Report on an unannounced inspection of

HMP/YOI Norwich

by HM Chief Inspector of Prisons

30–31 August and 12–16 September 2022

Contents

Introduction

Holding about 700 adult male prisoners, Norwich prison fulfils several functions and is spread over three adjacent sites. The main prison is a traditional reception jail, but it is complimented by a separate 1960s-built category C training site and a small open resettlement facility, known as Britannia House.

At this inspection, we found improved outcomes in our healthy prison test of respect, which we now judged to be reasonably good. The same was true of rehabilitation and release planning, reflecting leaders' achievements in sustaining and promoting the rehabilitative purpose of the institution.

Safety outcomes were still not sufficiently good, a judgement informed to a great extent by the high number of violent and use of force incidents, and the rise in the number of segregated prisoners. Three prisoners had tragically taken their own lives since we last inspected and self-harm was higher than at comparable prisons. We did, however, find some improvements already in place to address these concerns, as well as other steps being taken to make the prison safer.

The prison was struggling to provide purposeful activity. During the working day we found nearly two-thirds of prisoners locked up, although the consistent delivery of daily routines was mitigating restrictions slightly, with most prisoners accessing between two and four hours unlocked each day. Our colleagues in Ofsted found the overall effectiveness of education, skills and work activities to be 'inadequate' which, when combined with our own findings, meant that we judged purposeful activity outcomes to be poor overall.

The principal cause of these difficulties seemed to be the prison's inability to retain staff. New officers had been recruited, but the number of new arrivals was failing to keep pace with the number leaving the prison, despite interventions from leaders aimed at supporting staff more visibly on the wings. We found a functional leadership team that was committed and effective and which was particularly responsive to the issues and concerns we raised, several of which were corrected during the inspection. Despite this, there was a troubling disconnect between staff and leaders, with staff who responded to our survey, for example, raising questions about engagement and morale.

The governor spoke energetically about his priorities for the prison, and these had been communicated clearly across establishment. The findings from our inspection suggested these priorities were being delivered, although some aspects were too aspirational and did not focus sufficiently on deliverable targets. Self-assessment and future planning might also have been better informed by a more considered use of the data – which were otherwise analysed very well within the prison. This, however, should not detract from the progress made in this reasonably capable institution.

Charlie Taylor
HM Chief Inspector of Prisons
October 2022

What needs to improve at HMP/YOI Norwich

During this inspection we identified 13 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **A severe shortage of officers limited time unlocked for prisoners and the care they received.**

2. **Levels of violence were very high and were increasing.** Leaders had no overarching strategy or plan to reduce this.

3. **The number of self-harm incidents was high and was increasing.** Too little was being done to address and understand the causes of self-harm.

4. **Time unlocked was poor for most prisoners.** Access to the open air was also insufficient.

5. **Prisoners had very limited access to work or study**. There was insufficient work or education provision to support the population in any meaningful way. Most spent a maximum of seven or eight hours per week at their activities. As a result, it took most prisoners too long to complete their courses.

6. **Monitoring arrangements for those with public protection concerns were not effective.** Prisoners' telephone calls were not being listened to when they should have been, posing a potential risk to the public.

Key concerns

7. **Newly arrived prisoners did not have decent conditions and spent too long locked in their cells.** There was also little structured support from prisoner mentors.

8. **Access to health care appointments was limited by regime restrictions and a shortage of officers to escort patients.**

9. **The library facilities were poor and had insufficient materials or activity to promote literacy and encourage reading.**

10. **Prisoners received poor-quality careers information, advice and guidance.**

11. **Too few prisoners attended their education courses and they often arrived late to their learning and work sessions.** In a large number of cases, prisoners missed learning because they attended health care appointments that had been booked at the same time as their lessons. Teachers and trainers did not encourage those prisoners who arrived on time to their activities to start working immediately.

12. **Approximately one-third of prisoners within the category B part of the prison had not completed an induction and assessment for learning and work, which delayed their allocation to activities.**

13. **Visits were too short and were not allocated equitably.** Visit slots were only for an hour. Unlike for others, visitors to vulnerable prisoners had only one weekday slot and no option to visit at weekends.

About HMP/YOI Norwich

Task of the prison/establishment
HMP/YOI Norwich is a multifunctional local prison holding remand and sentenced category B, C and D adult prisoners as well as remand and sentenced young adults.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 691
Baseline certified normal capacity: 616
In-use certified normal capacity: 576
Operational capacity: 733

Population of the prison

- 69 court admissions received, on average, per month.
- 94 foreign national prisoners.
- 31% of prisoners from black and minority ethnic backgrounds.
- Over 100 prisoners released into the community each month in the last year.
- 251 prisoners receiving support for substance use.
- 30–40 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Health Care Resourcing Group Limited
Mental health provider: Norfolk and Suffolk NHS Foundation Trust
Substance use treatment provider: Phoenix Futures (psychosocial) and Health Care Resourcing Group Limited (clinical)
Prison education framework provider: PeoplePlus
Escort contractor: Serco

Prison group/Department
Bedfordshire, Cambridge and Norfolk

Brief history
Norwich prison was built in 1887 on the site of the Britannia barracks home of the Royal Norfolk Regiment. It serves courts predominantly in East Anglia. The establishment has a mixture of buildings dating from 1887 to 2010, when the new A wing and activity centre was built. The prison is a complex site – it is split into three areas, each serving different functions: the reception site (main site; local prison), the category C training prison and Britannia House, which holds category D prisoners.

Short description of residential units

Main prison site (local prison)
A wing – induction and first night centre, and integrated drug treatment system, with space for 225 prisoners.

B wing – accommodation for 121 unconvicted and sentenced adults and young adults from the general population.
C wing – two landings, with accommodation for 84 unconvicted and sentenced adults and young adults from the vulnerable population.
C3 landing – enabling environment accommodation for 41 unconvicted and sentenced adults and young adults from the general population.
E wing – accommodation for 26 unconvicted and sentenced adults and young adults from the general population.
Ketts unit – segregation unit, with accommodation for 10 prisoners.

Category C site
F and G wings – accommodation for 160 category C prisoners engaged in an 'active citizenship' policy.
H wing – health care unit providing specialist/individualised care for 29 prisoners, with addition of category D prisoner dormitories for prisoners on release on temporary licence.
L wing – specialist unit staffed by health care professionals, providing social/palliative care for up to 15 prisoners.

Britannia House
Britannia House is a rehabilitation and resettlement unit for 42 category D prisoners working in the establishment and the community.

Name of governor and date in post
Declan Moore, September 2018

Changes of governor since the last inspection
None

Prison Group Director
Gary Monaghan

Independent Monitoring Board chair
Stephanie Amey

Date of last inspection
21 October – 1 November 2019

Section 1 Summary of key findings

1.1 We last inspected HMP/YOI Norwich in 2019 and made 30 recommendations, 15 of which were about areas of key concern. The prison fully accepted 26 of the recommendations and partially (or subject to resources) accepted four.

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/YOI Norwich took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.

1.4 At our last full inspection, we made 15 recommendations about key concerns. At this inspection we found that five of those recommendations had been achieved, three had been partially achieved and seven had not been achieved. Two recommendations made in the area of safety, two made in the area of respect and one made in the area of rehabilitation and release planning had been achieved. One recommendation in respect and two in rehabilitation and release planning had been partially achieved. However, two recommendations in safety, all four in purposeful activity and one in rehabilitation and release planning were not achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

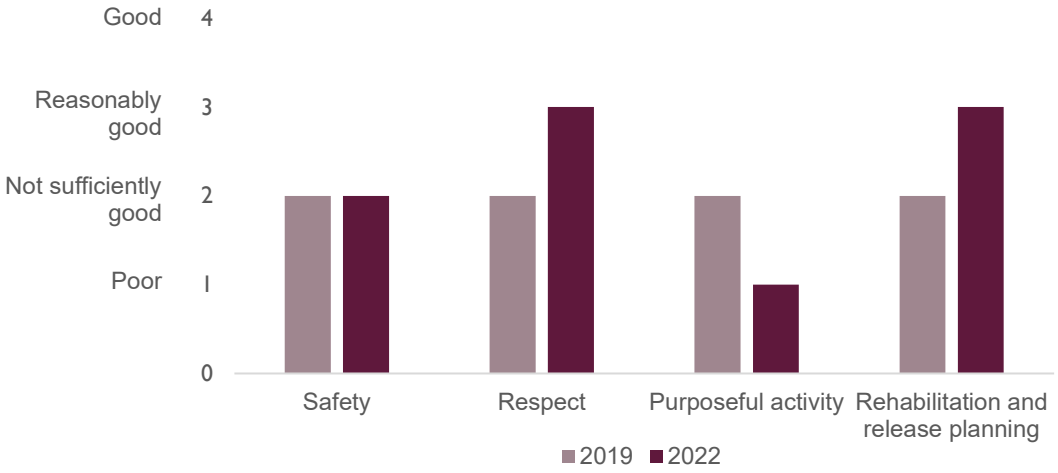
Outcomes for prisoners

1.5 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

1.7 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP/YOI Norwich healthy prison outcomes 2019 and 2022



Safety

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

At this inspection, we found that outcomes for prisoners remained not sufficiently good against this healthy prison test.

1.8 Newly arrived prisoners were allocated dirty cells that were not adequately equipped. The quality of information on induction was not good enough and the regime in the early days was poor.

1.9 Levels of violence had reduced since the last inspection, but remained very high, although few incidents were considered serious.

1.10 Leaders knew the drivers for violence and investigations were mainly thorough, but the good work of the well-attended safety intervention meeting needed to be shared more widely through an overarching violence reduction action plan.

1.11 There were positive elements to the prison's approach to incentivising positive behaviour, and the adjudication process was well managed overall.

1.12 The level of use of force had increased since the last inspection and was high, but oversight had improved now that a use of force coordinator was in place. The use of force appeared to be appropriate in all the incidents we viewed, and there was good evidence of de-escalation. However, the use of body-worn video cameras was poor, partly because of technical problems. Although the number of incidents when batons were drawn was high, the evidence available to us suggested usage was largely justified.

1.13 The number of prisoners held in the segregation unit had increased since the last inspection. We observed good relationships between

prisoners and staff on the unit, but the regime was poor and reintegration plans were formulaic and lacked detail.

1.14 Security measures were generally proportionate to the risk posed by the respective populations on the three sites, but routine strip-searching on arrival from another prison and after visits still took place. Far fewer prisoners than at the time of the last inspection said that it was easy to get illicit drugs in the prison.

1.15 There had been three self-inflicted deaths since the last inspection. The prison had responded well to Prisons and Probation Ombudsman action plans, and investigations following serious acts of self-harm were comprehensive.

1.16 The recorded number of self-harm incidents was higher than in similar prisons and on an upward trajectory, although repeat self-harmers accounted for around 68% of incidents. Monthly safety meetings analysed a wide range of data, but actions to address and understand the causes of self-harm were too limited.

1.17 The number of prisoners receiving support through the assessment, care in custody and teamwork (ACCT) case management process for those at risk of suicide or self-harm was high, especially on A wing. Most staff we spoke to were knowledgeable about the needs of those on ACCTs in their care, but staff on A wing were overstretched. Good quality assurance processes and consistent case management had improved the quality of ACCTs overall, but ongoing records of meaningful conversations were often lacking.

1.18 The day-care suite was a good initiative for supporting prisoners' mental health and well-being, but too few had access to the facility.

Respect

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

At this inspection, we found that outcomes for prisoners now reasonably good against this healthy prison test.

1.19 In our survey, 70% of respondents said that they were treated with respect, and more prisoners than at similar prisons said that they had a named officer they could turn to. Electronic case notes we viewed showed a reasonable level of staff/prisoner contact, but opportunities to develop more supportive relationships were undermined by the lack of staff.

1.20 Cells were well equipped and prisoners had good access to prison clothing and cleaning materials, although some cells remained overcrowded and needed refurbishment. Access to showers was generally good, but some lacked privacy and were shabby. Communal

areas on the main site were dirty during our survey visit, but had improved considerably by the next week of the inspection. External areas were litter free, but often overgrown and uncared for. Living conditions in Britannia House were good and prisoners had access to self-cooking facilities there.

1.21 Despite routine management checks, our survey results about the timeliness of responses to cell call bells were poor.

1.22 Consultation forums took place across the prison but did not always address issues raised by prisoners. The application process was overseen by prisoner information desk workers, but confidentiality, monitoring and quality assurance were limited. The number of complaints submitted was high.

1.23 Oversight of equality work was reasonable and the prison responded to a wide range of equality data, but the effectiveness of consultation varied between protected characteristics. Understanding and responding to the needs of younger prisoners had rightly been identified as a priority and it was positive that a dedicated manager was leading the work. However, provision for foreign national prisoners was poor.

1.24 Corporate worship was no longer held at weekends because of prison officer shortages.

1.25 The well-led primary care team provided an appropriate range of services to meet the needs of their patients. They saw patients on the wing, where appropriate, as officers were not always available to escort them to health care clinics.

1.26 Patients with long-term conditions were well cared for and pharmacy services were well managed.

1.27 A highly skilled and experienced mental health team offered an appropriate range of therapeutic interventions. The care and support to meet the complex needs of the patients on L wing (the inpatient unit) was also good, but the environment was shabby and needed updating to make it more therapeutic. Clinical and psychosocial substance use services were good, although psychosocial assessments were routinely conducted through the cell door, which was inappropriate.

Purposeful activity

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

At this inspection, we found that outcomes for prisoners were poor against this healthy prison test.

1.28 We found 65% of the population locked up during our roll checks, which was unacceptably high and especially poor for the category C training site. However, fewer respondents than at similar prisons said that they had less than two hours each day out of cell, although the amount of time unlocked was considerably worse than at the time of the last inspection.

1.29 Those with jobs could expect to be unlocked for around four hours during the working day, but the many unemployed had only around two hours. Exercise periods across the prison were too short, at just 30 minutes.

1.30 In our survey, more respondents than in similar prisons said that they could visit the library once a week or more, but fewer said that there was a wide enough range of materials to meet their needs. The four small libraries were poorly equipped and had insufficient activity to promote literacy and engage readers.

1.31 Gym provision on the main site was very limited and sessions were often cancelled because of redeployment of PE staff to the wings. Prisoners on the category C site were much more positive about their access, but the outside pitch was rarely used. A small gym was available for use by those in Britannia House, but much of the equipment was broken.

1.32 Prisoners who attended activities spent too little time working or studying because of the reduced hours available within the restricted regime. There was insufficient time to complete courses. Many prisoners had not completed an induction session, which delayed their allocation to education or work. Attendance and punctuality were also not good enough.

1.33 Prisoners did not have access to high-quality careers information, advice and guidance, but those on external release on temporary licence (ROTL) placements were valued by their employers and approximately one-fifth of category C and D prisoners secured sustained employment on release.

1.34 Prisoners behaved respectfully in learning and work activities, and those with learning difficulties and disabilities benefited from high levels of support.

Rehabilitation and release planning

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

At this inspection, we found that outcomes for prisoners were reasonably good against this healthy prison test.

1.35 Visits took place five days a week, but were for only an hour's duration and were not allocated equitably. The visitors centre was welcoming, the visits halls was functional, and a wide range of activities supported prisoners to maintain family contact.

1.36 The prison held a diverse and complex population of remand, unsentenced and sentenced prisoners, and the turnover of arrivals and releases was high.

1.37 Separate analyses had been completed to understand prisoners' varied needs, but the findings did not inform an overarching, comprehensive strategy. Despite this, regular and well-attended reducing reoffending meetings demonstrated some good work.

1.38 Almost all eligible prisoners had an up-to-date assessment of their risk and needs. The offender management unit was well resourced and prison offender manager (POM) caseloads were manageable and appropriately allocated. Contact between prisoners and their POM was improving, and the quality of sentence plans was reasonably good.

1.39 Home detention curfew was administered efficiently and transfers to other establishments were managed well.

1.40 About 40% of the sentenced population were assessed as presenting a high or very high risk of serious harm to others, but the interdepartmental risk management meeting lacked sufficient oversight for all these prisoners. However, contact between community offender managers and the prison, to hand over responsibility for cases and share information in preparation for release, was usually timely.

1.41 Most risk management plans in the sample we reviewed were of good quality and the prison's written contributions to multi-agency public protection arrangements (MAPPA) panels were very good. However, there were gaps in arrangements for prisoners subject to public protection monitoring.

1.42 There were still no accredited programmes available to help address prisoners' offending behaviour, but there were good opportunities to undertake ROTL in the community. The Department for Work and Pensions offered valuable help to prisoners with benefits claims and their readiness to apply for jobs.

1.43 In the past year, more than 100 prisoners had been released each month, and demand for support was high. The small on-site pre-release team was often under-staffed, but we saw generally positive outcomes across all resettlement needs, although there were gaps in provision for the remand population.

1.44 Work to develop partnerships to improve accommodation outcomes for prisoners was excellent and, on average, 75–80% of prisoners were released with some form of housing to go to on their first night.

Notable positive practice

1.45 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.

1.46 Inspectors found five examples of notable positive practice during this inspection.

1.47 Joint working between Health Care Resourcing Group Limited, the liver specialist team at Norfolk and Norwich University Hospital and the Hepatitis C Trust made sure that prisoners who were diagnosed with hepatitis received excellent and prompt treatment. (See paragraph 4.47)

1.48 There was a structured programme of peer support for patients with diabetes, to improve their health and well-being. (See paragraph 4.52)

1.49 The allocation of individual cases to prison offender managers (POMs) was timely and appropriate. This was usually accompanied by an entry on P-Nomis by one of the senior probation officers helpfully summarising the case and outlining immediate priority tasks for POMs to address.

1.50 Efforts to improve accommodation outcomes for prisoners were excellent, with strong partnerships with local housing authorities and regular meetings to discuss individual prisoner cases. (See paragraph 6.33)

1.51 An in-reach worker from St Martins Housing Trust attended the establishment regularly to support prisoners who were likely to be released homeless and also those who may be discharged. (See paragraph 6.34)

Section 2 Leadership

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

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

2.2 The governor had set clear priorities for the prison that were widely communicated and prominently displayed across the prison. In our staff survey, the majority of those who responded said that the prison's priorities were very or quite clearly communicated to them.

2.3 Although there was some good analysis of data, leaders did not always use this to inform strategy or action in response to the main trends and concerns. The prison's self-assessment was, in parts, aspirational and failed to identify some weaknesses we found during the inspection. Although leaders had identified appropriate priorities, more measurable targets were needed to keep them focused on improvement.

2.4 A severe shortage of prison officers was having a negative impact on outcomes for prisoners in many areas and had recently led to leaders introducing a very limited regime. Although approximately 80% of the allocated complement of officers had been recruited, only around 60% were available, for reasons including temporary promotion, sickness, training and suspension. Support from overtime bonus schemes and extra officers sent on 'detached duty' from other prisons mitigated the staffing situation to an extent, but the amount of time that most prisoners were unlocked remained poor.

2.5 Although the prison had been able to recruit officers and had a promising number of new applicants, the level of resignations in the past year had been very high. We were told that the level of prison officer attrition (28%) was one of the highest in the country, and more than 50 officers had resigned in the previous 12 months. Those who responded to our staff survey made more negative comments than we usually see, suggesting a lack of positive staff engagement. Leaders were introducing a range of measures to improve retention, including a well-being manager to offer staff support.

2.6 The senior management team had expanded to include a leader for each wing, in order to strengthen support for the high number of inexperienced officers. Overall, more than 40% of officers had less than two years in service. Leaders had also made efforts to address the imbalance in experience across the wings through a recent staff rotation.

2.7 Leaders had continued to deliver some purposeful activity within the newly restricted regime, but most prisoners who attended work or education could only do so for up to two hours a day. Ofsted judged the leadership and management of education, skills and work to be inadequate.

2.8 However, leaders had made progress since the last inspection, in their efforts to promote the rehabilitative purpose of the prison. There were better links with employers for those on release on temporary licence from Britannia House, and the 'accelerator project' had kick-started joint working to improve accommodation outcomes for prisoners on release. However, there were still no accredited programmes to help address offending behaviour on the category C training site.

2.9 There was considerable planned investment to expand the prison with new and refurbished accommodation, and we were told that funding had been agreed for fixing leaking roofs. A new video conferencing centre had just opened and a new wing was under construction.

2.10 We found committed and effective functional leadership across the prison, including excellent leadership within the health care department. Leaders responded immediately to rectify the shortfalls we identified during the inspection, which was positive.

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 The reception area was clean and staff were welcoming, assisted by a reception orderly, who offered new arrivals food and a drink. The holding rooms were well decorated with hand-painted wall art and some useful information. During the inspection, all new arrivals were strip-searched and body-scanned, which, although appropriate for those new to custody, was unnecessary for those prisoners who had been transferred in from other prisons as they had already been subjected to this procedure on departure. On the final day of the inspection, leaders changed this process and told us that prisoners who transferred in would only be strip-searched if there was supporting intelligence.

Holding room in reception

3.2 A first night safety interview was carried out in private and literature about the prison was given to prisoners. However, they did not receive basic information about what would happen in the following 24 hours.

We reported this to leaders, who responded quickly and updated the induction information.

3.3 Prisoners spent their first night on the induction wing (A wing). Only 22% of respondents to our survey said that their cell was clean on their first night. We saw newly arrived prisoners being put into dirty cells that were not adequately prepared or equipped. Again, throughout the inspection, efforts were made to improve this.

3.4 There was little structured support from prisoner mentors. There were no Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) on the induction wing, and we observed prisoners being locked in their cells without having the opportunity to speak to the induction orderly. In our survey, only 11% of respondents said that they received support from another prisoner before being locked up on their first night. New arrivals received additional checks from staff throughout their first night at the establishment, but we saw the day staff hand over to night staff without identifying the new prisoners or sharing any risk information (see also paragraph 3.42).

3.5 During the following day's induction, we observed prisoners watching an inaudible 20-minute DVD about the prison, which staff told us had been like this for some time. We reported this to leaders, who quickly resolved the issue. Prisoners received helpful information booklets, available in different languages, and were visited by a variety of agencies working in the prison.

3.6 Time out of cell for newly arrived prisoners was poor. In our survey, 60% of respondents on the induction wing said that they spent less than two hours out of their cell on a typical weekday, compared with 36% in the rest of the prison. We found that new prisoners spent too long locked in their cells without any purposeful activity, and there were long delays in the allocation of employment, as a result of a large backlog in assessments.

3.7 Prisoners located in Britannia House received a one-to-one induction on arrival and prisoners there told us that it had covered everything they needed to know.

Managing behaviour

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

Encouraging positive behaviour

3.8 The number of assaults, both on staff and prisoners, had reduced since the last inspection, but remained very high and was increasing. There had been 249 prisoner-on-prisoner assaults and 137 assaults on staff

over the previous 12 months, both of which were far higher than at most comparable prisons. In our survey, 28% of respondents said that they currently felt unsafe, and 58% that they had felt unsafe at some point during their time at the prison.

3.9 The number of serious assaults was low, however, and we observed staff responding quickly and professionally to incidents of violence (see also paragraph 3.24) to prevent them from escalating.

3.10 There were good systems to make sure that every violent incident was recorded, and a thorough investigation took place in most cases, which helped to inform leaders of the main drivers for violence. The challenge, support and intervention plans (CSIPs; see Glossary) were used well and had multidisciplinary input; at the time of the inspection, 24 were active around the prison. Each plan had a case manager, who identified the triggers for violence effectively and offered suitable support where necessary, but staff awareness and engagement with the CSIP process varied across the wings.

3.11 Every CSIP was reviewed at the weekly safety intervention meeting (SIM), which was well attended and had good representation from appropriate multidisciplinary departments around the prison. This meant that most of the prisoners with complex needs received good support from a wide range of departments, such as mental health and psychology.

3.12 The monthly strategic safety meeting had recently become a joint safety and security meeting (see also paragraph 3.36) and was also well attended. A good level of in-depth data was presented, but these were not used to generate an overarching strategic violence reduction action plan or to set and monitor any objectives to reduce the very high levels of violence.

3.13 The three separate sites in the prison (the category B local prison, category C training prison and category D open prison) each used a different system of rewards and sanctions for prisoners. In our survey, 45% of respondents across all sites said that the incentives or rewards across the prison encouraged them to behave well.

3.14 All new prisoners arriving at the category B prison were placed on the middle (standard) incentive level but could apply for the top (enhanced) level within two weeks if their behaviour warranted it, which helped to encourage good behaviour from the outset. Prisoners we spoke to, especially those under 25, generally thought that the rewards at the highest level were an incentive to behave well. These incentives included improved access to the gym and the chance to live on one of the two enhanced landings.

3.15 Every prisoner arriving at the category C prison was put on the enhanced level automatically. Prisoners told us that they appreciated this gesture, and at the time of the inspection only 10 prisoners on the category C unit were on the standard level and none were on basic, the lowest level.

3.16 Leaders understood that gang issues were having a considerable impact on violence, and that young adults were disproportionately involved. A proactive custodial manager with responsibility for young adults had been appointed and had introduced several interventions to try to challenge gang-related violence. He interviewed every prisoner under the age of 25 who was involved in any violence to identify trends, and prisoners told us that they valued his support.

3.17 At the time of the inspection, a small number of prisoners were isolating themselves from their peers as they felt under threat. Staff and leaders had identified them and managed them through the CSIP process and the SIM. We spoke to several prisoners who were self-isolating and found that they had a very poor regime, lacked support on the wings and rarely left their cells; one prisoner told us that he had not been out in the open air or had a shower for two months and that staff rarely spoke to him.

Adjudications

3.18 The adjudication process was well managed overall. The number of adjudications had risen since the last inspection, from 1,643 to 1,772 in the previous 12-month period. Much of the rise was due to an increase in finds of fermenting liquid. Leaders had responded appropriately by reviewing and increasing the tariff award to deter prisoners.

3.19 In the documents we viewed, we saw examples of adjudicators responding appropriately to mitigating circumstances, and some good investigations, but conduct reports of the prisoner's general behaviour were not always available. Few charges were adjourned at the time of the inspection and serious incidents involving violence were appropriately referred to the police or an independent adjudicator for further investigation.

Use of force

3.20 The level of use of force had increased since the last inspection and was high. There had been 650 incidents across the three sites in the previous 12 months, an increase from 453 in the same period at the time of the previous inspection, and was higher than in most comparable prisons. Notably, around a quarter of all force deployed was low level and did not result in the prisoner being physically restrained, with staff using guiding holds to return prisoners to their cells.

3.21 Oversight of the use of force had improved. Monthly meetings included scrutiny of all planned incidents and any spontaneous incidents that had been singled out as a cause for concern. Learning points were identified and fed back to the staff concerned. A large amount of data was viewed, allowing leaders to identify trends and potential disproportionate treatment.

3.22 A use of force coordinator had recently been appointed, to view footage of and quality assure most incidents. They also oversaw the collation of

use of force reports, for which there was now no backlog. However, because of staff shortages, the coordinator was redeployed for more than half of their working hours, which restricted the amount of scrutiny they could undertake. The duty governor was therefore still required to view footage daily, and records showed that this did not happen consistently.

3.23 In the footage we viewed, the use of force appeared to be justified in each instance and we saw very good levels of de-escalation by staff.

3.24 PAVA spray (see Glossary) had been rolled out fully but had been deployed only twice in the last 12 months; we viewed footage and records of both instances and its use seemed both appropriate and proportionate. Baton use was high; batons had been drawn 25 times and strikes delivered three times in the previous 12 months. We viewed footage of all these incidents and again their use seemed defensible. Nearly half of the baton usage had occurred in one serious prolonged incident, where staff had responded appropriately to the actions of several groups of refractory, violent prisoners, some with makeshift weapons.

3.25 Leaders tracked the use of body-worn video cameras, and their data showed that the amount of available footage had reduced by almost half in the last 12 months. At the time of the inspection, footage was available for only around 45% of incidents, which hampered leaders' ability to assure themselves that all force used had been necessary. This was because of a shortage of serviceable cameras; although new ones were on order, they were not due to arrive for some considerable time.

3.26 The use of special accommodation had reduced, with only three instances in the last 12 months. Oversight was good, and the documentation we examined showed that each use had been justified, with suitable safeguards put in place to protect the prisoners' welfare.

Segregation

3.27 The number of prisoners segregated had increased since the last inspection, from 122 in the previous 12 months to 201 over the same period. The segregation unit was clean and we observed some good interactions between staff and prisoners, some of whom were clearly very challenging, with unpredictable and violent behaviour.

3.28 Two prisoners were being held in segregation while they either waited for a place in a secure health care facility or were assessed for one because of their poor mental health. One of these prisoners had a more relaxed regime which included a television, but, for both prisoners, their location on the segregation unit was inappropriate and their moves to a more suitable establishment needed to be expedited.

3.29 The regime for prisoners on the segregation unit was poor. They were allowed only 30 minutes on the small exercise yards each day and a shower, and remained locked in their cells for the rest of the day.

3.30 In-cell telephones helped prisoners on the unit to maintain family contact, but there was little else to occupy them. The education department was supposed to offer an in-cell outreach programme, but staff and leaders told us that this rarely took place.

3.31 Governance of segregation and record keeping on the unit was good; every department with a statutory duty to see segregated prisoners, such as health care and chaplaincy staff, attended daily, as did the duty governor. There were also regular visits by both the governor and his deputy.

3.32 Reintegration plans had recently been developed to try to help long-stay prisoners to return to the wings. These plans contained useful information for the day-to-day management of these prisoners, but the reintegration element was formulaic, focused on behaviour while segregated, and lacked detail in how reintegration would be achieved.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

3.33 Security measures were generally proportionate to the risk posed by the prisoners in each of the three sites, but routine strip-searching of prisoners after visits and on arrival from another prison still took place, and was inappropriate. However, in the latter case, leaders responded quickly to this criticism (see paragraph 3.2).

3.34 Restrictions to visits were reviewed regularly and relaxed when appropriate, and work-related risk assessments that formed part of the activity allocation process for prisoners were reasonably swift. A good number of information reports was submitted each month and these were processed quickly, with suitable actions attributed to each one. As a result of staff shortages, not every information report that needed a response could be actioned in a timely manner, or at all, and so some potentially important information was not investigated.

3.35 There were good links with the local police, who assisted the prison regularly and had recently had good success in a joint operation to reduce the number of mobile phones and illicit drugs thrown over the prison wall. Prisoners with links to terrorism or extremism were identified and monitored appropriately.

3.36 The monthly security meeting had recently been amalgamated with the safety meeting (see also paragraph 3.12), allowing greater sharing of information and more rapid decision-making about key threats to the security of the prison. A local tactical assessment was compiled from the information reports received, and used to identify these threats. This was a detailed assessment, with lots of supporting data, and

generated some good actions. Despite this, the very high levels of violence were not given high priority and so leaders missed the opportunity to focus attention on an area of considerable concern.

3.37 The supply reduction policy formed part of the overarching drug strategy for the prison and had proved successful, with few recorded drug incidents across the establishment. Most prisoners identified as being under the influence of either illicit drugs or alcohol were referred immediately to the substance use service for support.

3.38 In our survey, 27% of respondents said that it was very or quite easy to get illicit drugs at the establishment, which was far lower than at the time of the last inspection (43%). Both random and suspicion drug testing had been suspended for some time, initially because of the COVID-19 pandemic and then as a result of staff shortages.

3.39 Leaders told us that the use of 'hooch' (homemade alcohol) had increased as the supply of illicit drugs had reduced. This was supported by our survey, in which 33% of respondents said that it was very or quite easy to get alcohol in the prison, which was far higher than at the time of the last inspection. There had been an appropriate response to this, with detection dogs deployed, and there had been several substantial finds of large quantities of alcohol.

Safeguarding

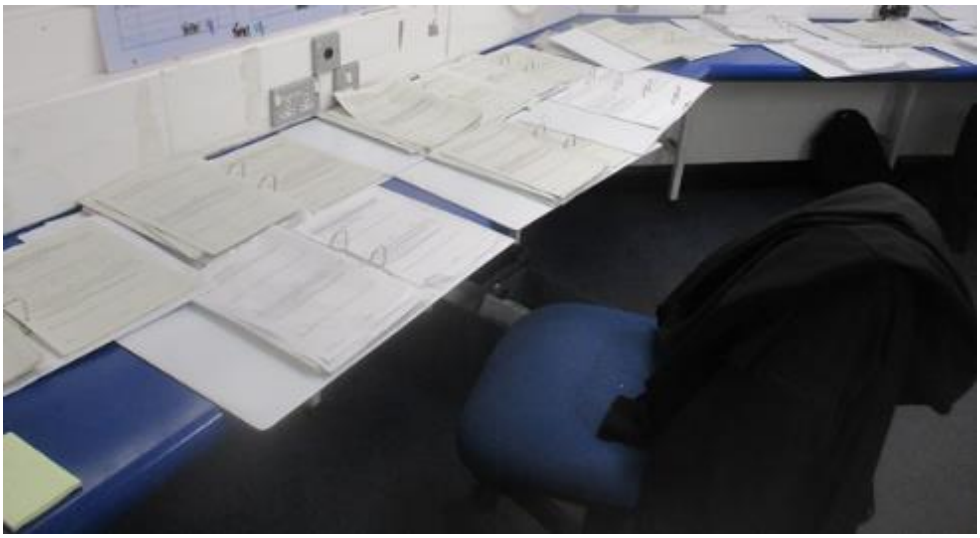
Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care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

Suicide and self-harm prevention

3.40 There had been three self-inflicted deaths since the last inspection. The prison had responded well to Prisons and Probation Ombudsman action plans, and the safety lead held regular meetings to review recommendations with managers, which gave a good level of assurance.

3.41 The recorded number of self-harm incidents had increased since the last inspection, was higher than in similar prisons and was on an upward trajectory. The prison managed some complex and repeat self-harmers, who accounted for around 68% of self-harm incidents. Investigations following serious acts of self-harm were comprehensive and lessons identified were shared appropriately. The safety strategy was updated on a quarterly basis to reflect the change in population. The monthly safety meetings analysed a wide range of data, identifying that around one-third of self-harm took place on the induction wing (A wing). However, actions to address and understand the causes of self-harm, especially on this wing, were too limited.

3.42 The number of prisoners at risk of suicide or self-harm receiving support through the assessment, care in custody and teamwork (ACCT) case management process was high, with around a third of them on A wing. Most staff we spoke to were knowledgeable about the needs of those on ACCTs in their care, but staff supporting those on A wing were overstretched. Prisoners we spoke to on A wing who were on an ACCT were more negative than elsewhere about the care they received and said that staff did not have the time to offer meaningful support. During our evening visit, it was concerning that night staff on A wing did not receive a handover of prisoners who were subject to the ACCT process (see also paragraph 3.4).



ACCT documents on A wing

3.43 Good quality assurance processes and consistent case management had improved the quality of ACCT documents overall. However, in the documents we sampled, ongoing records of meaningful conversations were often lacking and remained mostly cursory.

3.44 The recently opened day-care suite, which aimed to deliver tailored individual and group therapy to support mental health and well-being, was a good initiative for supporting prisoners, but, because of officer shortages, too few had access to the facility.

3.45 The prison had good partnerships with the Samaritans, and training for the Listeners scheme (whereby prisoners trained by the Samaritans provided confidential emotional support to other prisoners) had continued throughout the COVID-19 pandemic through video calls when necessary. There was a good number of Listeners available, but there were still none on A wing or in Britannia House.

Protection of adults at risk (see Glossary)

3.46 A local adult safeguarding policy had been published. Although there was a lead manager for adult safeguarding, there had been no contact with the local safeguarding adults board.

3.47 Safeguarding remained an agenda item at the SIM, which provided a good platform for an establishment-wide approach to supporting prisoners. Although there were local processes for identifying and supporting prisoners at risk and staff we spoke to knew what they needed to do to report any safeguarding concerns, there had been no referrals to the local safeguarding adults board.

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, 70% of respondents said that most staff treated them respectfully, and 65%, more than at similar prisons, said that they had a named officer or a keyworker.

4.2 Although key work (see Glossary) was not fully operating, all residential officers were responsible for supporting the prisoners in a number of allocated cells. In the sample of electronic case notes we reviewed, most showed a reasonable level of contact.

4.3 While most interactions we observed were courteous and helpful, the shortage of staff and the reduced regime were having an impact on the opportunity for staff to develop supportive relationships with prisoners.

4.4 Most prisoners we spoke to expressed considerable frustration at the limitations of the current regime, but were usually complimentary about landing staff, recognising how busy they were.

Daily life

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

Living conditions

4.5 Our survey results in relation to living conditions were mostly reasonable. The exception to this was on A wing, where responses to questions about access to cleaning materials and general cleanliness were much worse than in the rest of the prison. This reflected our observations during our survey visit, when we found areas of A and B wings to be dirty, broken observation panels, and debris left on floors. By the next week of the inspection, most of the broken glass had been replaced and a considerable effort made to improve the general cleanliness of the communal areas. Cells and landings on E wing, the oldest accommodation, were clean and tidy, but the roof had been leaking, causing damp and mould.

A wing landing

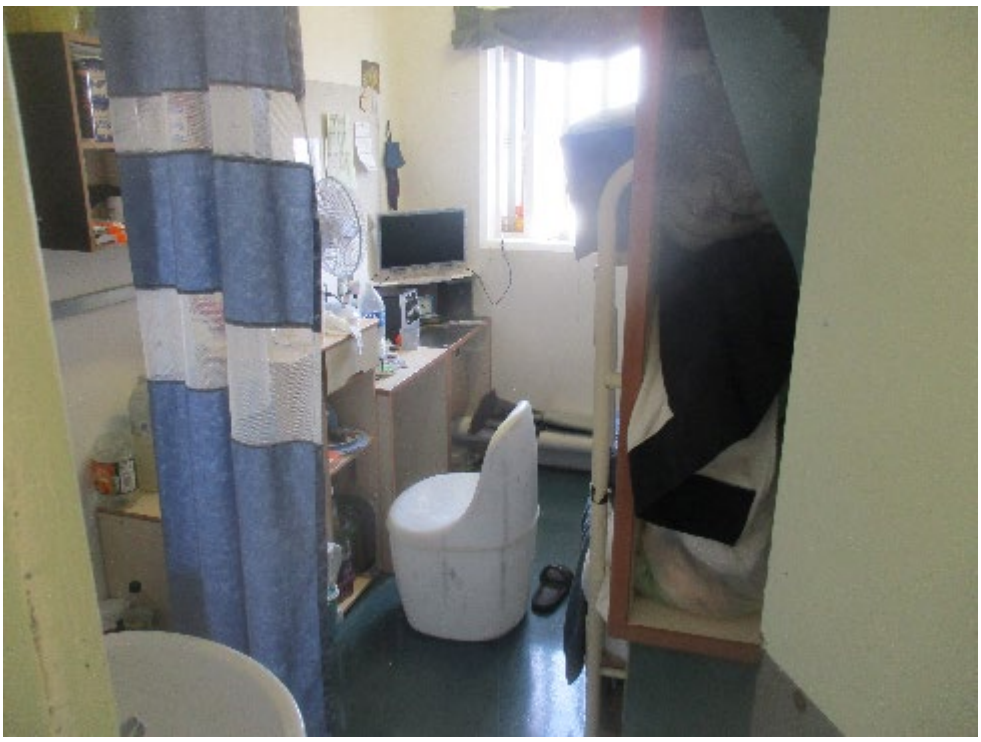
F wing landing

Damp on E wing

4.6 External areas across all three sites were clean, but the gardens, especially on the category C site, had been neglected, and were overgrown and uncared for.

4.7 In our survey, only 15% of respondents said that cell call bells were answered within five minutes, and prisoners complained to us throughout the inspection of cell call bells remaining unanswered for long periods. There was no automated monitoring system, but managers said that they carried out weekly checks of response times. We observed wing managers using loudspeaker systems to alert landing officers of outstanding calls on some of the newer wings.

4.8 Cells across the site were well equipped and there was good access to cleaning materials, with well-stocked wing stores. Too many cells were overcrowded, with two prisoners sharing cells designed for one. These cells were cluttered and, despite most having curtains around toilets, afforded little privacy. There were also a few dormitory-style cells holding three prisoners; these were large enough and afforded sufficient privacy. Prisoners we spoke to in these dormitories were positive about their experience and did not want to return to other locations. In-cell telephones had been installed throughout the prison.



Overcrowded cell

Single cell

4.9 There was sufficient prison clothing for those who chose to wear it. All prisoners had the option of wearing their own clothes and could have a clothes parcel sent into the prison within three months of arrival, and then another if they achieved the top level of the incentives scheme. Access to stored property was often delayed because of staff

shortages. Laundry facilities were good, and each wing had sufficient capacity for all prisoners to have their clothes laundered weekly.

4.10 Access to showers was good across the site and most respondents in our survey said that they could shower every day. Some showers had been refurbished to a decent standard, but a few, notably those on C wing, lacked screening and were shabby, with broken tiles and ceilings with damp patches and peeling paint.

4.11 Living conditions for the category D prisoners in Britannia House were good. Rooms, including those shared with others, were of a reasonable size and well decorated. Most prisoners there had employment in the community, working either day or night shifts. Those remaining on-site or on rest periods had free access to the surrounding grounds, a small gym (see paragraph 5.9), showers and self-cooking facilities.

Residential services

4.12 In our survey, 36% of respondents said that the food provided was good or very good, which was similar to the comparator. Lunch was served between 11.30am and midday, and the evening meal at around 4.30pm, which was too early. Food service was well supervised and the food we tasted was reasonable. On most units there was limited space for communal dining and most prisoners ate in their cells.

4.13 A food survey undertaken earlier in the year had led to some changes to the menu. However, there was no specific forum to consider food provision, although the catering manager attended other consultation meetings.

4.14 The prison shop service was generally efficient, but, in our survey, only 30% of respondents said that they had had access to the shop in their first few days at the prison, which was lower than at similar prisons (43%). We found that newly arrived prisoners could wait up to 14 days before receiving items from the full shop list. While prisoners with the necessary funds could request an advance, those who entered the prison with little or no money were exposed to the risk of getting into debt by borrowing from others.

Prisoner consultation, applications and redress

4.15 Consultation with prisoners on general aspects of prison life was mainly undertaken through wing forums. These were supposed to take place monthly but were often delayed or cancelled. Wing forums varied in their effectiveness in addressing issues raised by prisoners. During the restricted regime related to the COVID-19 pandemic, these forums were mainly used as a means to relay information to prisoners, and some of them were still focused on the presentation, rather than the gathering, of information. Most forums were able to address at least some, usually location-specific, prisoner concerns. However, issues of more general concern were often left unaddressed.

4.16 While there was no prison council, the governor had recently introduced the 'governor's prisoner forum'. There were no terms of reference for this meeting and attendance was overwhelmingly from only one (A) wing in the main part of the prison. Although this forum had addressed specific issues raised by some prisoners attending, most concerns that had been identified in the wing forums were not considered there.

4.17 The prison had also undertaken periodic prisoner surveys and there had been good analysis of the results, which had been shared with relevant managers.

4.18 Application and complaint forms were readily available on the wings. However, some had been produced with defective equipment and were so dark that they were unusable.

4.19 The application system was overseen by prisoner information desk (PID) orderlies. They advised prisoners about the process and also helped some to complete forms. They recorded outgoing applications and responses. Completed applications were passed to wing staff, but there were sometimes delays in the forms leaving the wings. Although the PID orderlies were helpful, prisoners may have been reluctant to share information about their applications with them, for reasons of confidentiality. We were told that prisoners could make confidential applications by passing the relevant form to wing staff in a sealed envelope, but wing staff, PID orderlies and prisoners we spoke to were not aware of this possibility. The prison was carrying out little monitoring and no quality assurance of the application process.

4.20 A total of 2,525 complaints had been made in the previous 12 months, which was far higher than the average among similar prisons, only two of which were experiencing a higher level of complaints.

4.21 Complaints we reviewed had generally been well investigated. Most responses were appropriate, but some were too brief. In the previous six months, 43 complaints had been made against staff, compared with 27 in the run-up to the last inspection. Such complaints were investigated thoroughly, and all responses were quality assured by the deputy governor.

4.22 The prison closely monitored complaints data, which were then considered at senior management team meetings. Some responsive action had been taken as a result of this analysis. For example, in response to a spike in complaints about delays in getting the telephone numbers of prisoners' family members and friends approved, a member of staff had been recruited to make sure that these requests were processed quickly.

4.23 In our survey, 44% of respondents said that it was easy to communicate with their legal representative. There was good provision of booths for confidential face-to-face consultations in both the main and category C parts of the prison. The prison had recently opened a video conferencing centre, which contained 16 rooms where prisoners

could remotely attend court and remand hearings or have meetings with their solicitor.

Equality, diversity and faith

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

Strategic management

4.24 Work to promote equality was reasonable. The diversity and inclusion policy was useful and a manager coordinated the work of the department. A wide range of equality data was reviewed at the well-attended monthly diversity and inclusion meetings. The prison had identified instances of disproportionate outcomes for prisoners in many areas, but it lacked an establishment-wide equality strategy and so was not always well placed to address issues needing a coordinated response.

4.25 There were prisoner equality representatives on most wings, some of whom participated in the diversity and inclusion meetings. However, not all had a sufficient understanding of their role and responsibilities in helping fellow prisoners with equality-related queries.

4.26 A total of 43 discrimination incident report forms (DIRFs) had been completed in the previous six months, which was a substantial increase on the 12 submitted in the same period before the last inspection. Most related to allegations of offensive comments. There was quality assurance of all DIRFs by the diversity and inclusion manager, and 20% of responses were also reviewed by the deputy governor and the Ipswich and Suffolk Council for Racial Equality.

4.27 Senior managers were assigned to lead work on different protected characteristics. A busy programme of consultation forums was being undertaken. The quality of these forums varied considerably; some managers encouraged prisoners to explore relevant issues, but others were less effective.

Protected characteristics

4.28 Around 20% of prisoners were from a black and minority ethnic background. Although, in our survey, these prisoners did not reveal markedly different perceptions to those of their white counterparts, only 59% said that they were treated with respect, and many black prisoners told us that they felt that they were treated less favourably in many areas of prison life, particularly in relation to job allocations. Consultation with these prisoners had not fully explored their views and

experiences, and relevant data about job allocations had neither been recently analysed nor considered at diversity and inclusion meetings.

4.29 There were 97 foreign national prisoners at the time of the inspection, representing about 14% of the prison population, which was an increase since the last inspection. The prison translated some prisoner notices, but a telephone interpreting service was not consistently used when needed. Use of the service was monitored in diversity and inclusion meetings, but this was not fully effective as the functions and locations of those making the calls could not be identified.

4.30 Nine of the foreign national prisoners were being held under immigration powers after their sentences had ended. In most cases, this had been for only short periods, but one had been held for five months. It was positive that Detention Action, a non-governmental organisation, visited immigration detainees, although their visits had recently reduced from monthly to every two months. While the prison was implementing a policy to make sure that these individuals had equitable provision of pay to those held in immigration removal centres, it did not provide them with details of lawyers that could help them with advice and representation.

4.31 In our survey, 49% of prisoners said that they had a disability. There were 26 prisoners with a personal emergency evacuation plan. Relevant information about such prisoners was mainly kept in the offices of senior wing staff, with little in the main wing offices, where sometimes there were only lists of the prisoners concerned, with no information about the help they might need in the event of an evacuation.

4.32 In several areas of our survey, prisoners with a disability indicated negative perceptions, and only 28% said that they were getting the support they needed. Consultation with these prisoners had been cursory and had not identified the issues that we found in our survey. During the inspection, it was apparent that there were many prisoners with neurodivergent conditions whose needs were either not known or not being met. However, a neurodiversity manager had recently been appointed.

4.33 Around 22% of prisoners were 25 or under, of which 9% were under 21. Our survey revealed concerning data about younger prisoners, particularly in relation to violence, with 50% of those under 21 and 27% of the under-25s saying that they had been physically restrained by staff in the last six months. However, through their own data, prison managers were aware of these disproportionalities, and understanding and responding to the needs of younger prisoners had rightly been identified as priorities for the prison. A young adult strategy had been developed, and a dedicated manager appointed. Some useful work was being undertaken, including the use of peer mentors and the convening of well-facilitated forums of younger prisoners to explore their frustrations and aspirations, but the prison needed to do more to measure the effectiveness of its interventions.

Faith and religion

4.34 The large and spacious chapel in the main part of the prison was closed to worship as it was adjacent to an area of the prison that was about to undergo extensive renovation. Instead, two rooms in the activities area were being used for worship. On the category C side of the prison, there was one room used for multi-faith worship.

4.35 All services took place during the week as there were not enough prison officers available to move prisoners at the weekend. On the main side of the prison, services and prayers were undertaken in three different tranches, to reduce the potential for violence between prisoners. However, these were not all taking place weekly, and in our survey only 47% of respondents said that they could attend religious services, compared with 83% elsewhere.

4.36 There were no religious study groups, although the chaplaincy was active in the prison and almost all prisoners had access to a chaplain of their faith. The team provided good pastoral support and worked well with other functions in the prison.

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.

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

Strategy, clinical governance and partnerships

4.38 Primary care, inpatient and clinical substance use services were provided by the Health Care Resourcing Group Limited (HCRG); mental health care was provided by Norfolk and Suffolk NHS Foundation Trust and Phoenix Futures supplied psychosocial substance use services.

4.39 Monthly joint health care and prison board meetings, chaired by the head of safety, were well attended and provided a forum to address partnership matters. While the shortage of prison officers to escort patients to clinics and supervise medication queues was acknowledged by the partnership, a range of services was still not used to optimal efficiency – for example, staff had to visit prisoners on the wing, which took much longer, did not allow care in a suitable environment and wasted clinical time.

4.40 Health care teams met monthly and worked collaboratively to make sure that services were coordinated, minimising any duplication of care.

Health care managers enabled service development and staff told us that they were well supported. The primary care and clinical substance use team faced recruitment challenges which were stretching resources and relied on them working additional hours and using agency staff. Despite this, resilient frontline staff covered shifts to make sure that clinical services were delivered.

4.41 Clinical governance arrangements were well established and key areas of patient risk were identified. There were good systems to report, manage and learn from clinical incidents. We saw evidence that recommendations from Prisons and Probation Ombudsman investigations into prisoner deaths were acted on and learning adopted into service arrangements.

4.42 Mandatory training was delivered, and professional development encouraged. Monitoring of clinical supervision uptake was collated systematically, but this needed to be embedded into practice in some areas. Information sharing protocols were in place and reaffirmed as part of the reception process.

4.43 Health care staff were polite and professional in their dealings with patients. There was good availability of treatment rooms in the health care centre. Clinical areas complied with infection prevention requirements and consultations were held in private.

4.44 Staff were trained in the use of immediate life support skills and resuscitation equipment was appropriate and checked regularly. Prompt transfer of patients to hospital was readily facilitated by the prison.

4.45 A dedicated member of staff dealt with all primary health care complaints. Sampled responses to these were of excellent quality – polite in tone and fully addressing the concerns raised – and were timely. When investigations indicated accountability by staff, appropriate apologies were made. An assurance framework made sure that the high quality of responses was maintained. Where lessons had been learnt, comprehensive action plans were drawn up and monitored, to make sure that the same mistakes were not made again.

Promoting health and well-being

4.46 A patient engagement lead had worked well across the prison to support health promotion and followed the national health promotion calendar. There was an abundance of health promotion material visible across the prison, including information in different languages. Mental health managers told us that there was a lack of information about mental health services in other languages and had plans to address this as a matter of priority.

4.47 Sexual health screening was exemplary, and mostly carried out at the secondary health screen. Two experienced health care assistants led on sexual health and had effective links with the liver specialist team at Norfolk and Norwich University Hospital and the Hepatitis C Trust,

resulting in excellent care for patients who tested positive for hepatitis. The funding of new equipment had enabled a blood sample to be tested on-site and a result to be obtained within 60 minutes. This meant that treatment could often start on the same day if the patient tested positive.

4.48 NHS age-related health checks and screening programmes were delivered appropriately and any delays were well managed. Patients had access to COVID-19 vaccinations and health care staff actively promoted uptake.

Primary care and inpatient services

4.49 HCRG provided a 24-hour, seven-day-a-week primary care service. The passionate and dedicated team, supported by strong leadership, had an excellent mix of expertise and experience to meet the needs of their patients.

4.50 All new arrivals received an initial health screening in reception by registered nurses. The process was seamless, which meant that health care needs and potential risk factors were identified promptly and appropriate onward referrals were made. This included access, in reception, to the substance use service and the GP. A nurse prescriber made sure that patients received their required medication promptly. A comprehensive secondary health screen was completed well within the seven-day timescale by a dedicated member of the health care team.

4.51 Patients requested health appointments via paper applications, which were collected daily from the wings and triaged appropriately. Several nurses were non-medical prescribers, so there was a range of professionals who could prescribe appropriate medicines. Patients had prompt access to a highly skilled and dynamic GP, including urgent on-the-day appointments when needed.

4.52 Multidisciplinary meetings were held appropriately to discuss individual patients presenting with complex needs. Patients with long-term conditions received a very good standard of care from an enthusiastic nurse-led service. Comprehensive personalised care plans helped to make sure that consistency of care was maintained. An innovative and bespoke 12-week course had been developed to enable a group of diabetic patients to provide valuable peer support to improve the health and well-being of other diabetic prisoners. Chronic obstructive pulmonary disease ‘rescue packs’ were also appropriately prescribed to patients, to be used as part of their acute exacerbation plan to help keep them safe.

4.53 There was effective administrative and clinical oversight of hospital appointments, with 14 slots available weekly for external officer escorts, which was sufficient to meet the need.

4.54 The 15-bed inpatient unit on L wing had a well-managed pathway for admissions, with a registered nurse on duty 24 hours a day. At the time of the inspection, 10 patients had complex physical health needs and

four needed support with their social care needs. Detailed care planning supported nurses, who delivered good, personalised health and social care. However, patients we spoke to said that the support they received from agency health care assistants was inconsistent and often poor.

4.55 The environment of the inpatient unit, while clean, was shabby and bleak, and not sufficiently therapeutic for the often very sick patients residing there. There were strong links with community services. For example, the Priscilla Bacon Hospice enhanced continuity of care on discharge. Discharge processes were comprehensive and robust.

Social care

4.56 Norfolk County Council (NCC) and the prison worked within a memorandum of understanding and information sharing agreement to provide good social care to those who met the threshold. NCC commissioned HCRG to provide social care. Working relationships between partners were effective and the care pathway was good.

4.57 Prisoners with potential social care needs were identified by HCRG during the health screening on reception, by officers on the wings or by self-referral. Assessments were undertaken in a timely manner and a dedicated occupational therapist provided a range of specialist equipment if required, to help promote prisoners' independence and enable safe care and treatment to take place.

4.58 At the time of the inspection, four patients were in receipt of a social care package (see Glossary) and all resided on the inpatient unit. Those we spoke to expressed satisfaction with their care. Care plans were comprehensive, personalised and continually reviewed to make sure that continuity of care was maintained.

Mental health care

4.59 Mental health services were provided by a skilled, experienced and multidisciplinary team, who were well led. They delivered a seven-day service, based on the stepped-care treatment model. A duty worker was allocated daily within the team to respond to urgent applications, triage new referrals and attend assessment, care in custody and teamwork (ACCT) case management reviews. There had been a period of staff sickness absence, which had led to an increase in the waiting list for routine appointments. Patients with urgent referrals were seen promptly, but there were currently 47 patients on the waiting list for a routine appointment, with a waiting time of up to four weeks, which contravened Trust guidance. Managers had put in place an appropriate strategy to reduce the waiting list and patients were being offered assessment appointments.

4.60 Any immediate mental health needs were identified during the initial reception screening and appropriate information was shared to ensure continuity of care. Referrals were triaged daily and allocations meetings

were held once a week to provide oversight and governance of the caseload.

4.61 Patients admitted to the 24-hour health care unit remained on the same caseload, which provided continuity of care. Officers and patients on the unit told us that mental health staff were responsive and supportive.

4.62 The team offered self-help, group work and one-to-one psychological interventions for those with mild to moderate needs, as well as counselling and therapy. Waiting times for groups were between four and six weeks; while waiting to start therapy, patients were invited to drop-in sessions, to start to build relationships with staff. Once therapy had started, they were placed on 'medical hold' and remained in the prison to complete their sessions, which prevented delays in care and improved patient outcomes by ensuring early intervention.

4.63 Specialist support was offered for patients with severe and enduring mental health needs. Eleven patients were being supported under the care programme approach (a system to support people with serious and enduring mental illness) at the time of the inspection. Those needing transfer to hospital under the Mental Health Act were not always transferred within the recommended timeframe, but delays were not excessive.

4.64 Specialist nursing staff provided support for individuals with a neurodiverse presentation. The team worked with partners in primary care, substance use teams and prison psychology staff, holding regular multidisciplinary team meetings to make sure that services were well coordinated and prioritised patient need.

4.65 Clinical records demonstrated regular, high-quality contacts with patients and care plans were individualised. Release planning was well established and included workers from a 'through-the-gate' service, the Julian Project, who were engaged with 15 patients in preparation for release.

Substance misuse treatment

4.66 All new receptions were screened for substance use and seen by a clinician or recovery worker as needed. An open referral system meant that patients or other professionals could refer easily using the application system or email.

4.67 Newly arrived prisoners who needed opiate substitution therapy (OST) were promptly assessed and provided with medication according to need. Those with substance use problems received individually tailored clinical treatment, underpinned by a wide range of psychosocial support. Patients who engaged with psychosocial services undertook a self-assessment questionnaire, which was followed up by a recovery worker. However, this follow-up took place through the cell door and there were no face-to-face confidential assessment appointments, which was poor.

4.68 The clinical and psychosocial teams worked closely together to offer an integrated service. The team worked effectively with the prison on drug strategy and with the security department to share information about substance use incidents, as well as suspected diversion or trading of medication.

4.69 Substance use services met the treatment needs of the population, but there was no therapeutic space available to deliver interventions. The clinical team was operating with some vacancies, which were covered by consistent agency staff. Staff received appropriate training and supervision, and were on-site seven days a week.

4.70 Clinical treatment of opiate addictions was evidence based, with approximately 129 patients in receipt of OST at the time of the inspection. The administration of OST was safe, but prison officer supervision was very limited, or absent, which was poor.

4.71 As well as a specialist family worker, who provided an additional level of support, the psychosocial team had four peer mentors and recruitment was ongoing. Peer mentors were appropriately trained and received regular supervision from recovery practitioners. Mutual aid was delivered by self-management and recovery training (SMART) facilitators, both from within the team and external, who attended the category C site to deliver a Narcotics Anonymous support group. The absence of mutual aid groups on the main prison site was a missed opportunity.

4.72 Patients due to be released within 12 weeks were identified and release planning was robust, with appropriate onward referrals and input from the non-medical prescriber to provide bridging prescriptions where necessary. All patients working with the team were offered training in the use of naloxone (a drug to reverse the effects of opiate overdose) before release and provided with this agent to take home.

Medicines optimisation and pharmacy services

4.73 Medicines were supplied by an in-house pharmacy, which was well managed. There were well-attended monthly medicines and therapeutics meetings, which supported governance processes and good outcomes for patients.

4.74 Most medicines were supplied as named-patient medicines, with appropriate labelling.

4.75 In-possession risk assessments were undertaken appropriately, with regular reviews by the pharmacy technicians. Around 65% of patients received medicines in-possession. Those who received 28 days of medicines in-possession ordered their own medicines. Those who collected in-possession medicines for seven days did not order their own, but, where appropriate, were supported to build the skill of pre-ordering in preparation for release.

4.76 Cells did not have locked storage facilities for in-possession medicines, which was poor, although regular cell checks indicated few problems in this regard. We were told that lockers were on order, but they had yet to arrive.

4.77 Medicines were administered by pharmacy technicians and nurses from the wings three times a day, with provision for night-time administration. Medicines on the wings were well organised, which supported safe practice and patient care.

4.78 Patients had good access to the pharmacy team. A pharmacist, who was an independent prescriber, carried out medicine use reviews on targeted patients.

4.79 Staff took appropriate action for patients who missed medicine doses and showed a generally good duty of care.

4.80 The pharmacist reviewed all medicines clinically, to provide support and oversight. There was some provision for the supply of medicines without the need to see a doctor.

4.81 Most medicines from the emergency cupboard were safely administered, but some prescription-only medicines were supplied without a label providing the legally required information. We raised this issue while we were on-site and it was promptly addressed. The prescribing of some abusable medicines and high-cost agents was monitored, as part of safer prescribing practice.

4.82 There was appropriate provision of medicines for patients being transferred or released.

Dental services and oral health

4.83 Community Dental Services provided a good and flexible service which met the needs of the prisoners. Governance arrangements and effective quality assurance processes helped to support good outcomes. An appropriate range of NHS dental treatments was offered.

4.84 All applications were triaged and prioritised by clinical need. This was conducted face to face with the patient and comprehensive advice on good oral hygiene was given before their appointment with the dentist.

4.85 The lack of prison officer escorts was also having a detrimental impact on patients attending dental clinic appointments. The dentist saw patients on the wing, to mitigate delays. Follow-up appointments were appropriately completed without undue delay. Embargoed slots made sure that urgent referrals were seen promptly. Additional clinics could be provided if waiting times increased. Remote prescribing clinics enabled patients to receive prescribed medicines promptly.

4.86 The dental room met infection and prevention and control standards. A separate decontamination room complied with best practice. Equipment was maintained to national standards and was serviced appropriately.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 During the roll checks that we undertook during the working periods, we found 65% of the population to be locked up, which was unacceptably high, and was especially so for those located on the category C training site.

5.2 The prison was operating a very restricted regime (see paragraph 2.4), which meant that most learning and work-based activity was operating on a part-time basis, with prisoners attending either a morning or an afternoon session. These activity sessions were shorter than we normally see, at just two hours in the morning and an hour and three-quarters in the afternoon. Actual activity time was then further reduced by the amount of time it took to take work/learning groups to and from their destination, rather than using a coordinated mass-movement approach. It was disappointing that activity groups were still mostly operating well below capacity, some with as few as just three or four planned to attend and then having just two attendees.

5.3 In our survey, fewer prisoners than in similar prisoners reported that regimes times were usually kept to. Our observations of activity movement showed that there were often delays during the day.

5.4 A domestic period, which included a too-short 30-minute exercise period, started on prisoners' return to the wings from education or work. This meant that those with jobs could expect to be unlocked for around four hours each day, but for many others this was as little as two hours. Although the amount of time unlocked was much worse than at the time of the last inspection, our survey results indicated that fewer prisoners than at similar prisons could expect to be unlocked for less than two hours each day, including during the weekend. Prisoners in the category D Britannia House spent considerably more time unlocked, and most were regularly released on temporary licence to work in the community.

5.5 The library service operated from four small libraries instead of one central library, as we usually see. Prisoners could also obtain books from shelves and trolleys across the prison. In our survey, 58% of respondents said that they could visit the library at least once a week, which was much more than in similar prisons (21%), but fewer than

elsewhere said that the library materials met their needs. We found only a small selection of books for early readers, very few in large print or a foreign language and no audible books, although these could be requested from additional stock held elsewhere. There were also no DVDs available to borrow and access to legal texts was limited. Only two of the libraries had assistance from a prisoner orderly.

5.6 All of the libraries were poorly equipped; no computers were available and there was not much space for any tables and chairs. The library on A wing had a leaking roof, which had caused damage to the stock, and the one in the vocational training centre for use by vulnerable prisoners was far too small. Although the library shared by B and C wings was well located for ease of access by prisoners, the recently restricted regime had limited opening times. The inadequate library on the category C site was in a classroom shared with the education provider, and could only be accessed on Saturdays. There was only a small selection of books available in Britannia House, but prisoners there could access the wide range of resources in the city library once they were eligible for release on temporary licence, which they appreciated.

5.7 The library service, which was transitioning to a new provider, currently had insufficient activity to promote literacy and engage readers. Although there had been reasonable uptake of Reading Ahead's 'Six-Book Challenge' (an initiative inviting individuals to select six books and record their reading in a diary), the library ran no other initiatives to encourage reading. Information about the library service provided on induction was very limited and integration with the education provision was poor.

5.8 Our survey results on gym access were far better on the category C site than in the rest of the prison, with 58% of respondents (versus just 7%) saying that they could access the gym twice or more a week. Only 5% of vulnerable prisoners responded positively to this survey question, which was mainly because their allocated sessions fell at times of high PE staff redeployment to general duties. This redeployment routinely reduced access from 25 to 15 prisoners at each session on the main and category C sites, with complete sessions often cancelled, especially during weekends.

5.9 There were PE facilities at all three sites. However, the sports hall on the main site had closed since the last inspection, which meant that there was no longer any facility for team games. There remained one activity space with cardiovascular (CV) and weight training equipment available for use. The category C site had a well-equipped CV and weights area, and an outdoor all-weather pitch, although this was rarely used because of the redeployment of PE staff. A small gym was available for use at the Britannia House site, but much of the equipment was broken and unusable.

Main site cardiovascular/weights area

Category C site all-weather pitch

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: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

5.11 As a result of the considerably restricted prison regime (see paragraph 2.4), although there were sufficient part-time activity spaces for the entire population, prisoners had a very reduced amount of education, skills and work activity. They typically spent only seven or eight hours per week at their activities. Vulnerable prisoners who studied mathematics or English received only three or four hours of face-to-face teaching per week. It took most prisoners too long to complete their courses. They often had moved to another prison or were released before they could take their exams.

5.12 Leaders and managers had reduced class sizes. For example, only five prisoners at a time could study most vocational training courses, and only eight could study in each English or mathematics class. Although there were long waiting lists of prisoners who needed to improve their mathematics and English, leaders had not made any adjustments to maximise classroom capacity, or introduced extra classes. Allocations staff worked effectively to make sure that any spaces in classes or workshops were quickly filled.

5.13 The limited regime also meant that prisoners did not complete inductions to education, skills and work quickly enough. Approximately one-third of prisoners within the category B reception site had not completed their induction activities. Vulnerable prisoners had to wait for at least a month before they could undertake an induction. This meant that, at the time of the inspection, a large minority of prisoners did not know which learning and work activities would be most beneficial to them and, furthermore, they were delayed from attending any education, skills or work activities. Approximately 40% of prisoners at the two closed sites were unemployed.

5.14 Leaders had not provided a full education offer within the small category D site. This was despite leaders' own data showing that a large number of prisoners there needed to improve their knowledge in subjects such as mathematics and English. Category D prisoners could access education via in-room learning packs, but very few enrolled onto courses. In addition, prisoners entering the prison at the category D site did not routinely complete induction activities.

5.15 In many cases, leaders and managers did not thoroughly analyse management information, to understand the effectiveness of the education, skills and work curriculum. They had rectified only one of the recommendations that inspectors made at the previous inspection. They had recognised the weaknesses that inspectors found within the curriculum and had devised realistic plans to make improvements. However, at the time of the inspection they had not made enough impact in key areas such as improving attendance, and on the quality of careers information, advice and guidance (CIAG).

5.16 The prison's pay policy offered appropriate incentives to study subjects such as mathematics and English, including bonuses for completing and passing courses. However, the curtailed regime made it difficult for most prisoners to achieve these incentives.

5.17 Prisoners received poor-quality CIAG. Staff with responsibility for this did not discuss prisoners' previous educational and work experience, or their career aspirations, with them in enough depth. As a result, they did not advise prisoners effectively on the most suitable education or work opportunities for them at the prison. In addition, staff did not review prisoners' personal learning plans in a timely manner, and did not share sufficient information on prisoners' career goals with other prison departments. This meant that too many prisoners did not know how they could work towards their career goals and aspirations while at the prison.

5.18 Leaders and managers with responsibility for education had devised and implemented appropriate quality assurance checks. They had identified where a few teachers were performing particularly poorly, and introduced appropriate and effective action plans to help them make improvements. However, leaders had not improved the overall quality of education and vocational training, which still required improvement.

5.19 Teaching staff had either completed teaching qualifications or were completing these. Most of them also had appropriate subject-specific qualifications or relevant experience in industry.

5.20 Leaders made effective use of local market information data, such as information provided by the Local Enterprise Partnership, to plan the curriculum for prisoners. The vocational training and work offer – for example, in subjects such as health and safety in construction, and printing and warehousing – provided prisoners with the skills and knowledge they needed to find jobs on release. The curriculum also included ample opportunity for them to develop the knowledge and skills they needed to live independently on release. For example, they increased their knowledge of parenthood skills and tenancy, to help them improve family relationships.

5.21 Prison leaders had also developed productive links with several local employers in sectors such as utilities and construction. This included opportunities for work placements while in prison, as well as technical training for prisoners after their release. Almost all of the small number of category D prisoners engaged in good-quality work placements on a full-time basis. They developed a positive work ethic, as well as team working and communication skills. This was a considerable improvement on the situation at the time of the previous inspection.

5.22 When planning their curriculums, teachers did not consistently use prisoners' starting points. For example, they did not consistently consider prisoners' baseline mathematics and English levels. This meant that, in too many cases, they did not focus closely enough on the knowledge that prisoners most needed in these subjects. In addition, they did not use trained peer mentors effectively to provide more focused support to prisoners.

5.23 In the better classes, such as in outreach mathematics sessions, teachers devised challenging activities that linked well to prisoners' specific needs. This approach enabled prisoners to gain substantial new knowledge and skills.

5.24 In subjects such as independent living and construction, teachers planned useful assessment activities within their curriculums. For example, they used low-stakes quizzes and discussion activities to check that prisoners could remember key aspects of previous lessons. However, in a large minority of cases, teachers did not plan enough assessment activities.

5.25 Teachers did not provide prisoners with consistently good-quality verbal or written feedback. The more effective teachers provided prisoners with clear and direct explanations when they made mistakes, both in class and on their written work. In a large minority of cases, however, they did not correct work in a timely manner or they provided written feedback that did not support prisoners to improve their work.

5.26 Prisoners with learning difficulties and/or disabilities (LDD) benefited from helpful support. Specialist staff quickly identified strategies to help

them participate more effectively in learning and workshops. In classroom-based lessons, teachers planned helpful adjustments. Prisoners with LDD studied effectively on their courses and worked hard in workshops, where a few progressed into positions of responsibility.

5.27 Within industries, prisoners used equipment that often met industry standards. They developed valuable new skills because instructors rotated them around different roles. The few prisoners who worked on the wings as cleaners and painters completed their tasks diligently. They were proud of the impact that their work had on the wing environment.

5.28 Prisoners who attended classroom learning and vocational training mostly developed useful new knowledge and skills. For example, those studying information and communications technology produced spreadsheets that enabled them to calculate minimum and maximum profits, and those studying English for speakers of other languages improved their English pronunciation. Prisoners studying mathematics and English did not develop a consistently good enough level of new knowledge.

5.29 Prisoners on education or vocational training courses did not achieve their qualifications at high enough rates. Achievement rates in mathematics and English required improvement. Approximately one-fifth of prisoners from the category C and D sites gained sustained employment on release. This was a large increase compared with the previous inspection.

5.30 In learning and work sessions, teachers and instructors made sure that there was an inclusive environment. They taught prisoners about protected characteristics and their importance in modern society. This included a focus on supporting prisoners with disabilities, and prisoners with different genders to their own. As a result, prisoners increased their knowledge of how to show respect to others when at work or studying.

5.31 Although attendance rates in education, skills and work had improved since the last inspection, they were still not high enough. In a large minority of cases, prisoners missed learning because they were attending health care appointments that had been booked at the same time as their lessons.

5.32 Prisoners often arrived late to their learning and work sessions because of the slow movement of prisoners to their activities. Teachers and trainers did not encourage the few prisoners who arrived on time to start work quickly. As a result, prisoners delayed sitting down at their desks or workspaces, and instead made drinks or chatted to their peers while they waited for lessons or work to start. This did not support prisoners to develop a positive work ethic.

5.33 Prisoners behaved well during learning and work activities. They listened carefully to their teachers and instructors, and allowed their

peers to express their views without interruption. On a few occasions during lessons, they used inappropriate language. Teachers quickly tackled this and prisoners responded appropriately.

5.34 Prisoners felt safe during their learning and work activities. They knew which personal protective equipment they needed for their roles and wore this when necessary.

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 Staff in the visitors centre provided a welcoming environment to arriving visitors. The centre was comfortable and relaxed. Staff were friendly and helpful, and had good working relationships with prison colleagues.

6.2 Visits took place five days a week, but were only one hour long. In our survey, 29% of respondents said that they had been visited by family or friends more than once in the last month, which was higher than in similar prisons (20%). Prisoners could receive up to three visits a month, regardless of their status in the incentives scheme. While visitors to prisoners in Britannia House could choose from a range of slots over four days, those visiting prisoners on the other sites generally could only choose between a weekday or weekend slot. The exception to this was visitors to vulnerable prisoners on C wing, for whom only one weekday slot was assigned.

6.3 The visit halls on the main and category C sites were functional. Visits on the main site were often delayed, although staff tried to make sure that, even with a late start, they lasted for a full hour. However, this was still too short. Food provision for visits was limited and visitors could buy only snacks and drinks.

6.4 Staff in the visitors centre organised a number of additional contacts, including children's and baby-bonding visits. The Storybook Dads scheme, which allowed prisoners to record a video story for their children to listen to at home, was available, along with an in-cell parenting course.

6.5 Friends and family could also stay in contact with prisoners through secure video calls (see Glossary). While there was a good take-up of available slots, in our survey only 16% of respondents said that they had used this service.

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 The prison held a diverse and complex population of remand, unsentenced and sentenced prisoners, including recalls and those assessed for open conditions. The turnover of arrivals and releases was high.

6.7 About 58% of the population had been convicted. Most of these prisoners (82%) were serving sentences of over a year. About 65% of the whole population had been at the prison for less than six months.

6.8 Separate analyses had been completed to understand the varied needs of the population, including a useful prisoner survey. However, not all relevant departments were aware of this work, and the findings did not inform an overarching, clear and comprehensive strategy. Despite this, regular and reasonably well-attended reducing reoffending meetings offered good opportunities for collaboration and debate, leading to some good work and action planning across areas important to resettlement.

6.9 The offender management unit (OMU) was well resourced and nearly up to full strength, in terms of capacity. There were 4.5 full-time-equivalent probation-employed prison offender managers (POMs) and 8.0 full-time-equivalent prison-employed POMs, none of whom were operational, which meant that they were no longer cross-deployed to undertake other prison duties. The POM team worked well together and caseloads were manageable. The allocation of individual cases to POMs was timely and appropriate. Impressively, this was usually accompanied by an entry on P-Nomis (the prison national offender management information system) by one of the senior probation officers, summarising the case and outlining immediate priority tasks, such as an outstanding offender assessment system (OASys) assessment or missing multi-agency public protection arrangements (MAPPA) management level.

6.10 In our survey, 73% of respondents across the prison who said they had a custody plan knew what they needed to do to achieve their targets, but only 30% of these said that someone was helping them to achieve them. Contact between prisoners and their POM had improved over the last year, but was too often reactive. It was disappointing to see that initial contact was made by letter, with the onus on the prisoner to initiate further contact. Key work (see Glossary) to support prisoners' rehabilitation was not taking place (see paragraph 4.2).

6.11 Staff in the OMU had undertaken good work to reduce and virtually eradicate the backlog of outstanding initial assessments of prisoners'

risk and needs. At the time of the inspection, almost all eligible prisoners had one and most (about 87%) had an OASys assessment which had been reviewed in the last 12 months. From the sample we reviewed, all but one had a sentence plan, most of which were of at least a reasonably good standard and included a range of targets. Of the minority of weaker examples, sentence plan targets were focused on community objectives, with little or no reference to the prisoner's time in custody. In addition, in some of these examples included specified interventions which were either not available at the establishment or were expressed in vague terms and unlikely to engage the prisoner.

6.12 In the cases we looked at in detail, we considered that reasonably good progress had been made for prisoners whose targets related to finding accommodation; maintaining positive behaviour; engagement with mental health and substance use services; participating in education, training and employment; and achieving release on temporary licence (ROTL). However, progress for those who needed structured work to address offending behaviour was hampered by the lack of access to low-level interventions or accredited programmes (see paragraph 6.26).

6.13 Home detention curfew (HDC) processes were administered efficiently and most prisoners were released within several days of their eligibility date. However, some longer delays were caused by the arrival of some prisoners either shortly before or after they qualified for HDC, along with delays in police checks, verification of suitable addresses and the availability of Bail Accommodation and Support Service accommodation. At the time of the inspection, 10 prisoners were waiting beyond their eligibility date, the longest wait being just over a month. In efforts to resolve delays, staff in the OMU met weekly to provide detailed oversight of prisoners waiting for release on HDC.

Public protection

6.14 Most of the sentenced population were eligible for MAPPA and about 40% had been assessed as presenting a high or very high risk of serious harm to others. The interdepartmental risk management meeting lacked timely and collaborative oversight for all these prisoners approaching release. There were gaps for short-term recalled prisoners and for some who were assessed as presenting a high risk of harm but were not subject to MAPPA. Managers in the OMU were aware of these deficits and were actively planning to address them by revising the scope of the meeting and introducing a priority sifting process.

6.15 Some of these gaps were mitigated by the timely and meaningful contact between the prison and community offender managers (COMs), which was much better than we usually see, particularly for prisoners being released to the Norfolk and Suffolk areas.

6.16 POMs were vigilant in identifying the handover point and made early contact with community teams to pass over responsibility for cases and

share information. Most of the cases that we examined contained up-to-date risk management plans of a good standard.

6.17 Effective administration processes made sure that attendance by POMs at community MAPPA meetings was maximised. The prison's written contributions to MAPPA panels were timely and excellent. There was no difference in the high standard of quality between those authored by a prison- or by a probation-employed POM.

6.18 New arrivals were screened appropriately for public protection concerns and those needing monitoring arrangements were identified. At the time of inspection, there were 274 such prisoners. Eighty-six of these were subject to full monitoring, which meant that all of their calls should have been listened to, with no delay, and their mail read. The other 188 prisoners were subject to random monitoring. While arrangements to screen mail were reasonable, telephone monitoring was not adequately resourced, which resulted in delays of several weeks in listening to calls, with many not being listened to at all, which posed a potential considerable risk to the public. This lack of up-to-date, detailed intelligence meant that staff in the OMU were not able to make an informed decision to determine the risks that prisoners posed, and whether or not they should remain on monitoring.

Categorisation and transfers

6.19 Initial categorisations were completed on time and recategorisation reviews, which were now digitalised, were up to date, with decisions justifiable. These decisions were often communicated to prisoners in writing, which was a missed opportunity for POMs to discuss progress, and what needed to be worked on, with them.

6.20 A dedicated member of staff oversaw prisoner transfers to other establishments, and these were managed well and mostly timely. At the time of the inspection, there were 15 category B prisoners. Most were either waiting for further court hearings or serving very short sentences, including a few who had been recalled and were due for imminent release on their sentence end date. There was good oversight and efforts had been made to expedite the move of the other category B prisoners, all of whom had complex circumstances.

6.21 Category C prisoners serving more than two years were usually transferred quickly, with those serving less moving from the main to the category C site.

6.22 Nearly all prisoners recategorised to category D spent the final part of their sentence at Britannia House – the prison's open site. During the inspection, there was one prisoner being held in the 'dorm' located on the category C site, waiting for a space to become available at Britannia House.

6.23 A few category D prisoners were transferred directly from other establishments and some of those we spoke to were disgruntled about

having to spend time in closed conditions at the prison before being located to the open site.

Interventions

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

6.24 Britannia House was well managed and benefited those preparing for independent living and release. There were good opportunities for prisoners to undertake ROTL in the community, and the prison had developed strong links with a range of employers to increase the variety of work available. Over 8,000 ROTL events had taken place in the previous 12 months. At the time of the inspection, 39 prisoners were routinely engaged in employment and those we spoke to reported extremely positively about their work experience.

6.25 ROTL assessments and reviews were appropriate and the oversight of risk management was good. However, some prisoners complained about the time it took to get their ROTL assessments processed, as well as their perception of paperwork often being mislaid, resulting in delays for ROTL approval. Staff in the OMU told us of a local agreement for a six-week 'laydown' period of assessment, which we considered unnecessarily long.

6.26 Despite recent work to show the level of need, there were still no accredited programmes available to help address prisoners' offending behaviour, which was a particular gap for those category C prisoners with sentences of less than two years, who spent their whole sentence at the establishment. In the cases we looked at in detail, most sentence plans included targets which specified some form of engagement with offending behaviour work. In the absence of any accredited programmes being delivered at the prison, and the lack of lower-level, structured interventions being offered, few prisoners were able to achieve this objective (see also paragraph 6.12). In a minority of cases, we saw evidence of prisoners undertaking one-to-one work with psychology staff or completing a victim empathy work pack called 'Walk a Mile in Their Shoes'. When we fed our findings back to staff in the OMU, they were receptive and already planning what materials they might use to get POMs more involved with delivering short interventions, which was positive.

6.27 The Department for Work and Pensions employed three staff at the prison, who offered prisoners valuable help with their entitlement and benefits claims and readiness to apply for jobs. These staff were visible across all sites at the establishment, engaging proactively with prisoners well ahead of their release. In partnership with the prison and PeoplePlus, they worked well to develop links with employers, host job fairs and run CV disclosure workshops, among other good initiatives.

6.28 Since April 2022, a prison-employed identification and employment hub administrator had helped 41 prisoners to open bank accounts, and 298 to receive birth certificates.

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.

6.29 In the last year, over 100 prisoners had been released each month, and demand for support was high. Many prisoners leaving the establishment had been there for only a very short time, which added to the challenges of timely release planning.

6.30 The small on-site pre-release team was often under-staffed and had to prioritise who they could support. They worked hard to see prisoners and capture their immediate resettlement needs soon after their arrival. However, for prisoners on remand or those who were assessed as presenting a high risk of harm, this rarely took place in person.

6.31 The pre-release team was responsible for making sure that all low- and medium-risk prisoners had their resettlement needs met, and COMs were responsible for those who were high risk. In our case sample of sentenced prisoners, we saw generally positive outcomes across all resettlement needs, especially for prisoners returning to eastern counties. However, following changes in the delivery of resettlement services, there was no dedicated support for those on remand, including help with finance, benefits and debt, or accommodation.

6.32 Prison data showed that, on average, 75–80% of prisoners were released with some form of accommodation to go to on their first night.

6.33 Efforts to improve accommodation outcomes for prisoners were excellent. A full-time housing specialist had worked creatively to engage and educate COMs about homelessness legislation and each step of the 'duty to refer' application process. Strong partnerships with all 11 local housing authorities across Norfolk and Suffolk had been established, with weekly meetings taking place to discuss and trouble-shoot barriers relating to individual prisoner cases. Uniquely, local authorities were now booking pre-release housing assessments and seeing prisoners in person at the prison, or via video-link.

6.34 The prison had developed good working relationships with St Martins Housing Trust (a charity). Since March 2022, an in-reach worker had attended the establishment twice a week to support prisoners who were likely to be released homeless to Norwich but did not meet the criteria for local authority emergency accommodation. This valuable help was also available for prisoners on remand.

6.35 The Community Accommodation Service (CAS 3) programme and the Accommodation for Ex-Offenders scheme (AfEO), for those on

probation licence, were good initiatives and had also provided valuable accommodation for many leaving the prison.

6.36 Practical release arrangements were appropriate and swift, including procedures for the issue of licence conditions, travel warrants and other paperwork. A service was offered for prisoners to charge their mobile phones. A good supply of discreet bags, in which they could carry their possessions, was available, along with clothing donated by a local charity shop (New U). Prisoners remaining in the Norwich area were given a voucher for New U, entitling them to more free clothing, which they could obtain by visiting the shop on their release.

Section 7 Summary of priority and key concerns

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

Priority concerns

1. **A severe shortage of officers limited time unlocked for prisoners and the care they received.**

2. **Levels of violence were very high and were increasing.** Leaders had no overarching strategy or plan to reduce this.

3. **The number of self-harm incidents was high and was increasing.** Too little was being done to address and understand the causes of self-harm.

4. **Time unlocked was poor for most prisoners.** Access to the open air was also insufficient.

5. **Prisoners had very limited access to work or study**. There was insufficient work or education provision to support the population in any meaningful way. Most spent a maximum of seven or eight hours per week at their activities. As a result, it took most prisoners too long to complete their courses.

6. **Monitoring arrangements for those with public protection concerns were not effective.** Prisoners' telephone calls were not being listened to when they should have been, posing a potential risk to the public.

Key concerns

7. **Newly arrived prisoners did not have decent conditions and spent too long locked in their cells.** There was also little structured support from prisoner mentors.

8. **Access to health care appointments was limited by regime restrictions and a shortage of officers to escort patients.**

9. **The library facilities were poor and had insufficient materials or activity to promote literacy and encourage reading.**

10. **Prisoners received poor-quality careers information, advice and guidance.**

11. **Too few prisoners attended their education courses and they often arrived late to their learning and work sessions.** In a large number

of cases, prisoners missed learning because they attended health care appointments that had been booked at the same time as their lessons. Teachers and trainers did not encourage those prisoners who arrived on time to their activities to start working immediately.

12. **Approximately one-third of prisoners within the category B part of the prison had not completed an induction and assessment for learning and work, which delayed their allocation to activities.**

13. **Visits were too short and were not allocated equitably.** Visit slots were only for an hour. Unlike for others, visitors to vulnerable prisoners had only one weekday slot and no option to visit at weekends.

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, support for prisoners on their arrival was reasonable for those who went to designated first night units. More was required to ensure that poor behaviour was challenged and that there were sufficient incentives to encourage participation in the regime. Violence had risen and was high. Challenge, support and intervention plans (CSIPs) were available to manage perpetrators of violence, but many staff in residential units were often unaware of them. Use of force was high and governance was weak. Use of segregation was low and relationships in the unit were good. Security was well managed, but very few suspicion drug tests were carried out. There had been six self-inflicted deaths since the previous inspection. Managers had implemented key Prisons and Probation Ombudsman (PPO) recommendations. Prisoners at risk of self-harm reported receiving good support, but care planning required improvement. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All new arrivals across the three sites should receive a good induction and be placed in an appropriate location where they can receive consistently high-quality support and supervision from staff and peer workers.
Achieved

The prison should ensure that robust and effective systems are in place to reduce the level of violence across the establishment.
Not achieved

Oversight of the use of force should be improved to ensure that force is always justified and proportionate.
Achieved

Effective, well-coordinated action should be taken and sustained in order to reduce levels of self-harm.
Not achieved

Recommendations

The IEP scheme should be managed effectively to ensure poor behaviour is challenged appropriately and actively encourages prisoners to behave well.
Achieved

Random drug testing should be carried out throughout the month, including on weekends.
Not achieved

The drug strategy should reflect the issues relevant in Norwich prison and should be supported by a dynamic action plan.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, staff-prisoner relationships were reasonable. However, poor behaviour was not always challenged and staff shortages undermined the keyworker scheme. Overall, living conditions remained reasonably good. Some food serveries were dirty and poorly supervised. Most responses to complaints were adequate, but complaints against staff were not always thoroughly investigated. Equality and diversity work had deteriorated and for many groups, provision was weak. The chaplaincy provided a good level of pastoral and religious support. Most aspects of health care were reasonable. There was good practice on L wing, which met social and palliative care needs, but there were significant weaknesses in dental care. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All complaints made against staff should be thoroughly investigated by an appropriate manager.
Achieved

The needs of all prisoners with protected characteristics should be identified and action should be taken to ensure these needs are met.
Partially achieved

Managers should ensure prisoners receive prompt, safe and effective dental care.
Achieved

Recommendations

All prisoners should have access to basics, including clothing and clean bedding, on a weekly basis.
Achieved

Cell bell call systems and response times should be monitored and managed effectively.
Not achieved

Serveries and food trollies should be maintained and cleaned to a high standard.
Achieved

There should be sufficient supervision during the food service to ensure adherence to hygiene standards and to maintain control over the food service.
Achieved

Oxygen should be stored safely and emergency resuscitation equipment should be checked more robustly.
Achieved

All custody staff should understand agreed emergency codes to ensure medical emergencies receive a prompt and appropriate response.
Achieved

The NHS health check, immunisations and vaccinations should be available to those eligible in line with national programmes and implementation should be timely to promote prisoners' health.
Achieved

Prisoners should have regular access to a GP in line with the contract and receive appropriate, timely care.
Achieved

Drug and alcohol support for longer-term prisoners should be enhanced, include regular self-help support and be informed by a detailed population needs assessment.
Partially achieved

A clear pathway to coordinate the care of patients with mental health and substance use problems should be developed.
Achieved

Purposeful activity

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

At the last inspection, in 2019, too many prisoners were locked in their cells during the working day. The libraries and gym were good, but too many gym sessions were cancelled. There were enough activities to occupy 80% of the population full time and allocations were fair. Attendance and punctuality, however, required improvement. Vocational training in the LDU was good, but the provision was more limited elsewhere. There were very few opportunities for prisoners to gain higher level qualifications. Teaching was not consistently good enough. There was no education provision for

those in Britannia House. Achievement rates were low in English and maths. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

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

Leaders and managers should use information from the observations of education, skills and work activities and management meetings with the subcontractor to implement staff training and support, and good practice should be shared so that the standard of provision, including induction, improves and is consistently good.
Not achieved

All prisoners should have access to a relevant range of accredited education, training and work that fully supports their successful resettlement and rehabilitation.
Not achieved

In English and mathematics, prisoners should be placed on appropriate, engaging courses. Teachers should record prisoners' improvement to promote their long-term progress and managers should ensure that completion and success rates for English and mathematics are high.
Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, work to support prisoners in maintaining contact with family and friends was reasonably good, but visits regularly started late on the closed site. The prison had no overarching needs analysis, strategy or action plan in place to drive rehabilitation work. Staffing shortages had led to an increase in the backlog of initial assessments since the previous inspection. However, a new team had been recruited and assessments that did take place were good. Public protection arrangements were not robust, home detention curfew (HDC) and re-categorisation processes were working well, but there were significant delays in transferring category B prisoners. There were no accredited programmes for prisoners in the LDU. Despite the closure of the café, Britannia House continued to provide some good release on temporary licence (ROTL) opportunities for category D prisoners. Reintegration work was well staffed and organised, but we were concerned that most prisoners did not have sustainable accommodation on release.

Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should use its varied facilities, including the local discharge unit and Britannia House, to provide each prisoner with a carefully managed pathway to desistance from crime, based on a full needs analysis and action plan.
Partially achieved

Risks to the public should be properly managed during a prisoner's time at Norwich and on release, especially in relation to MAPPA process.
Partially achieved

Prisoners should have access to a range of interventions that meet their offending behaviour needs.
Not achieved

The establishment should work with partner agencies to ensure that every prisoner has sustainable accommodation on release.
Achieved

Recommendations

The LDU should be used effectively to prepare prisoners for release by building their skills and developing realistic plans for a positive future.
Achieved

Prisoners in Britannia House should be assessed promptly for ROTL and should be able to undertake constructive work throughout their stay.
Partially achieved

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

Outcomes for prisoners are reasonably good.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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

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

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

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

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

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Natalie Heeks	Inspector
Paul Rowlands	Inspector
Jade Richards	Inspector
David Foot	Inspector
Chris Rush	Inspector
Emma King	Researcher
Helen Downham	Researcher
Charlotte Betts	Researcher
Reanna Walton	Researcher
Shannon Sahni	Researcher
Shaun Thomson	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Maureen Jamieson	Health and social care inspector
Richard Chapman	Pharmacist
Gary Turney	Care Quality Commission inspector
Saul Pope	Ofsted inspector
Sambit Sen	Ofsted inspector
Carolyn Brownsea	Ofsted inspector
Andrew Holland	Ofsted inspector
Dave Baber	Ofsted inspector
Shane Langthorne	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary

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

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

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

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

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

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

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

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

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

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

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 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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