only 47% of prisoners in our survey said the shop catered for them, against 59% in comparator prisons. Prisoners said the range of items was limited and too expensive. Only 29%, compared with 57% at similar prisons, said they had access to the prison shop in their first few days.

4.14 Prisoners could order items from a range of catalogues but had to rely on family or friends sending them item information or a prison officer completing the order form online. The process was inefficient and often subject to delays in processing. This was especially a problem because of the restrictions and difficulties for prisoners with access to their own property and lack of parcels being allowed to be sent in (see paragraph 4.9).

Prisoner consultation, applications and redress

4.15 Formal meetings of the prison council had recently recommenced and more informal engagement had continued throughout the COVID-19 restrictions, which had been valued by prisoners. The prison council had met twice, with representatives from most of the house units and staff from different departments, and a wide range of issues were discussed, but it was too early to assess the impact of these meetings on outcomes.

4.16 The applications system was not working, and oversight and monitoring were weak. Prisoners repeatedly expressed frustration with the system, particularly the lengthy waits for a reply. In our survey, only 21% of prisoners on the older house units, 1 to 4, who had submitted an application said that they were usually dealt with within seven days, compared with 44% on the newer units. A monitoring system to improve responses had recently been introduced, but it was not embedded and was being applied inconsistently across the prison. Quality assurance of replies was limited.

4.17 The complaints system needed major improvement. Oversight was not robust. The number of complaints submitted in the last 12 months was higher than at the previous inspection and was on an upwards trend. Too many complaints were sifted out unreasonably by prison staff, which made the overall number look lower than it actually was; 25% of all complaints were rejected in the year to March 2022, and this figure had increased in the weeks leading up to our inspection. In our survey, 42% of prisoners said they had been prevented from making a complaint, against the comparator of 26%, but it was unclear why this was. In the sample we reviewed, we found delays and some responses that did not fully address the issues raised.

4.18 Legal visits had resumed but still took place in the main visits hall rather than in a private room, potentially compromising confidentiality. Foreign nationals received very little support for their immigration cases (see paragraph 4.25).

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary of terms) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

4.19 Strategic oversight of equality and diversity work was well developed. Regional meetings brought together governing governors which enabled trends to be compared and best practice shared. The prison had a tailored equality strategy based on local data, but the associated action plan was not up to date.

4.20 Senior managers at Featherstone were allocated responsibility for leading on a protected characteristic group, although some were more active than others in their role. Day-to-day management of the equalities work had recently improved with the recruitment of a dedicated adviser. Links to community agencies to support this work remained underdeveloped.

4.21 An equality meeting was held every two months and was chaired by the governor. It was well attended but lacked prisoner representation. Local equality data and reports produced by the protected characteristics lead managers were analysed, but it was not always clear that disproportionalities identified were fully investigated and acted on.

4.22 There were currently no equality peer representatives in post and consultation with prisoners had stalled during the COVID-19 restrictions. However, some forums had taken place in recent weeks

and were generally well attended. Leaders were unable to confirm how many staff had completed training in equalities and diversity and attempts to hold awareness-raising events had been affected by COVID-19 restrictions.

4.23 Discrimination incident reporting forms (DIRFs) were accessible around the prison but were not readily available in languages other than English (see paragraph 4.23). Timeliness of responses was improving. In our sample, the quality of investigations was thorough, and responses were polite and addressed the issues raised. Investigations were overseen by the relevant senior lead for the protected characteristic group and quality assured by the governor, which was robust. However, DIRFs were too frequently categorised as a general complaint without due consideration of the issues raised. For example, in 2021, 35% of all DIRFs were deemed to be general complaints and this was increasing.

Protected characteristics

4.24 Prisoners from a black and minority ethnic background made up a third of the population (34%). Our survey identified some disproportionality in outcomes for this group (see paragraphs 4.1and 4.17) and also for Muslim prisoners. The prison's own data indicated disproportionate treatment of these prisoners in the adjudications process and in the number of complaints submitted. Leaders had identified this disproportionality and taken some steps to investigate and address the issues raised.

4.25 There were 55 foreign nationals at the time of our inspection (8% of the population), and their needs were not always met. The foreign national strategy was not specific to HMP Featherstone and key documents were not available in languages other than English. Professional interpreting services had only been used 37 times in the year to March 2022 despite evidence of much higher need. We spoke to some prisoners who struggled to understand English and found the telephone interpretation service often not being used when it was needed. There was also no provision of English courses for speakers of other languages (ESOL), which left these prisoners unable to progress (see paragraph 5.13) and some could not understand instructions given to them in workshops.

4.26 One forum had taken place for foreign nationals, which had been well attended; the key issue raised was prisoner frustration at the lack of information or advice in relation to their immigration cases (see paragraph 4.18). The Home Office immigration officer had not attended the prison for the last couple of months. Foreign national prisoners we spoke to described feeling forgotten and isolated. Some were very confused about their immigration situation and were not able to understand the papers they had been given.

4.27 Too little was being done fully to understand and address the needs of prisoners with disabilities. Our survey identified some key areas of disproportionate outcomes for those with disabilities and those with

mental health needs (see paragraphs 3.8, 4.4 and 4.17). The prison's own data identified other more negative outcomes for prisoners with disabilities, but we could not see evidence of these being addressed For example, an investigation into why prisoners with disabilities were overrepresented in adjudications concluded that there was a need for staff training on neurodiversity, but there was no evidence that this was taken forward. Similarly, an action to carry out mental health training for reception, induction and segregation staff had been outstanding since September 2021 and was eventually dropped.

4.28 Not all personal evacuation plans were up to date and staff on night duty were not always aware of the needs of these prisoners. There was no formal buddy scheme to support disabled men and we spoke to one prisoner who relied on staff to bring his food to his cell. The layout of the older units made it difficult for some to access certain areas and services.

4.29 One prisoner in our survey identified as transgender but the prison's own data indicated none. Leaders had not yet completed the review of the policy for transgender prisoners which had been planned for July 2021.

4.30 At the time of our inspection, the prison recorded 11 prisoners from a Gypsy, Roma or Traveller background (2%), compared with 4% self-reporting as from this group in our survey. A recent forum for this group had been well attended and the senior lead was actively working with others across the region to plan activities and raise awareness of the needs of these prisoners. However, those we spoke to during the inspection said they often felt overlooked.

4.31 There had been a recent consultation forum for LGBT prisoners; the key discussion point was the low rates of disclosure among prisoners and the equality team was working to address this. During the inspection we were told that homophobic language was common and that too often this was not challenged by staff.

Faith and religion

4.32 The chaplaincy had been operating with major staff shortages for some time. Despite this, the small team provided a valued service, were often on the house units and prisoners we spoke to said they valued their care. The chaplaincy carried out a full range of duties in the prison such as participating in ACCT reviews and seeing prisoners before their release.

4.33 While sessional support was used to fill some staff gaps, it had been difficult to meet the needs of prisoners from all faiths. For example, there was currently no Catholic chaplain, the faith of 18% of the population, and prisoners we spoke to were frustrated by this. In our survey, 65% of those who had a religion said they were able to speak to a chaplain of their own faith if they wanted to.

Attendance at corporate worship had recommenced earlier than we have seen in other similar prisons. In our survey, 83% of those with a religion said they were able to attend religious services if they wanted to, against the comparator of 54%. Facilities for worship were reasonable. The chapel was welcoming and equipped with a stock of religious texts and artefacts to cater for different faiths.

Chapel (top) and multi-faith room

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

4.35 There was effective partnership working between health providers, NHS England and NHS Improvement (NHSEI) commissioners and United Kingdom Health Security Agency (UKHSA), which had managed COVID-19 outbreaks and the vaccination programme well. Regular performance reports were produced for contract monitoring meetings and monthly quality board meetings. The latter were attended by the key participants from the prison and health care to provide strategic oversight.

4.36 The head of health care was recently appointed and supported by an experienced deputy and clinical lead nurse. The health management team had oversight of the risks to the service and potential impact on patients.

4.37 Clinical governance meetings took place monthly and provided the necessary oversight. Serious incidents were reported promptly, but the number of low-level incidents reported was limited and did not enable managers to identify trends, risks or gaps in the service. Lessons that had been learned were disseminated through emails, handover meetings or clinical supervision.

4.38 We observed conscientious and considerate staff who interacted with their patients in a respectful and caring manner. Compliance with mandatory training was good. Managerial and clinical supervision was embedded in practice.

4.39 There were widespread staffing shortages and Practice Plus Group (PPG) and Inclusion (a division of Midlands Partnership Foundation NHS Trust) had ongoing recruitment campaigns. The recent health needs assessment noted that staffing was below that of comparator prisons. PPG had an impressive action plan to address staff recruitment and retention issues.

4.40 All the providers collected patient feedback but there were no patient forums to inform service improvements, which was a missed opportunity. Patients had access to a confidential health care complaints system, which was well advertised. The responses we

sampled were respectful and addressed the issues highlighted. Oversight of the process was reasonable.

4.41 An annual infection control audit had identified some clinical areas that did not comply with environmental standards and needed to be addressed. However, we saw torn fabric on one couch and armrests in the clinic which were not covered in the audit and that we raised with the head of health care.

4.42 SystmOne, the electronic clinical information system, was used by health staff and for substance misuse clinical interventions and prescribing. The entries met the necessary regulatory standards for record keeping.

4.43 Our check on the emergency resuscitation equipment noted that the electrode pads on the defibrillator were out of date. This was promptly addressed, and all emergency resuscitation bags and defibrillators were rechecked, which was good.

Promoting health and well-being

4.44 Although there was no overarching local health promotion strategy, health promotion material was visible across the prison and in the health care waiting room. However, all the posters were in English only, no information in foreign languages was available and there was a lack of easy-read material. We were told that health care staff had access to and used professional telephone interpreters for patients who did not speak English.

4.45 A range of prevention programmes, including bowel cancer, aortic aneurism and retinal screenings, had restarted. We were told that NHS age-related health checks were audited and patients with a high health risk were offered the screening.

4.46 Screening for blood-borne virus had continued throughout the pandemic and patients who tested positive for hepatitis C received prompt referral to local specialists.

4.47 Evidence showed that the COVID-19 vaccine uptake was comparable to the local area; 54% of the population had had two doses and 34% had received the booster dose. Staff continued to encourage vaccination.

Primary care and inpatient services

4.48 The primary care service was well led, with a motivated team focused on delivering good standards of care. Staff shortages presented daily challenges to service delivery, but staff were flexible and prioritised their work to meet patient need.

4.49 The team operated a seven-day, 7am to 8pm nursing service. GP sessions were provided three days a week, with additional hours to reduce waiting lists, but there was a two-week wait for routine appointments. Waiting lists were triaged and urgent slots were

available for patients who had an acute need. A nurse-led triage clinic supported patients, along with an out-of-hours GP service. The team had continued face-to-face triage during the pandemic and provided outreach services on the wings. Many patients told us that health staff were caring and supportive, but some expressed frustration that they did not receive their appointment slips. Managers had addressed this issue with prison leads and the process had showed some improvement.

4.50 All new arrivals received an initial health screen from a nurse. Referrals were made to mental health and substance misuse services when needed, and all prisoners received a prompt secondary health screen.

4.51 Prisoners with long-term conditions were managed through a weekend clinic and annual reviews, and GPs provided additional support where required. Care plans were in place, but some needed updating. Training had started on implementing a new care plan system with the intent to review and update them, which was a positive initiative.

4.52 We saw effective communication at the daily clinical meeting between health staff where important information was shared. The weekly multidisciplinary meeting discussed patients with complex needs and coordinated planned care well.

4.53 Clinics provided by allied health professionals had recommenced and they were progressing through their waiting lists.

4.54 Although some external hospital appointments were rescheduled, two-week urgent appointments were mostly met, and delays highlighted to the clinical team for review. Some patients were not always informed that their appointment had been cancelled, which needed to be addressed without delay.

Social care

4.55 There was a memorandum of understanding for social care between HM Prison and Probation Service, the health care provider and Staffordshire County Council, and there was good communication between them. In the last 12 months there had been 21 referrals for social care support with no delays in assessments, and suitable equipment had been provided promptly.

Mental health care

4.56 PPG contracted mental health and substance misuse services to Inclusion. Service performance and quality reports were provided to PPG and underpinned strong direction and oversight of services.

4.57 Inclusion mental health and drug recovery workers were well led, integrated and co-located. They received suitable supervision and had in-date mandatory training. The team had sufficient staff to meet demand and included a wide range of professions, such as drug and alcohol recovery workers, occupational therapist, psychiatrist, psychologist, registered mental health nurses and a social worker.

There was active recruitment for vacancies, although security clearance checks delayed start dates; one recruit had recently been lost while waiting for clearance. Bank staff and long-term agency supported service continuity.

4.58 Prison officers used a questionnaire to determine the state of a prisoner's mental health, which mostly led to appropriate referrals for assessment, but some we spoke to were not confident in the process. Mental health training for officers had been suspended during the COVID-19 restrictions but had recommenced during our inspection.

4.59 Patients had swift access to services, although some told us they waited a long time to see a psychiatrist. The psychiatrist waiting time for a non-urgent case was 4.5 weeks, which compared favourably to the community. Following triage (Monday to Friday), a duty worker screened urgent cases, and a daily team meeting allocated cases for assessment and monitored patients of concern. Inclusion staff participated in prison safety and ACCT meetings.

4.60 Inclusion supported about one in five prisoners. There were 72 patients on the mental health caseload, of whom 24 were complex cases subject to the care programme approach.

4.61 The cases we sampled included patients with dual diagnosis for mental health and substance misuse needs, who were emotionally unstable, had extremely challenging behaviour and chaotic addictions, whom the prison struggled to manage. NHSE commission HMP Birmingham to manage referrals to the collective regional resource of healthcare beds but none were available at time of need. The service commissioner was investigating these issues. All four patients waiting for transfer to hospital under the Mental Health Act had waited longer than 28 days, which was unacceptable.

4.62 Mental health interventions included short-term therapies for anxiety and depression, cognitive behavioural therapy for emotional regulation, and long-term support for patients with complex mental disorders. Psychotherapy groups were planned to recommence shortly and would allow wider access to therapy. Some short- and long-term therapies related to trauma and post-traumatic stress disorder were not available.

4.63 The absence of a neurodiversity care pathway was recognised and being developed. There was limited onsite support for patients with learning disabilities. We observed one case where the prison complex case meeting had ensured adjustments to the regime of a prisoner with a developmental disorder, which had alleviated his situation and friction with others. There was access to learning disability clinical expertise from Inclusion clinicians in nearby prisons.

Substance misuse treatment

4.64 There were 114 patients on the addictions caseload, including 81 on opiate substitution therapy (OST). Working relationships between leaders in the prison and Inclusion were very good; the prison's drugs

strategy had been jointly written with them and contained appropriate components of demand reduction and therapy. There was a prison-wide approach to future developments, such as a drug recovery wing and independent substance-free living unit. During the inspection, Inclusion staff access to Quantum (the Prison Service intranet) was activated to allow them to record their triage of all new admissions electronically.

4.65 The clinical management of OST was very good with joint case management and reviews. We observed exemplary administration of OST and a well-regulated queue at the medicines hatch. Seventy patients received methadone and 10 received espranor, with a very low number,11, on a reducing regime, although we were informed this could be up to 25% of patients.

4.66 Psychosocial interventions were recovery-focused, educational and motivational, and used a variety of well-designed workbooks and materials. Most therapy was one to one, though groups were ready to recommence. Patients we spoke to were complimentary about the addictions workers and particularly valued the family support received.

4.67 All the previous substance misuse service peer recovery champions had left the prison during the COVID-19 restrictions, but recruitment for new champions was under way.

4.68 Visits from mutual aid groups, such as Alcoholics Anonymous and Narcotics Anonymous, were due to resume following the COVID-19 restrictions. An Inclusion SMART (self-management and recovery training) mutual aid group met each week and was highly valued by participants.

4.69 There was efficient planning of care for substance misuse service patients due to be released. Their pre-release concerns were identified to ensure continuity with the community agencies, and the team followed up patients after release to check that engagement had happened. Take-home medicines and naloxone (to manage substance misuse overdose) were provided as necessary.

Medicines optimisation and pharmacy services

4.70 Medicines were supplied to the prison by the pharmacy hub at HMP Oakwood, with most provided on a named-patient basis. Oversight of the management of medicines was limited, with no onsite pharmacist at HMP Featherstone to provide regular supervision.

4.71 New arrivals were assessed at reception for their suitability to receive their medicines in possession. Approximately 40% of prisoners had their medicines in possession, which was low. In-possession risk assessments were reviewed at least every 12 months or if the patient's circumstances or medicines changed. There was evidence that changes to a patient's in-possession status was not always documented accurately, which was poor practice. Prescribing and administration of medicines were recorded on SystmOne.

4.72 Medicines were administered on six house blocks and the segregation wing twice a day by pharmacy technicians and nurses; staff often had to administer on more than one wing per round. This had a detrimental impact on the prison's daily regime as it delayed the start of activities.

4.73 Medicines were administered through a hatch from a room on the house blocks that opened out on to a corridor. Although officers supervised the queue for medicines, there were frequently other prisoners around the hatch when patients were receiving their medicines. This meant that there was no confidentiality for patients, and an increased risk of bullying and diversion of medicines.

4.74 When we observed medicines administration, staff were asking patients to confirm their name and prison ID before handing over their medicines. As some patients expressed surprise, it was evident the process was not applied consistently. There were several examples of medicines being unavailable and some patients had experienced a delay of over a week, which was an unacceptable gap in treatment.

4.75 There was evidence that medicines prescribed for nighttime use were administered between 3pm and 4pm, which meant that they were not being given as prescribed and not fulfilling the most effective therapeutic regime.

4.76 Staff recorded when patients did not attend for their medicines. We were told that patients should be followed up if they did not attend but that this was inconsistent, which was unacceptable.

4.77 There was a very low number of incident reports on medicines management and administration. This meant that trends and risks could not be fully evaluated to establish the patient safety implications.

4.78 The controlled drugs policy required all entries in the register to be countersigned by a witness, but we were told that it was common for the records to report that these transactions had been witnessed when in fact they were not. We found discrepancies in the controlled drugs stock and reconciliation records, which we highlighted to the head of health care.

4.79 Medicines reconciliation was inconsistent and there was no review of medicines held in the wing treatment rooms. Emergency stock medicines were available in the health care wing and the stock was reconciled monthly, but there were discrepancies in the reconciliation and no audit trail of emergency medicines used.

4.80 Patients should have been given seven days of medication on release or transfer, but some were not.

Dental services and oral health

4.81 NHSEI commissioned a local visiting dentist to provide a full range of services. However, there were long delays with 161 patients on the list and the longest wait around 28 weeks. The pandemic, combined with

delays in new staff security vetting, had affected service delivery and the team had been working to reduce wait times.

4.82 In March 2022, treatments had stopped for six weeks when legionella was detected in the prison's water supply to the dental suite. This had recently been resolved and additional dental sessions were reducing the waiting lists. The team had remained on site to assess patients and offer remedial support.

4.83 Appointments were triaged by the dental nurse and urgent cases prioritised according to the patient's needs. Although patients complained about wait times, several told us the team were helpful and caring.

4.84 The dental suite was clean and equipment properly maintained, with a separate decontamination room. Dental health promotion was in place with an informative board outside the dental suite, which included an apology to patients about delays.

4.85 Some patients were not receiving their appointment slips, resulting in missed clinic attendance. This had been escalated to the deputy governor with a positive outcome.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 As pandemic restrictions were lifted, part-time activity was introduced, rather than a return to full-time work and education, which meant that prisoners had less purposeful time out of cell during the week than at our last inspection in 2018. In our checks, we found that 38% of prisoners were in activity and received about five hours a day out of cell. We also found about 14% of prisoners locked in their cell during the core working day, which was fewer than we have seen at similar prisons.

5.2 Time out of cell was limited for some and varied across the house units and the day of the week. House unit 5, the induction unit, had the most restricted regime (see paragraph 3.5), whereas house units 6 and 7 offered the most time out of cell at around 6.5 hours a day, including evening association. Prisoners on house units 1 to 4 attending education, training or work had five hours a day out of cell on weekdays and those not in activity had two hours out, except on Friday when they had only one hour out. On Friday, most prisoners were not allowed to shower, which was poor.

5.3 Leaders had recently introduced evening activities for prisoners, including access to the gym and library. They had plans to develop a range of recreational and structured activities on the house units.

5.4 The library was run by Staffordshire County Council and could access stock across the county. There had been an impressive commitment to restoring library access during the pandemic and this was much better for prisoners than we have seen at most other recent inspections. Prisoners had been able to use the library since April 2021, although COVID-19 restrictions had sometimes set back progress. Prisoners currently had reliable fortnightly access, but weekend opening had not yet resumed.

5.5 The library offered an impressive range of activities and initiatives to engage prisoners. Evening sessions had just been introduced three times a week for chess club, book club and board games night. The library ran Storybook Dads (enabling prisoners to record a story for their children), and ‘Story down the line’, both of which helped prisoners to build ties with their families (see paragraph 6.1). The library had run

the Reading Ahead literacy scheme in autumn 2021 and 33 prisoners had completed it. It had also delivered the Books Unlocked scheme, which had provided Booker Prize-nominated titles to 25 prisoners to read and review. The Shannon Trust reading programme had been affected by COVID-19 restrictions, but in the year to March 2022, mentors had delivered 105 sessions to prisoners.

5.6 A full PE timetable including evening and weekend sessions, had restarted in early May 2022. Sessions were offered for prisoners referred by the GP, self-isolators, those in segregation, veterans and the over-50s.

5.7 The gym was fully staffed, and the sports hall and weights room were both well-equipped and maintained. The outdoor pitches had been allowed to deteriorate: an all-weather surface had been condemned, but the grass pitch was being reseeded and was due to be available from August 2022.

5.8 New arrivals received a gym induction and could initially access sessions while living on house unit 5 (the induction unit). However, once they moved to another house unit, access became limited. Prisoners submitted requests to use the gym through a PE peer worker, which was inappropriate and meant that allocation was not necessarily fair. Prisoners with a place at the gym could reliably attend twice a week, which was less than before the pandemic but better than the last two years.

5.9 Vocational PE qualifications were due to be reintroduced from June 2022. The Twinning Project with Walsall Football Club was due to restart later in 2022, allowing prisoners from the Walsall area approaching release to gain support and a coaching qualification.

Education, skills and work activities

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

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

Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: requires improvement

Personal development: requires improvement

Leadership and management: requires improvement

5.11 Leaders and managers had a clear and appropriate vision for the development of the curriculum, which they had started to implement. However, they had not produced a plan of how they were going to achieve this. Leaders could not provide a detailed assessment of their current progress, and when and how the vision would be achieved. Managers had not assessed the risks to the achievement of the strategy.

5.12 The revised curriculum broadly reflected the recent needs analysis of the prisoners and the local job market into which they were released. Leaders had identified the importance of English, mathematics, digital skills and sectors such as hospitality, construction, business and engineering, including rail track maintenance. However, at the time of inspection, the curriculum did not meet the needs of specific groups of prisoners.

5.13 Leaders did not provide any release into the community on temporary licence (ROTL) for prisoners suitable for open prisons. There were not enough higher-level courses for prisoners who wanted to study beyond level 2 or English language support for speakers of other languages (ESOL). In addition, there was insufficient provision to support prisoners who planned to go into self-employment. As a result, these groups of prisoners were not developing the skills and knowledge that they needed to make progress towards their personal or employment targets.

5.14 At the time of the inspection, there were vacancies or staff absences in information and communications technology (ICT), painting and decorating, bricklaying, warehousing and automotive technologies. This significantly narrowed the curriculum delivered to prisoners.

5.15 There were sufficient spaces in education, prison services and work to keep all prisoners active for about 12 hours per week. A high proportion of prisoners were involved in part-time education, skills or work activity. However, too many were allocated to activities that did not align with their sentence plans and planned next steps. In work, too many prisoners did not develop their skills beyond the requirements of the job, and there was no clear plan for their next role in the prison. As a

result, too many remained in roles that did not develop their knowledge and skills.

5.16 Leaders had adapted the prisoner pay policy to make sure that there was no disincentive to attending education rather than work. However, too few prisoners were improving their mathematics and English skills. According to the prison's initial assessments of prisoners, over half had low skill levels in English and mathematics, but only a few were in English and mathematics classes, and they were not developing these skills in work. Due to the part-time nature of the regime, prisoners were making slow progress towards qualifications and could not combine work with education. This was understandably frustrating for them.

5.17 Leaders monitored the performance of activities in education, skills and work thoroughly through quality improvement actions and had made a broadly accurate assessment of the strengths and weaknesses of the provision. Leaders had worked hard through the recent restrictions to make sure that prisoners retained access to accredited courses.

5.18 There were some areas of strength in the quality of education. For example, in English, teachers explained important concepts and ideas clearly. In mathematics, teachers broke down complex processes into smaller steps which prisoners found easier to understand and remember. Well-qualified teachers used assessment well to check learners' understanding and to adapt their teaching to address any gaps or misunderstanding. Some prisoners extended their learning by completing extra work in the cells. Within the rail track course, the experienced tutor related theory to practice well. They provided prisoners with realistic tasks which developed their technical and team-working skills; for example, teams of prisoners had to level a track within a limited period. Tutors used high-quality learning resources and booklets which were appropriately sequenced. They supported and reinforced prisoners' learning well. Teachers and tutors provided clear verbal feedback which helped the prisoners to improve their practical skills and techniques. Most prisoners who completed courses achieved accredited qualifications.

5.19 Within engineering, hospitality and textiles workshops, prisoners developed vocational skills and learned the employability skills needed to meet contract deadlines. However, staff did not consistently record the attainment of skills and there were too few accredited qualifications in work.

5.20 Within a small number of vocational areas, teachers did not explain new concepts well. They did not plan learning activities that built on previous learning nor allowed time for the prisoners to test their understanding. As a result, some prisoners lost interest and did not make swift progress. In some cases, tutors found it difficult to maintain classroom discipline.

5.21 The small number of prisoners on distance learning or Open University courses were not taught to improve study or independent learning skills.

5.22 Staff identified prisoners' additional needs well in education and devised detailed support plans, but instructors in industries and work did not have access to this information and had not been trained to apply strategies to support these prisoners. Qualified prison mentors had not yet been deployed to support other prisoners, or to practise and improve the skills they had learned.

5.23 Recent arrivals at the prison were provided with appropriate initial advice and guidance. They were allocated to activities in line with their sentence plan, interests and job aspirations. However, more established prisoners had not benefited from this service, and some had been allocated to courses which were too easy or too difficult for them or not linked to their future job aspirations.

5.24 Twelve weeks before release, some prisoners completed an employability qualification, which included helpful information about CV writing, interview skills, job search and applications. Staff worked hard with these prisoners to identify employment and training opportunities in the areas where they were released, but not all prisoners had received this level of support over the last two years. Managers did not collect comprehensive information about the destinations of prisoners on release. They were not, therefore, able to evaluate fully the impact of education, training and work.

5.25 Some prisoners had completed the mentor course and others had attended courses in parentcraft, but leaders had not yet developed a common personal development curriculum across education and work. Managers had clear plans to celebrate a diverse range of events throughout the year. However, prisoners had not yet had formal opportunities to learn about equality of opportunity, diversity or the knowledge of their rights and responsibilities within society.

5.26 Through the work of leaders, teachers and tutors, prisoners had developed positive relationships with staff and with their peers. Most prisoners were respectful of staff and each other. All but a few worked well in a calm and respectful environment. Although attendance was improving, particularly in education, it was still too low in industries and work.

5.27 Since the last inspection, leaders had successfully improved the proportion of prisoners who achieved their qualifications and reduced the proportion who had withdrawn. However, too few prisoners achieved their level 1 mathematics qualification. While leaders had improved punctuality and prisoners were consistently busy in workshops, too few were improving their low skill levels in English and mathematics.

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 There was a good range of support to help prisoners develop and maintain family ties. This included a part-time Barnardo's family engagement worker and a parenting course run by the education provider. Storybook Dads, enabling prisoners to record a story for their children, was run by the librarian and was very well used, with 246 stories recorded in the year to March 2022. They had also extended the scheme to make recordings of prisoners reading stories with their children during family days for their relatives to keep. The library also offered 'Story down the line', a local project in which prisoners could borrow storybooks to read to their children on the phone. (See paragraph 5.5.)

6.2 All prisoners had a phone in their cell. In our survey, significantly more than at similar jails said that they could see their families or friends on social visits or using video calling. Secure video calling (see Glossary) was a popular option, with about 440 video calls a month facilitated. Although prisoners were limited to one video call a month, staff took a flexible approach if spare sessions were available.

6.3 The visits hall was newly furnished. COVID-19 restrictions on social visits had continued for longer than necessary. During the inspection, prisoners could only have two visits a month, a maximum of two children could attend and the hall only had capacity for 21 visits a session, which was too few at weekends. When we checked, the next available weekend visit was three weeks away. Managers responded to our findings immediately, removing the cap on children, offering enhanced-status prisoners an extra monthly visit and making firm plans to expand the hall's capacity to 29 visits a session. Monthly family days had just restarted with up to 15 families able to attend.

6.4 Booking social visits by phone worked well, but information on the prison's website was out of date and booking by email had been suspended during the pandemic. Barnardo's ran an excellent visitors' centre. Visitors could reach Featherstone on a shuttlebus from Wolverhampton Station that was shared with nearby prisons.

6.5 In our survey, only 10% of prisoners said that visits started on time, and we were told that there were some delays in prisoners reaching the hall, but staff were flexible and allowed visits to finish slightly late. Barnardo's staff, assisted by orderlies, provided refreshments, including fresh sandwiches. A new playworker was due to start in the following week.

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.

6.6 At the time of the inspection, two-thirds of prisoners were serving long sentences of over four years and about 50 were released each month.

6.7 Strategic oversight of work to reduce reoffending was adequate. There was a reasonably good and recent population needs analysis, based on a prisoner survey, some group consultation and limited data from prison information systems. The reducing reoffending strategy was underdeveloped, but it was positive that a resettlement pathways meeting had restarted. The reducing reoffending action plan was very limited, with many aspects lacking priorities. It was not being used to evidence progress, making it difficult to see improvements made or outcomes achieved.

6.8 Work delivered by the offender management unit (OMU) had deteriorated since the last inspection. The department was not well integrated into the prison's wider work and was not part of the wider reducing reoffending strategy. Leadership of the OMU had been very weak in the preceding year, with several changes in managers and a depleted administrative team. Some fundamental processes had broken down, such as the authorisation of monitoring or assessment of prisoners' suitability for child contact (see paragraph 6.16), and managers were unable to access key databases that supported delivery and oversight of parole and public protection work. Senior leaders did not have good oversight of the potential risks involved.

6.9 About 90% of the population had an OASys (offender assessment system) assessment of their risk and needs, but about 30% of existing sentence plans were over a year old and too many prisoners had only had a basic assessment that did not allow them to be considered for interventions (see paragraph 6.20). Too many of the assessments we checked were not of a good enough quality and lacked sufficient analysis of the individual's offending behaviour. Alternatives to accredited programmes to help prisoners address their attitudes and thinking were too rarely added to sentence plans. Prisoners told us that sentence planning did not always take account of their skills and needs.

6.10 All of the prison offender manager (POM) posts staffed by probation officers were filled, but there were too few prison staff POMs in post. Most prisoners we interviewed were frustrated by a lack of contact from the OMU and questioned its usefulness and visibility. Their contact with POMs was very inconsistent both in quality and frequency. We saw some good levels of recorded contact, and one particular probation POM had delivered some exceptionally strong work. Otherwise, we saw too few one-to-one interventions being completed with prisoners. Too often we found minimal or no recorded contact. In one case, there was no recorded contact for two years.

6.11 The number of home detention curfew (HDC) releases had increased since the last inspection with 125 in the previous 12 months, but too many prisoners were released after their eligibility dates for reasons outside the prison's control. This included a lack of suitable bail accommodation and support service (BASS) accommodation, failures by community offender managers (COMs) to inform the OMU that the nominated address was suitable, and the prisoner's arrival at Featherstone too close to their eligibility date.

6.12 There was no dedicated provision for indeterminate sentence prisoners. POM contact levels with prisoners approaching parole were better than for other determinate sentence prisoners we checked and their sentence plans were updated more regularly. However, managers did not have oversight of parole processes to make sure there was good progress towards hearings.

Public protection

6.13 Public protection arrangements were poor, despite the fact that about 45% of the population presented a high risk of serious harm to others. There were not enough safeguards to check arrangements for the high-risk prisoners released each month. The interdepartmental risk management meeting had met only twice in the previous six months. There had been four different senior probation officers (SPOs) in post in the previous year and oversight had lapsed. The current SPO had plans for the meeting to start considering high-risk prisoners well ahead of their release.

6.14 There was too little consistent, well-documented evidence of communication between POMs and COMs to discuss MAPPA (multi-agency public protection arrangements), which meant that the management level in the community for most MAPPA-eligible prisoners approaching release was not confirmed. Most POM contributions to community MAPPA ('MAPPA Fs') were of a good standard and analysed evidence from a range of sources. Nobody in the OMU had access to ViSOR, the violent and sexual offenders' register (the national public protection database that supports MAPPA), which meant they could not access or update this source of information.

6.15 About 30 prisoners were subject to mail and phone monitoring. There was a large backlog of telephone calls waiting to be listened to, dating back months. Processes to authorise and review the application of

monitoring had broken down and monitoring continued without appropriate management oversight.

6.16 Not all prisoners who potentially posed an ongoing risk to children had their suitability for contact assessed. During the inspection, we identified a prisoner with significant risk indicators and the involvement of children's social services. Although their potential risk had been identified, no assessment had then been completed or restrictions imposed. The OMU had no process for completing assessments of ongoing risk.

6.17 The mailroom staff who were responsible for preventing letters being sent to or received by prisoners subject to existing child contact restrictions used an outdated list. This meant that some of these prisoners were potentially able to make written contact with children.

Categorisation and transfers

6.18 Managers had recognised deficiencies in recategorisation reviews, and the prison's approval rate for prisoners to move to category D (open prison) status was below the national average. The new SPO had plans to improve the quality of reviews, including holding boards with the prisoner. There were about 50 category D prisoners at Featherstone during the inspection. Although there were good plans to transfer them, prisoners often waited several months to move to open conditions.

Interventions

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

6.19 At the last inspection, we raised concerns that there was a fundamental gap in interventions offered to prisoners to help rehabilitation. Provision had not improved at this inspection. The programmes team currently offered two accredited offending behaviour programmes, the Thinking Skills Programmes (TSP) and Kaizen (addressing general violence). A combination of COVID-19 restrictions and staff shortages meant that only four prisoners had completed an accredited programme in the previous 12 months.

6.20 The need for programmes was high. A quarter of the population, 172 prisoners, had an identified need for one of these programmes. A further 106 had not been assessed for their suitability for a programme as they had only a basic OASys. Despite this, there was space in 2022-23 for only 50 prisoners to complete TSP and eight to start Kaizen. Clearly this would not meet need, and plans for Featherstone to become a dedicated training prison in 2023 would increase this need further.

6.21 The prison's programmes needs analysis dated back to 2019 and was now too old to be useful. As at the last inspection, there were still no

accredited interventions for prisoners convicted of domestic violence offences. Managers were aware of this unmet need and 55 prisoners were waiting to transfer to another prison to complete their sentence plans.

6.22 Support for prisoners to manage their finances, access benefits and address debt was good. A part-time specialist adviser from Birmingham Settlement helped prisoners from the West Midlands with issues such as mobile phone contracts, eviction notices and mortgage payments. PACT (Prison Advice and Care Trust) workers offered prisoners approaching release a personal finance course (see paragraph 6.28). A worker from the Department for Work and Pensions had doubled her availability to four days a week to match the increase in the number of releases. She provided a range of support as well as helping with benefit claims. A new caseworker had just been recruited to help prisoners open bank accounts and obtain copies of their birth certificates.

6.23 Two part-time workers from Nacro (formerly National Association for the Care and Rehabilitation of Offenders) each attended once a week to complete housing assessments and make referrals. These workers were sometimes stretched but generally managed to complete their assessments. They were seriously disadvantaged by a lack of access to prison and probation information systems that contained important risk information. Colleagues in the community then tried to secure housing on the basis of their assessments, and the two workers could organise phone interviews between housing providers and prisoners where necessary. There were no reliable data about housing outcomes for prisoners on or after release.

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.

6.24 The number of releases had doubled since the last inspection with about 40-50 prisoners leaving each month. Release planning arrangements had changed in the summer of 2021 and were not sufficiently good or well-enough resourced. Prisoners we interviewed expressed concern about preparation for their release.

6.25 There was only one resettlement worker to plan for the release of about 30 low- and medium-risk prisoners a month. At the time of the inspection, she could not keep up with demand and was seeing prisoners to identify their needs only eight weeks ahead of their release date, and only four weeks ahead of their HDC-eligibility date. This was not far enough ahead to allow for effective planning.

6.26 There were about 10-15 high-risk prisoners released each month and they relied on their COM to identify their resettlement needs. Prisoners

were frustrated by a lack of communication about their release planning. We found too little evidence of POMs completing a handover to COMs for prisoners approaching release or communication back from the COM about progress made. Neither the resettlement worker nor the POMs had access to the referral system used by COMs and providers such as Nacro, so they struggled to monitor whether the appropriate support was being put in place.

6.27 The prison had introduced a regular resettlement clinic to mitigate the worse effects of the changes to the delivery of resettlement services made last year. This met every three weeks to discuss cases eight weeks ahead of release. This was a promising initiative but was still developing.

6.28 Two full-time PACT workers delivered a very good range of support funded by Shaw Trust/CFO3 (a voluntary programme designed to help prisoners likely to struggle to prepare for release). The workers were currently engaged with about 120 prisoners and had achieved 84 completions in the previous 12 months. Topics addressed included relationships, money management and emotional well-being. The workers were well integrated with other resettlement staff.

Section 7 Summary of priority and key concerns

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

Priority concerns

1. **The older house units (1 to 4) were in a very poor condition and needed significant renovation or replacement.**

2. **Despite a high level of need, no seriously mentally unwell prisoners had been transferred to the regional inpatient unit at HMP Birmingham.** This left leaders trying to manage very disturbing behaviour, which often involved the use of the segregation unit, which was a far from therapeutic environment.

3. **Senior leaders did not have an effective strategy for improving prisoners' skill levels in English and mathematics.**

4. **Arrangements to protect the public from serious harm were poor and senior leaders did not have oversight of the potential risks.**

5. **There were too few opportunities for prisoners to demonstrate progression or complete their sentence plan targets and some fundamental offender management processes had broken down.**

Key concerns

6. **Oversight of and accountability for the use of force against prisoners was lacking.** Despite a high rate of force being used, almost 80% of recent incidents had not been recorded by staff on body-worn video cameras.

7. **Some of the very basic aspects of prison life were poorly managed.** Prisoners' access to their personal property was fraught with difficulties. The applications system and the management of complaints were very weak. Prisoners reported a variety of problems with the quality and quantity of food, and that the range of products available from the prison shop was limited.

8. **Oversight of the management of medicines was limited, with no onsite pharmacist to provide regular supervision.**

9. **There was insufficient support for prisoners who did not have English as their first language.**

10. **The curriculum did not meet the needs of specific groups of prisoners.** Prisoners waiting to go to an open prison or wanting to study

at higher levels or become self-employed could not access learning or work activities that met their needs.

11. **Staff shortages meant that the curriculum delivered was too narrow.** There were vacancies or staff absences in teaching information and communications technology (ICT), painting and decorating, bricklaying, warehousing and automotive technologies.

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, reception and early days arrangements were good, prisoners were well informed and there was a suitable focus on risk. Too many prisoners still felt unsafe and experienced violence, much of which was associated with drugs and debt, although the number self-isolating had reduced substantially. Drugs were easily available and new psychoactive substances in particular posed a serious threat to the health and safety of prisoners and staff. The prison was committed to addressing levels of violence and drug use, and these had reduced recently. Adjudications and segregation were used appropriately and were well managed. Levels of use of force were relatively high and well governed. Security arrangements were mostly proportionate. Arrangements to support and care for prisoners at risk of suicide and self- harm had improved and were reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The focus on violence reduction should continue. Actions to reduce violence should be coordinated and embedded, and their impact measured. (S57)
Achieved

The focus on drug reduction should continue. Actions to reduce the availability and demand for drugs should be coordinated and embedded, and their impact measured. (S58)
Achieved

Recommendations

Subject to security assessment, prisoners should have access to their telephone accounts on arrival. (1.10)
Achieved

The regime for self-isolators should be improved, with a focus on mental well-being, and should include daily access to showers. (1.22)
Achieved

The prison should ensure that, where practicable, all intelligence-led searching and drug testing is undertaken. (1.42)
Not achieved

Information about prisoner self-harm should be analysed, to inform action to improve prisoner safety. (1.53)
Partially achieved

Investigations of serious incidents of self-harm should identify lessons learned, which should be shared with staff. (1.54)
Achieved

Constant observation cells should be equipped with safe furniture, in addition to a bed. (1.55)
Achieved

Samaritans telephones should be made available for prisoners who wish to use them. (1.56)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, staff-prisoner relationships had improved substantially and were good. Much of the prisoner accommodation was run down and required a complete refurbishment. Most areas were clean, cells were suitably equipped and prisoners could access basic essentials. Prisoners did not like the food provided, and self-catering arrangements needed upgrading. Prisoner consultation was good. The application system did not work effectively. Most complaints were reasonably well managed but the failure to retain copies of serious complaints was unacceptable. Equality arrangements had improved and the needs of minority groups were generally met. Faith provision was satisfactory. Health and substance misuse services were generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should have prompt access to their property. (2.13)
Not achieved

The kitchen floor should be free from broken tiles and in a good state of repair. (2.19)
Partially achieved

House block serveries and food trolleys should be clean and well maintained, and servery workers should wear appropriate protective clothing. (2.20, repeated recommendation 2.91)
Not achieved

The application system should be managed in confidence and prisoners should be able to have their applications dealt with quickly and fairly. (2.26)
Not achieved

The prison should retain copies of complaints and responses made under the confidential access process. (2.27)
Achieved

Prisoners should be able to have a private legal visit. (2.28, repeated recommendation 2.47)
Not achieved

Managers should develop links with community organisations to provide support and advice for each protected characteristic. (2.33, repeat recommendation 2.26)
Not achieved

Staff should use the professional telephone interpreting service to communicate with non-English speakers whenever confidentiality is required. (2.40, repeat recommendation 2.35)
Not achieved

There should be regular and recorded clinical supervision for all clinical staff. (2.54)
Achieved

Equipment for use in medical emergencies should be standardised, in line with UK Resuscitation Council guidelines, and be subject to regular documented checking. (2.55)
Achieved

The care planning and monitoring of patients with diabetes should be consistent. (2.66)
Achieved

The prison should enable patients with external hospital appointments to attend at the appointed times. (2.67)
Achieved

There should be an up-to-date memorandum of understanding and clarity of understanding between the prison and local authority staff about the assessment and commissioning of social care for those meeting the threshold. (2.71)
Achieved

There should be dedicated mental health awareness training for custody staff. (2.76)
Partially achieved

The opiate substitute dispensing point in the prison should offer adequate privacy to those attending for treatment. (2.83)
Achieved

Drug and alcohol recovery service release plans should be shared with the offender management unit, to ensure a coordinated approach to resettlement planning. (2.84)
Achieved

The ordering and disposal of controlled drugs should comply with legislation and best practice. (2.92)
Not achieved

The health care manager should be assured that all medicines are stored within their recommended temperature ranges. (2.93)
Achieved

The health care manager should ensure that medicine administration times, in-possession risk assessments and monitoring processes optimise patients' access to and benefit from medicines. (2.94)
Not achieved

Prisoners should receive medicines confidentially, with suitable officer supervision to prevent bullying and diversion. (2.95)
Partially achieved

Prisoners not attending for the administration of medicines or collection of in-possession medicines should be systematically followed up. (2.96)
Achieved

Purposeful activity

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

At the last inspection, in 2018, most prisoners had a reasonable amount of time unlocked. The daily regime was predictable. The quality of, and access to, library and PE services were good. The leadership and management of education, skills and work were effective. There were sufficient activity places for all prisoners and they were allocated well. Attendance was reasonably good, but punctuality sometimes poor. The range of vocational courses and qualifications had increased. The focus on employability had improved but work for some prisoners was not sufficiently purposeful. Not enough prisoners with low-level skills in English and mathematics undertook qualifications to improve these. Teaching, learning and assessment were effective. Most prisoners' achievements were high.

Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Prisoners with low-level skills in English and mathematics should be enabled to improve them. (S59)
Not achieved

Recommendations

Vocational courses leading to accredited qualifications in PE should be provided. (3.14)
Not achieved

Prisoners who need them should be able to access courses above level 2. (3.26)
Not achieved

Quality assurance arrangements should extend to all learning and skills and work activities, and self-assessment should include the views of prisoners. (3.27)
Not achieved

Data on the destinations of prisoners should be collected and used, to ensure that provision meets their needs and is effective. (3.28)
Not achieved

Prisoners should arrive at education, training and work on time to maximise the use of these resources and help prisoners to develop the discipline of punctuality. (3.39)
Achieved

Prisoners in all work areas and workshops should be productively employed and develop high levels of employability skills. (3.40)
Achieved

The achievement rate for mathematics and other underperforming courses should be increased to acceptable levels. (3.45)
Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2018, good support was provided to enable prisoners to maintain family ties. The strategic management of reducing

reoffending was underdeveloped. Too many prisoners did not have an up-to-date offender assessment system (OASys) assessment. Offender management had improved and was reasonable overall, and better for high-risk cases. Levels of offender supervisor contact were good. Opportunities for prisoners to reduce their risk and progress were hindered by the lack of offending behaviour programmes. Public protection arrangements were sound. Planning for prisoners' release was timely and prisoners could access good support with housing, and finance, benefit, debt issues. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Sufficient relevant offending behaviour work should be provided, to enable prisoners to reduce their risk and progress. (S60)
Not achieved

Recommendations

Offender management and resettlement provision should be informed by a comprehensive and robust analysis of needs, including evidence gathered from offender assessment system (OASys) assessments and P-NOMIS. (4.16)
Achieved

An up-to-date reducing reoffending action plan to develop provision should measure improvement across time. (4.17)
Not achieved

All eligible prisoners should have an up-to-date OASys assessment with a sentence plan, to inform their progression. (4.18)
Not achieved

Home detention curfew processes should be applied according to the latest Her Majesty's Prisons and Probation Service guidance. (4.19)
Achieved

Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to promote the offender management unit's involvement in risk management release plans. (4.24, repeated recommendation 4.20)
Not achieved

Resettlement outcomes following release should be gathered and analysed, to evidence the effectiveness of the resettlement services. (4.33, repeated recommendation 4.34)
Not achieved

The community rehabilitation company should review resettlement plans far enough ahead of home detention curfew eligibility and parole release dates to provide effective support. (4.38)
Not achieved

Appendix I About our inspections and reports

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

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

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

Safety
Prisoners, particularly the most vulnerable, are held safely.

Respect
Prisoners are treated with respect for their human dignity.

Purposeful activity
Prisoners are able, and expected, to engage in activity that is likely to 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:

Charlie Taylor	Chief Inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Ali McGinley	Inspector
Rebecca Stanbury	Inspector
Jonathan Tickner	Inspector
Dionne Walker	Inspector
Charlotte Betts	Researcher
Rachel Duncan	Researcher
Amilcar Johnson	Researcher
Isabella Raucci	Researcher
Sarah Goodwin	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Chris Barnes	Pharmacist
Dee Angwin	Care Quality Commission inspector
Mary Devane	Ofsted inspector
Dave Everett	Ofsted inspector
Jai Sharda	Ofsted inspector
Martin Ward	Ofsted inspector
Tracey Zimmerman	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.

Neurodiversity
Neurodivergent people are those whose thinking is different from the neurotypical majority.

Offender management in custody (OMiC)
The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, entails prison officers undertaking key work

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

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 visit 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).

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

Appendix III Care Quality Commission Requirement Notice

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

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

Regulation 12 (1)(2)(b)(f)(g)

Safe care and treatment.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

How the regulation was not being met:

Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe.

- Medicines were not consistently administered at prescribed times, some patients received their evening medication too early.
- In-possession systems were not fully utilised and changes not fully documented causing delays to treatment.
- Some patients were released or transferred without their medicines and prescriptions.
- Some treatments were amended without consultation with the patient.
- Medicines reconciliation was not consistent.
- Stock control and record keeping for controlled drugs needed to be improved.

Regulation 18

Staffing

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

How the regulation was not being met:

- At times there were insufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the needs of patients.
- Particularly around the administration of medicines.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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/

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